



Published in final edited form as:

*Am J Orthopsychiatry*. 2022 ; 92(1): 68–78. doi:10.1037/ort0000589.

## Mental Health Implications of the Acting White Accusation: The Role of Cultural Betrayal and Ethnic-Racial Identity Among Black and Latina/o Emerging Adults

Myles I. Durkee<sup>1</sup>, Jennifer M. Gómez<sup>2,3</sup>

<sup>1</sup>Department of Psychology, University of Michigan, Ann Arbor

<sup>2</sup>Department of Psychology, Wayne State University

<sup>3</sup>Merrill Palmer Institute for Child & Family Development, Wayne State University

### Abstract

The “acting white” accusation (AWA) is a cultural invalidation commonly experienced by people of color that challenges their ethnic-racial authenticity for demonstrating behaviors that are not traditionally associated with their ethnic-racial group. Prior research shows that the AWA has negative implications for mental health and ethnic-racial identity (ERI). Cultural betrayal trauma theory also suggests that harmful events perpetrated by ingroup members have unique harm due to the violation of (intra)cultural trust. Prior research has yet to examine the distinct mental health implications of the AWA from ethnic-racial ingroup versus outgroup perpetrators. The present study examines this gap in the literature using longitudinal data and investigates whether ERI centrality moderates the relationship between AWA perpetrators and mental health outcomes. Emerging adults ( $N = 401$ ; 43% Black, 57% Latina/o; 65% female) were recruited upon enrollment at five predominantly White universities in the Midwest U.S. and surveyed multiple times over their first year of college. Results indicated that AWA insults from ethnic-racial ingroup members were associated with more severe mental health outcomes (greater anxiety and depressive symptoms). Further, ERI centrality provided a protective buffering effect that reduced depressive symptoms, but this effect only occurred for students who received the AWA from White perpetrators and ERI centrality was not protective against AWA insults from ingroup perpetrators. Study findings highlight that specific AWA perpetrators and a person’s level of ERI centrality should be taken into consideration when determining the best strategies for helping Black and Latina/o college students cope with cultural invalidations.

### Keywords

acting white accusation; cultural betrayal trauma theory; cultural invalidation; mental health; ethnic-racial identity

---

Ethnic-racial minorities are impacted by interpersonal, systemic, and cultural racism in the United States (Hicken et al., 2018; Neblett, 2019; Roberts & Rizzo, 2020; Volpe et al.,

2020). Because such racism occurs within the context of inequality, it may be assumed that the perpetrators of interpersonal racism are primarily White. However, cultural invalidations are a form of interpersonal discrimination that are perpetrated by members of the same cultural background (i.e., ingroup perpetrators), as well as members of different cultural backgrounds (i.e., outgroup perpetrators; Durkee et al., 2019). These experiences generally have negative implications for mental health (Lavariega Monforti & Sanchez, 2010; Sanchez & Espinosa, 2016). The negative implications of cultural invalidations may be exacerbated by specific perpetrators because cultural betrayal is an additional layer of harm that occurs when individuals from marginalized ethnic-racial groups are insulted or victimized by ingroup members (e.g., Gómez & Gobin, 2020).

In this study, we focus on the “acting white” accusation (AWA) as a specific type of cultural invalidation experienced by Black and Latina/o emerging adults during the transition to college. Emerging adulthood is a key developmental period between adolescence and adulthood where individuals experience critical life changes, such as the transition into college, full-time employment, serious romantic relationships, and greater autonomy (Arnett, 2000). This transitional stage allows individuals to explore several social identities, including their ethnic-racial identity (Arnett & Brody, 2008). College students are a specific subset of emerging adults who warrant special attention for several reasons: (a) College students comprise a major portion of emerging adults, with 69.7% of all U.S. high school graduates in 2016 enrolling directly into college (U.S. Bureau of Labor Statistics, 2017); (b) the transition to college is a difficult period of adjustment for emerging adults, with these experiences being particularly challenging for Black and Latina/o students who face significantly lower college graduation rates than their White peers (Keels, 2013; National Center for Education Statistics [NCES], 2020); and (c) cultural invalidations, such as the AWA, are prevalent within educational contexts and may create additional stressors for underrepresented minority groups, which can make the transition to college even more difficult (Durkee & Williams, 2015). The purpose of the current longitudinal study is to examine whether mental health consequences differ when the AWA is perpetrated by ethnic-racial ingroup versus outgroup members. Further, this study examines the moderating role of ethnic-racial identity to determine whether it buffers against or exacerbates the mental health implications of AWA insults. We specifically focus on Black and Latina/o college students attending predominantly White institutions (PWIs), because PWIs comprise 85% of all higher education institutions in the U.S. (NCES, 2020) and students of color are likely to face greater pressure from the AWA at these institutions where they must maintain cultural ties to their ethnic-racial identity while simultaneously assimilating to White cultural norms. In addition to having clinical implications for therapy, this work informs research literature to clarify how marginalized ethnic-racial minority college students internalize cultural invalidations and mitigate adverse mental health consequences.

## Cultural Invalidations and the Acting White Accusation

The “acting white” accusation (AWA) is one of the most threatening cultural invalidations that people of color encounter in their daily lives (Durkee et al., 2019; Neal-Barnett et al., 2010). The term “acting white” was popularized in the academic literature by Fordham and Ogbu (1986) to describe racial insults designed to discourage Black youth from overly

assimilating into White culture. The AWA implies that a person of color has demonstrated behaviors, values, or interests that are perceived to be atypical for their cultural background and thus violating their ethnic-racial group's cultural norms (Neal-Barnett et al., 2010). There are a variety of domains in which individuals are likely to be targeted by the AWA; these include but are not limited to, style of speech, clothing style, socioeconomic status, music/dance preferences, and interracial friendships (Bergin & Cooks, 2002; Burrell et al., 2013; Durkee et al., 2019).

The present study frames the AWA as a specific type of cultural validation that is commonly experienced by people of color. Cultural invalidations are defined as “identity threats that intentionally or unintentionally discredit or undermine a person’s membership within one or more social identities” (Durkee et al., 2019, p. 451). Cultural invalidations encompass identity threats across a range of social identities (e.g., ethnicity-race, gender, religion, social class, etc.). These experiences extend beyond the traditional scope of racial microaggressions to include invalidations from both ingroup and outgroup perpetrators. While cultural invalidations are commonly perpetrated by ingroup members to reinforce group norms, these insults can also be perpetrated by outgroup members to invalidate people who demonstrate non-prototypical behavior (Durkee et al., 2019; Franco & Franco, 2016). A prior misconception in the empirical literature is that the AWA was assumed to be perpetrated primarily by Black youth who criticize other Black youth for violating cultural norms (Fordham, 1996; Ogbu, 2004). However, recent evidence finds that Black and Latina/o youth both receive the AWA from ethnic-racial ingroup and outgroup perpetrators (Durkee et al., 2019). This research also finds that these experiences occur at PWIs from White perpetrators who invalidate Black and Latina/o college students for deviating from ethnic-racial stereotypes. Although the AWA has been studied much more commonly with Black youth compared to Latina/o youth, the limited number of studies that included both ethnic-racial groups have generally found that these populations experience similar implications from the AWA, although specific cultural stereotypes still lead to some distinct variations (Bergin & Cooks, 2002; Durkee et al., 2019). For example, Latina/o and Black youth both commonly receive the AWA based on their style of speech, but Latina/o populations are likely to receive the AWA for the inability to speak Spanish fluently, whereas Black youth receive the AWA for the inability to speak African American Vernacular English fluently (Durkee et al., 2019). What remains unknown is whether marginalized ethnic-racial minority youth experience distinct harm when the AWA is perpetrated by ingroup versus outgroup members.

## Cultural Betrayal and Mental Health

According to cultural betrayal trauma theory (CBTT; e.g., Gómez, 2019d, 2021; Gómez & Gobin, 2020), the shared marginalized ethnic-racial background between victims and perpetrators may contribute to harmful and/or traumatic interpersonal experiences. Within the CBTT framework (e.g., Gómez & Gobin, 2020), members of marginalized ethnic-racial groups develop (intra)cultural trust with their community as an adaptive coping response to combat the negative impact of societal trauma, such as systemic racism. Therefore, the violation of (intra)cultural trust through interpersonal harm is considered a form of cultural betrayal among marginalized ingroup members. As such, cultural betrayal can further

compound costly outcomes that result from traumatic interpersonal experiences involving ingroup perpetrators (Gómez & Freyd, 2018). The extant research on CBTT has shown that within-group trauma—known as cultural betrayal trauma—contributes to mental and behavioral health outcomes above and beyond the impact of trauma perpetrated by outgroup perpetrators (Gómez, 2017, 2019b, 2019c, 2019d, 2020, 2021).

In complementary literature, cultural invalidations perpetrated by ethnic-racial ingroup members are also associated with detrimental outcomes among Latina/o (Lavariega Monforti & Sanchez, 2010; Sanchez & Espinosa, 2016) and multiracial populations (Franco & Franco, 2016; Franco et al., 2020). Further, research with diverse samples indicates that ingroup members may have greater credibility to determine prototypical behaviors and enforce group norms compared to outgroup members, thus making cultural invalidations like the AWA potentially more threatening to mental health when they are perpetrated by ingroup members (Contrada et al., 2000; Durkee et al., 2019). Building on existing literature, CBTT provides a valuable theoretical lens to examine how receiving the AWA from ingroup perpetrators may be more costly for mental health outcomes compared to outgroup perpetrators. For marginalized ethnic-racial minority students attending PWIs, it is important to establish a supportive social network with peers from the same cultural background to help facilitate positive school adjustment to new academic settings (Tatum, 2017). However, when the AWA is perpetrated by members of the same cultural background, these insults may uniquely disrupt (intra)cultural trust between ingroup members (Gómez & Gobin, 2020) and consequently contribute to adverse mental health outcomes as peers within these supportive networks also become the source of significant stress. Cultural invalidations from outgroup perpetrators may also be distressing, but the recipients of these insults likely rely on their ingroup peers to cope with these experiences and reduce the overall impact on their mental health.

A growing body of evidence indicates that racial stressors, such as racial discrimination and racial microaggressions, are associated with costly mental health outcomes among Black and Latina/o emerging adults, specifically in terms of increased anxiety and depressive symptoms (Chou et al., 2012; Gómez, 2015; Keels et al., 2017). Early investigations into the psychological implications of the AWA suggest that Black youth targeted by this invalidation may develop a “raceless” persona where they reject Black cultural values and embrace the prototypical norms of the dominant White culture (Fordham, 1996). It is also believed that this “raceless” persona places recipients of the AWA at-risk for increased anxiety and depressive symptoms due to ostracism from their own racial group for “acting white” and marginalization from the dominant White culture for not being “white enough” (Arroyo & Zigler, 1995; Fordham, 1996). Psychological studies find that AWA experiences are common among Black youth and young adults, and the frequency of receiving the AWA is associated with greater anxiety symptoms and depressive symptoms (Durkee & Williams, 2015; Murray et al., 2012). Considering that the AWA functions as a racial stressor and poses major mental health risks, the present study examines how these experiences from ingroup versus outgroup perpetrators are associated with anxiety and depressive symptoms during the transition to college. Research demonstrates that college adjustment is a challenging process for all emerging adults, with the highest rates of college attrition occurring during the first year of college enrollment (NCES, 2020). Additionally,

racial discrimination is prevalent for ethnic-racial minority college students (Cokley et al., 2017; Hope et al., 2015; Keels et al., 2017; Volpe et al., 2020) and the social pressure to assimilate to White cultural standards at PWIs while simultaneously facing AWA insults is likely to be heightened during the college adjustment period (Durkee et al., 2019).

## The Moderating Role of Ethnic-Racial Identity

Ethnic-racial identity (ERI)—the significance and meaning of race and ethnicity in defining one's self-concept—is widely regarded as an important protective factor that can help mitigate the negative implications of ethnic-racial stressors (Rivas-Drake et al., 2014; Williams et al., 2014). Seminal work from Arnett (2000; 2006) argues that emerging adulthood is a period of significant identity development, and in industrialized nations, this period often culminates with college enrollment. For ethnic-racial minority students, ERI development during college has major implications for their academic adjustment and well-being (Syed, 2010; Willis & Neblett, 2020). The Multidimensional Model of Racial Identity (MMRI; Sellers et al., 1998) is a widely used conceptual framework to examine the significance and meaning of ethnic-racial group membership. In particular, one dimension of the MMRI, ethnic-racial centrality—the importance of race and ethnicity in defining one's identity—has been associated with less perceived stress when individuals encounter ethnic-racial discrimination (Neblett et al., 2004; Sellers et al., 2003). While a large body of literature highlights the protective role of ethnic-racial centrality (see Rivas-Drake et al., 2014 for a review), competing evidence indicates that this dimension of the MMRI may also exacerbate the negative implications of ethnic-racial discrimination by increasing an individual's sensitivity and reactivity to ethnic-racial stressors. For example, Major et al. (2003) found that Latina/o college students with high ethnic-racial centrality reported more negative affect after reading vignettes about ethnic-racial discrimination compared to Latina/o peers with lower ethnic-racial centrality. Additionally, Yip et al. (2008) found that ethnic-racial centrality exacerbated the mental health consequences of ethnic-racial discrimination among Asian American middle-aged adults and senior citizens. These findings and a meta-analysis (Yip et al., 2019) suggest that the protective and exacerbating role of ethnic-racial centrality is mixed in terms of explaining how this dimension moderates the relationship between ethnic-racial stressors and mental health outcomes.

Cultural invalidations, such as the AWA, represent a unique form of ethnic-racial stress that is distinct from traditional ethnic-racial stressors (e.g., racism, discrimination, and microaggressions). Existing research has found that the rate of exposure to the AWA is detrimental to multiple dimensions of ERI among Black college students, such that individuals who experience the AWA more frequently report lower ERI across several dimensions (Durkee & Williams, 2015). Additionally, the level of distress associated with the AWA is negatively correlated with ethnic-racial centrality among Black high school students (Neal-Barnett et al., 2010). While prior evidence indicates that the AWA is directly related to ERI, it is unclear how ethnic-racial centrality moderates the relationship between the AWA and mental health outcomes. Considering the mixed results between ethnic-racial centrality and traditional ethnic-racial stressors, it is likely that ethnic-racial centrality moderates the relationship between AWA exposure and mental health outcomes by either mitigating or exacerbating mental health consequences when ethnic-racial centrality is high.

Based on these factors, ethnic-racial centrality is the primary dimension of ERI examined in the present study because the significance of ethnic-racial group membership can potentially enhance coping responses or increase sensitivity to ethnic-racial insults like the AWA.

## Present Study

The present study has two primary objectives and each fills a gap in the existing literature. The first objective is to determine whether the AWA is associated with greater mental health consequences when it is perpetrated by ethnic-racial ingroup (i.e., cultural betrayal) versus outgroup members. CBTT (Gómez, 2020) argues that cultural betrayal contributes to costly mental health outcomes due to the violation of (intra)cultural trust when harmful experiences are perpetrated by ingroup members; this framework provides a conceptual lens for the present study. The second objective is to clarify whether ethnic-racial centrality functions as a protective factor against mental health consequences from the AWA, or whether ethnic-racial centrality exacerbates mental health consequences. In line with these objectives, the study is driven by the following research questions:

1. Does the ethnic-racial background of ingroup versus outgroup AWA perpetrators influence anxiety and depressive symptoms over the first year of college?

Compared to students who do not experience the AWA during the first year of college, we predict that those who receive the AWA from ethnic-racial ingroup perpetrators will experience more depressive and anxiety symptoms than students who receive the AWA from ethnic-racial outgroup perpetrators. Additionally, students who receive the AWA from both ethnic-racial ingroup *and* outgroup perpetrators are expected to experience the most severe mental health outcomes. We also predict that these effects will hold even after controlling for demographic covariates and baseline anxiety and depressive symptoms to account for changes in mental health over the first year of college.

2. Does ethnic-racial centrality moderate the relationship between AWA perpetrators and mental health outcomes?

Ethnic-racial centrality is expected to moderate the relationship between AWA perpetrators and mental health outcomes. However, mixed findings within the ERI literature limit our ability to predict the direction of this moderation because high levels of ethnic-racial centrality can either buffer against negative mental health outcomes by enhancing coping skills or exacerbate negative mental health outcomes by increasing sensitivity to ethnic-racial insults.

## Method

### Participants

Data were used from the Minority College Cohort Study, a longitudinal investigation of 462 Black and Latina/o students who began college in fall 2013. The analytical sample for this study was comprised of 401 students who had full data across Waves one and three (43% Black and 57% Latina/o). The sample was recruited from five predominantly White universities in the Midwest United States: Two urban private universities (24%), one urban public university (38%), one rural public university (29%), and one suburban

public university (9%). Participants graduated from 255 different high schools and 86% of the sample graduated from public high schools. Approximately 75% of Black and 58% of Latina/o participants were women; this is reflective of the gender imbalance in college enrollment in the U.S. (Snyder et al., 2016). The ethnic composition of Black participants in the sample was 84% African American, 5% African, 2% Caribbean, and 9% multiracial. The ethnic composition of Latina/o participants was 67% Mexican, 7% Puerto Rican, 5% South American, 3% Central American, 1% Dominican, 1% Cuban, 4% other Hispanic/Latina/o, and 10% multiracial. Only 2% of the sample identified as Afro-Latina/o and they were categorized as either Black or Latina/o depending on the group they identified with most strongly. Nine percent of the sample were foreign-born, but 56% of the sample had at least one foreign-born parent—24% of Black and 82% of Latina/o students. Forty-eight percent of Black students and 70% of Latina/o students were first-generation college students. The mean age of the sample at recruitment was 18.17 years old ( $SD = 0.44$ ).

## Procedure

Administrators at each of the five universities distributed an email containing a description of the research study and a survey link during September 2013. Students provided informed consent and completed an online screening questionnaire. To qualify for the study participants were required to be entering college as a first-year student, enrolled full-time, and primarily identify as either African American/Black or Hispanic/Latina/o (including multiracial individuals who identify as Black or Latina/o). Three waves of data collection took place during the first year of college: Wave 1 occurred at college entry, Wave 2 occurred after the first academic semester, and Wave 3 occurred at the end of the first academic year. For each wave of data collection participants were emailed an individualized link to the online survey. Surveys for Waves 1 and 3 took 45 min to complete and participants were compensated with a \$25 gift card. The Wave 2 survey took 15 min to complete and participants were compensated with a \$15 gift card. Data were utilized from Waves 1 and 3 for the present study with a retention rate of 87% of the original sample. The University of Chicago Institutional Review Board approved all study procedures (#H10185), and data collection was managed using REDCap software tools sponsored by the host institution (Harris et al., 2009).

## Measures

**“Acting White” Accusation.**—A single item at Wave 3 asked participants, “How often were you accused of “acting white” during freshman year of college?” Responses ranged on a 5-point Likert scale from 1 (*never*) to 5 (*almost all of the time*). The AWA was defined in the survey as instances where the actions or behaviors of participants were criticized as being “non-authentic” for their racial/ethnic group ( $M = 1.80$ ,  $SD = 1.22$ ).

**Race of AWA Perpetrators.**—Individuals who indicated that they experienced the AWA received a follow-up item which asked, “During college, what was the race of each person who accused you of “acting white”? [check all that apply].” Response options for AWA perpetrators included: *Black/African American, Hispanic/Latina/o, White/European, Asian/Pacific Islander, Native American, Middle Eastern, Other*. Among those targeted by the AWA during freshman year of college, 77% of Black students, and 66% of Latina/o students

received the AWA from an ethnic-racial ingroup perpetrator. Also, 33% and 47% of Black and Latina/o students, respectively, received the AWA from White perpetrators. Only 26 students in the sample received the AWA from a non-White perpetrator outside of their own ethnic-racial ingroup during the first year of college. Therefore, the variable for AWA perpetrators was recoded to compare ethnic-racial ingroup perpetrators to White perpetrators (i.e., ethnic-racial outgroup), and the sample was categorized into four distinct groups: (a) *No AWA experiences during the first year of college* (i.e., the reference group for comparisons;  $N = 276$ , 69%), (b) *only ethnic-racial ingroup perpetrators* ( $N = 57$ , 14%), (c) *only White perpetrators* ( $N = 21$ , 5%), or (d) *both ethnic-racial ingroup and White perpetrators* ( $N = 47$ , 12%).

**Depressive Symptoms.**—The Harvard Department of Psychiatry/National Depression Screening Day scale (HANDS) was used to assess depressive symptoms (Baer et al., 2000). HANDS was developed as a brief 10-item screening tool for depression. Participants indicated the frequency of depressive symptoms over the past 2 weeks using nine-items from HANDS. A question regarding suicidality was omitted given the sensitive nature of the question. Items used a 4-point scale that ranged from 0 (*none or a little bit of the time*) to 3 (*all of the time*). Sample items included, “Been feeling hopeless about the future” and “Had feelings of worthlessness.” Items indicated high internal reliability at both Wave 1 ( $\alpha = .92$ ,  $M = .84$ ,  $SD = .72$ ) and Wave 3 ( $\alpha = .93$ ,  $M = .77$ ,  $SD = .74$ ).

**Anxiety Symptoms.**—The Generalized Anxiety Disorder Screener—Symptoms Scale was used to assess anxiety symptoms (Carroll & Davidson, 2000). Participants responded to 10 items regarding anxiety symptoms experienced over the previous 6 months. Sample items included, “Most days I have trouble concentrating” and “Most days I cannot stop worrying.” Responses were coded as 1 (*yes*) or 0 (*no*) and summed together to create a composite score ranging from 0 to 10. Items demonstrated high internal reliability at both Wave 1 ( $\alpha = .87$ ,  $M = 3.18$ ,  $SD = 3.08$ ) and Wave 3 ( $\alpha = .89$ ,  $M = 3.16$ ,  $SD = 3.20$ ).

**Ethnic-Racial Identity (ERI): Centrality.**—The Multidimensional Inventory of Black Identity—Short (MIBI-S; Martin et al., 2013) was used to assess ethnic-racial identity. The dimension for ethnic-racial centrality within the MIBI-S consists of 3 items measuring the extent to which ethnicity/race is central to one’s overall self-concept and sense of identity. Sample items included, “Being Black/Latina/o is an important reflection of who I am” and “I have a strong sense of belonging to Black/Latina/o people.” Items used a 7-point scale that ranged from 1 (*strongly disagree*) to 7 (*strongly agree*). Ethnic-racial centrality was measured at Wave 3 and demonstrated high internal reliability ( $\alpha = .91$ ,  $M = 5.23$ ,  $SD = 1.61$ ).

**Student Demographics.**—Several demographic variables were collected at Wave 1 including participants’ ethnicity/race, gender, first generation college status, and the university attended. Participants self-reported their gender and two students who identified as transgender were excluded from analyses. Participants were coded as first-generation college students if both of their parents did not obtain a 4-year college degree (1), and non-first generation if one or both parents obtained a 4-year college degree (0).



## Data Analysis Plan

Missing data was handled using listwise deletion and the bulk of missing data resulted from the AWA perpetrators variable which was recoded to exclude certain AWA perpetrators that occurred infrequently. The remaining study variables contained only minimal missing data (0%–4%) and Little's missing completely at random test confirmed that these variables were missing completely at random (MCAR);  $\chi^2(31, N=462) = 42.86, p = .076$  (Little & Rubin, 2014). Further inspection of missing data indicated that there was little evidence for covariate-dependent missingness (CDM);  $\chi^2(184, N=453) = 67.48, p = 1.000$ .

Statistical analyses were performed with Stata 16 and SPSS 27. Chi-square tests, t-tests, and analysis of variance (ANOVA) were performed to examine demographic differences in AWA experiences during the first year of college. Stepwise multiple regression analyses were used to examine whether the ethnic-racial background of AWA perpetrators was associated with mental health outcomes (e.g., anxiety and depressive symptoms) at the end of the first year of college (Wave 3). Model 1 in the regression analyses examined only the main effects of AWA perpetrators on mental health outcome. Students who did not experience the AWA during the first year of college were coded as the reference group and compared with three other types of AWA perpetrators: *Only ethnic-racial ingroup perpetrators*, *only White perpetrators*, and *both ethnic-racial ingroup and White perpetrators*. Model 2 examined the main effects of AWA perpetrators while controlling for several important covariates: Baseline anxiety and depressive symptoms at college entry (Wave 1), students' ethnicity/race, gender, first-generation college status, and university attended. Model 3 examined interaction effects in addition to the previous variables to determine the moderating role of ethnic-racial centrality. Statistically significant interactions were probed at the mean level of ethnic-racial centrality and one standard deviation (*SD*) above and below the mean to determine the statistical significance and directionality of simple slopes.

## Results

### Descriptive Statistics

Variable means and standard deviations are described in Table 1. The AWA was experienced by 38% of the sample during the first year of college (41% of Black and 35% of Latina/o students;  $\chi^2(1, N=444) = 1.77, p = .183$ ). The frequency of exposure to AWA insults was higher for Black students ( $M = 1.94, SD = 1.36$ ) compared to Latina/o students,  $M = 1.70, SD = 1.10; t(442) = 2.07, p = .039$ . A oneway ANOVA revealed that the frequency of experiencing the AWA during the first year of college did not differ based on the ethnic-racial background of AWA perpetrators,  $F(2, 122) = .78, p = .46$ .

### Depressive Symptoms

In Model 1 of the stepwise multiple regression analyses, main effects revealed that students who received the AWA from only ingroup perpetrators ( $M = 1.07, SD = .79, p < .001$ ), as well as students who received the AWA from both ingroup and White perpetrators ( $M = 1.09, SD = .91, p < .001$ ) experienced significantly more depressive symptoms than the reference group who did not encounter the AWA during the first year of college ( $M = .62, SD = .66$ ). However, students who received the AWA from only White perpetrators

( $M = .94$ ,  $SD = .82$ ,  $p = .101$ ) did not differ statistically from the reference group. Model 2 controlled for multiple covariates and found that the previous main effects remained statistically significant (see Table 2).

Model 3 examined whether ethnic-racial centrality moderated the relationship between AWA perpetrators and depressive symptoms. Results indicated that centrality was a significant moderator for students who received the AWA from only White perpetrators ( $b = -.25$ ,  $p = .005$ ), a marginal moderation effect was found for those who received the AWA from both ingroup and White perpetrators ( $b = -.11$ ,  $p = .068$ ), and no moderation was found for those who received the AWA from only ingroup perpetrators ( $b = -.01$ ,  $p = .799$ ). When centrality was lower than average ( $-1 SD$ ), there was no protective buffering effect because all students who received the AWA during the first year of college demonstrated more depressive symptoms than the reference group (Figure 1). At the mean level of ethnic-racial centrality, a positive buffering effect occurred for those who only received the AWA from White perpetrators because their level of depressive symptoms did not differ from the reference group ( $b = .00$ ,  $p = .997$ ). When centrality was higher than average ( $+1 SD$ ), the positive buffering effect strengthened even further and participant who received the AWA from only White perpetrators demonstrated *less* depressive symptoms than the reference group at a marginal rate that approached statistical significance ( $b = -.38$ ,  $p = .084$ ), and those who received the AWA from both ingroup and White perpetrators did not differ from the reference group ( $b = .05$ ,  $p = .713$ ).

### Anxiety Symptoms

Next we examined whether anxiety symptoms were associated with the ethnic-racial background of AWA perpetrators (see Table 3). The main effects in Model 1 were similar to the results for depressive symptoms, where students who received the AWA from only ingroup perpetrators ( $M = 4.54$ ,  $SD = 3.26$ ,  $p < .001$ ), as well as those who received the AWA from both ingroup and White perpetrators ( $M = 3.91$ ,  $SD = 3.41$ ,  $p = .008$ ) experienced significantly more anxiety symptoms at the end of the first year of college than the reference group ( $M = 2.62$ ,  $SD = 2.98$ ). Students who received the AWA from only White perpetrators ( $M = 3.38$ ,  $SD = 3.22$ ,  $p = .274$ ) did not differ from the reference group in terms of anxiety symptoms. Model 2 found that these effects remained statistically significant even after controlling for all of the covariates.

Model 3 examined ethnic-racial centrality as a moderator and found that the interaction term demonstrated a marginal trend that approached statistical significance for students who received the AWA from only White perpetrators ( $b = -.63$ ,  $p = .069$ ). Centrality was not a significant moderator for students who received the AWA from only ingroup perpetrators ( $b = .16$ ,  $p = .465$ ) or those who received the AWA from both ingroup and White perpetrators ( $b = -.02$ ,  $p = .938$ ). For exploratory purposes, we probed the marginal interaction effect for students who received the AWA from only White perpetrators and found that ethnic-racial centrality demonstrated a positive buffering role for anxiety symptoms that mirrored the prior effects found for depressive symptoms. When centrality was lower than average ( $-1 SD$ ), students who received the AWA from only White perpetrators experienced greater anxiety symptoms than the reference group ( $b = 1.43$ ,  $p = .044$ ), but as centrality increased,

anxiety symptoms declined for this group and they did not differ from the reference group at the mean level of centrality ( $b = .45, p = .429$ ) or when centrality was higher than average ( $+1 SD, b = -.52, p = .538$ ).

## Discussion

The purpose of the present study was to examine whether a specific type of cultural invalidation, the “acting white” accusation (AWA), was associated with greater mental health consequences (e.g., greater anxiety and depressive symptoms) when perpetrated by ethnic-racial ingroup versus outgroup members. This study also examined whether ethnic-racial identity (ERI) moderated the relationship between AWA experiences and mental health outcomes among a diverse sample of Black and Latina/o emerging adults during their first year in college. The vast majority of existing research in this area has focused almost exclusively on Black youth, so the present study provides a valuable contribution by broadening the implications of the AWA to both Black and Latina/o emerging adults.

Supporting our first hypothesis, we found that the ethnic-racial background of AWA perpetrators played a major role in determining the severity of mental health consequences that resulted from these experiences. As predicted, students who received the AWA from only ingroup perpetrators and students who received the AWA from ingroup and outgroup (i.e., White) perpetrators experienced greater anxiety and depressive symptoms than students who did not experience the AWA during the first year of college. These effects remained statistically significant even after controlling for several demographic covariates and baseline mental health at college entry. These findings are important because they utilize longitudinal data to demonstrate that the consequences of the AWA from specific perpetrators are associated with costly changes in anxiety and depressive symptoms over the first year of college. While the existing body of AWA literature is comprised of primarily cross-sectional studies, the present study contributes to this literature by using longitudinal data to examine the implications of different AWA perpetrators. Contrary to our prediction, Black and Latina/o students who received the AWA from both ingroup and White perpetrators did not experience the most severe mental health consequences. This indicates that the additive effects of receiving the AWA from both ingroup and White perpetrators were no more harmful than receiving the AWA from only ingroup perpetrators. Also, students who received the AWA from only White perpetrators did not experience any worse mental health consequences than those who did not experience the AWA at all during the first year of college (i.e., the reference group).

Collectively our findings demonstrate that the ethnic-racial background of AWA perpetrators largely influences mental health outcomes, and ingroup perpetrators appear to present a greater risk to Black and Latina/o student’s mental health than outgroup perpetrators. This latter finding bolsters the literature on cultural betrayal trauma theory (CBTT; e.g., Gómez & Gobin, 2020). In line with CBTT (e.g., Gómez, 2019a), the present study suggests that AWA insults perpetrated by marginalized ethnic-racial ingroup members are uniquely harmful due to cultural betrayal trauma that exacerbates the impact of the AWA. Moreover, our findings demonstrate that a larger portion of our sample received the AWA from ethnic-racial ingroup perpetrators, and this is in line with existing research indicating that ethnic-racial ingroup

members are more likely to enforce group conformity to cultural norms than outgroup members (Contrada et al., 2000).

It is also important to note that the overall frequency of experiencing the AWA did not differ based on who the perpetrators were, but mental health consequences were very much dependent on the source of AWA perpetrators. This finding demonstrates that unique harm results from specific perpetrators and is consistent with prior research findings indicating that cultural invalidations and identity denial are more detrimental to psychological outcomes when they are perpetrated by marginalized ethnic-racial ingroup members (Lavariega Monforti & Sanchez, 2010; Sanchez & Espinosa, 2016). Therefore, the present study contributes to a growing body of literature documenting the unique psychological consequences of identity threats experienced by ethnic-racial ingroup versus outgroup perpetrators.

### **Ethnic-Racial Identity as a Moderator**

The second aim of the study was to determine whether ERI (specifically ethnic-racial centrality) moderated the relationship between AWA perpetrators and mental health outcomes. Supporting our hypothesis, ethnic-racial centrality did significantly moderate the relationship between AWA perpetrators and depressive symptoms, but this moderation only occurred for students who received the AWA from only White perpetrators or the combination of White and ingroup perpetrators. For both conditions, ethnic-racial centrality demonstrated a positive buffering effect that was associated with fewer depressive symptoms among students with average or above average levels of ethnic-racial centrality. These findings suggest that ethnic-racial centrality functions as a protective factor when the AWA is experienced from White perpetrators (either solely or in combination with ingroup perpetrators), but there was no moderation when the AWA was experienced from only ingroup perpetrators. In terms of anxiety symptoms, the interaction between AWA perpetrators and ethnic-racial centrality only demonstrated a marginal interaction effect for students who received the AWA from only White perpetrators.

Prior research has demonstrated that ethnic-racial centrality contributes both a protective role to minimize mental health consequences resulting from ethnic-racial stressors (Rivas-Drake et al., 2014), as well as an exacerbating role that can worsen mental health outcomes by increasing one's sensitivity and reactivity to ethnic-racial stressors (Major et al., 2003; Yip et al., 2008). However, the bulk of this work has focused primarily on intergroup stressors, with very little research examining the moderating role of ethnic-racial centrality when ethnic-racial insults are perpetrated by ingroup members. The present study did not find a moderating role for ethnic-racial centrality when the AWA was perpetrated by only ingroup members. This was due to the fact that students in this condition experienced greater anxiety and depressive symptoms than the reference group regardless of their level of ethnic-racial centrality. Therefore, these findings suggest that the protective role of ethnic-racial centrality becomes muted when the AWA primarily occurs from ingroup members. This outcome is likely due to the unique impact of cultural betrayal trauma that results from harmful treatment by ingroup members (e.g., Gómez, 2019d).

In line with a large body of literature examining the protective role of ERI in response to intergroup ethnic-racial stressors (see Yip et al., 2019 for a meta-analysis), the present study finds that ethnic-racial centrality helped buffer against depressive symptoms when the AWA was perpetrated by outgroup members (i.e., White perpetrators). This suggests that when AWA insults are perpetrated by outgroup members, ethnic-racial centrality becomes a protective asset that helps students of color cope with these insults in a positive manner that reduces the risk of mental health consequences. Additionally, it may be easier for Black and Latina/o college students to cope with the AWA from outgroup perpetrators because they may be more likely to anticipate ethnic-racial threats from outgroup members due to the heightened prevalence of ethnic-racial microaggressions and discrimination within the context of predominantly White institutions (PWIs; Keels et al., 2017). Further, Black and Latina/o college students who view their ethnicity/race as a central facet of their identity (i.e., high ethnic-racial centrality) are likely able to cope with the AWA by distancing themselves from outgroup perpetrators, whereas the same insults from ingroup perpetrators can make distancing more difficult when these individuals are also relied on for social support.

### Implications

Although the research literature has widely documented the negative mental health consequences of ethnic-racial discrimination among college students from underrepresented minority groups (Cokley et al., 2017; Hope et al., 2015), other types of ethnic-racial stressors, such as cultural invalidations, have been understudied. The AWA is a specific type of cultural invalidation that is commonly experienced by youth of color and these insults are perpetrated by both ethnic-racial ingroup and outgroup members throughout the lifespan from childhood to adulthood (Carbado & Gulati, 2013; Durkee et al., 2019; Neal-Barnett, 2001).

The present study demonstrates that the AWA has direct mental health implications among Black and Latina/o emerging adults during the first year of college. It is important to examine the AWA during this critical period of college adjustment because prior research demonstrates that the AWA is quite prevalent within school contexts (Durkee & Williams, 2015; Horvat & O'Connor, 2006; Tyson, 2011). While exposure to the AWA is likely heightened for ethnic-racial minority students attending PWIs, these experiences extend beyond school contexts and persist into occupational settings as employees of color must often adjust their racial behavior and adopt White cultural norms while at work (i.e., racial code-switching) in order to be perceived as more professional by their colleagues (McCluney et al., 2019, 2021).

The mental health consequences resulting from the AWA could provide additional adversity that challenges college retention rates among ethnic-racial minority college students. In line with theoretical perspectives that incorporate sociocultural contexts into clinical treatment, such as relational cultural therapy (e.g., Comstock et al., 2008; Gómez, 2020; Gómez et al., 2016; Miller, 1976; Miller & Stiver, 1997), both the perpetrator of the AWA and the victim's level of ethnic-racial centrality should be assessed for and, as relevant, incorporated into clinicians' case conceptualizations and treatment planning for Black and Latina/o

college students. Given that exposure to the AWA is quite common for students of color, clinical treatment for AWA-related distress may be more effective when practitioners have a high level of cultural competence and/or share the same ethnic-racial background as their patients (Ibaraki & Hall, 2014). For instance, the complicated nature of cultural invalidations may require an introspective look into the role of cultural norms within our society, because people of color experience a high degree of social pressure to prove that they're an "authentic" member of their ethnic-racial group (Contrada et al., 2000), while simultaneously facing intense pressure to adopt White cultural norms in order to be accepted by the broader society.

## Limitations and Future Directions

The present study has several limitations that should be considered when interpreting the findings. First, the sample was limited to Black and Latina/o emerging adults during their first year of college at five PWIs in the Midwestern U.S. Therefore, future work should attempt to replicate our findings among Black and Latina/o college students across different geographic locations, as well as within other ethnic-racial groups that may also encounter similar cultural invalidations (e.g., Asian American and Native American/Indigenous students). Future research should also compare emerging adults who enroll at minority-serving institutions and those who do not matriculate into college to provide researchers with a better understanding of the role of differential contexts on the prevalence and impact of the AWA.

Another limitation is that while the results of the present study account for changes in depressive symptoms and anxiety symptoms during the first year of college, these findings are correlational by design, meaning that the causal mechanisms of the AWA cannot be determined from this study. Therefore, future research should utilize experimental designs to determine whether the AWA directly causes mental health implications. However, future work in this area will need to employ novel experimental methods to induce the AWA and measure resulting psychological implications in an ethical manner that does not involve unnecessary risk or harm for research participants. Given that cultural betrayal is conceptualized as being implicit within harmful experiences perpetrated by ingroup members, future research should also examine the level of cultural betrayal perceived by participants in response to the AWA to capture individual differences in these appraisals. Lastly, while the present study finds that the AWA has implications for mental health outcomes over the first year of college, it is still unclear how long these implications linger. Therefore, future research should examine whether AWA experiences continue to influence mental health outcomes beyond the first year of college.

## Conclusion

The transition to college can be particularly difficult for ethnic-racial minority students attending predominantly White institutions and findings from the present study reveal that the AWA experienced from specific perpetrators during the first year of college uniquely impacted Black and Latina/o students' mental health. Specifically, AWA insults perpetrated by ethnic-racial ingroup members resulted in greater mental health consequences (i.e.,

greater anxiety and depressive symptoms). Additionally, findings indicate that ERI centrality provides a protective buffering effect that reduces the overall level of depressive symptoms experienced by Black and Latina/o college students, but this effect only occurred for students who received the AWA from White perpetrators. ERI centrality was not protective when the AWA was perpetrated by ingroup members. Our findings highlight that specific perpetrators of the AWA and a person's level of ERI centrality should be taken into account when determining the best strategies for helping Black and Latina/o college students cope with cultural invalidations.

## Acknowledgments

The research described in this article was supported by an award from the William T. Grant Foundation (#180804).

## References

- Arnett JJ (2000). Emerging adulthood. A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480. 10.1037/0003-066X.55.5.469
- Arnett JJ (2006). Emerging adulthood: Understanding the new way of coming of age. In Arnett JJ & Tanner JL (Eds.), *Emerging adulthood: Coming of age in the 21st century* (pp. 3–20). American Psychological Association.
- Arnett JJ, & Brody GH (2008). A fraught passage: The identity challenges of African American emerging adults. *Human Development*, 51(5–6), 291–293. 10.1159/000170891
- Arroyo CG, & Zigler E (1995). Racial identity, academic achievement, and the psychological well-being of economically disadvantaged adolescents. *Journal of Personality and Social Psychology*, 69(5), 903–914. 10.1037/0022-3514.69.5.903 [PubMed: 7473037]
- Baer L, Jacobs DG, Meszler-Reizes J, Blais M, Fava M, Kessler R, Magruder K, Murphy J, Kopans B, Cukor P, Leahy L, & O'Laughlen J (2000). Development of a brief screening instrument: The HANDS. *Psychotherapy and Psychosomatics*, 69(1), 35–41. 10.1159/000012364 [PubMed: 10601833]
- Bergin DA, & Cooks HC (2002). High school students of color talk about accusations of “acting white.” *The Urban Review*, 34(2), 113–134. 10.1023/A:1015310332639
- Burrell JO, Winston CE, & Freeman KE (2013). Race-acting: The varied and complex affirmative meaning of “acting black” for African-American adolescents. *Culture and Psychology*, 19(1), 95–116. 10.1177/1354067X12464981
- Carbado DW, & Gulati M (2013). *Acting white?: Rethinking race in post-racial America*. Oxford University Press.
- Carroll BJ, & Davidson JRT (2000). *Screening scale for DSM-IV GAD*. Copyright 2000.
- Chou T, Asnaani A, & Hofmann SG (2012). Perception of racial discrimination and psychopathology across three U.S. ethnic minority groups. *Cultural Diversity & Ethnic Minority Psychology*, 18(1), 74–81. 10.1037/a0025432 [PubMed: 21967527]
- Cokley K, Smith L, Bernard D, Hurst A, Jackson S, Stone S, Awosogba O, Saucer C, Bailey M, & Roberts D (2017). Impostor feelings as a moderator and mediator of the relationship between perceived discrimination and mental health among racial/ethnic minority college students. *Journal of Counseling Psychology*, 64(2), 141–154. 10.1037/cou0000198 [PubMed: 28277731]
- Comstock DL, Hammer TR, Strentzsch J, Cannon K, Parsons J, & Li GS (2008). Relational-cultural theory: A framework for bridging relational, multicultural, and social justice competencies. *Journal of Counseling and Development*, 86(3), 279–287. 10.1002/j.1556-6678.2008.tb00510.x
- Contrada RJ, Ashmore RD, Gary ML, Coups E, Egeth JD, Sewell A, Ewell K, Goyal TM & Chasse V (2000). Ethnicity-related sources of stress and their effects on well-being. *Current Directions in Psychological Science*, 9(4), 136–139. 10.1111/1467-8721.00078

- Durkee MI, Gazley ER, Hope EC, & Keels M (2019). Cultural invalidations: Deconstructing the “acting White” phenomenon among Black and Latinx college students. *Cultural Diversity & Ethnic Minority Psychology, 25*(4), 451–460. 10.1037/cdp0000288 [PubMed: 31021139]
- Durkee MI, & Williams JL (2015). Accusations of acting white: Links to black students’ racial identity and mental health. *The Journal of Black Psychology, 41*(1), 26–48. 10.1177/0095798413505323
- Fordham S (1996). *Blacked out: Dilemmas of race, identity, and success at Capital High*. University of Chicago Press. 10.7208/chicago/9780226229980.001.0001
- Fordham S, & Ogbu JU (1986). Black students’ school success: Coping with the burden of acting white. *The Urban Review, 18*(3), 176–206. 10.1007/BF01112192
- Franco M, Katz R, Pickens J, & Brunsma DL (2020). From my own flesh and blood: An exploratory examination of discrimination from family for Black/White multiracial people. *Qualitative Social Work: Research and Practice, 19*(2), 246–266. 10.1177/1473325018815734
- Franco MG, & Franco SA (2016). Impact of identity invalidation for Black multiracial people: The importance of race of perpetrator. *The Journal of Black Psychology, 42*(6), 530–548. 10.1177/0095798415604796
- Gómez JM (2015). Microaggressions and the enduring mental health disparity: Black Americans at risk for institutional betrayal. *The Journal of Black Psychology, 41*(2), 121–143. 10.1177/0095798413514608
- Gómez JM (2017). Does ethno-cultural betrayal in trauma affect Asian American/Pacific Islander college students’ mental health outcomes? An exploratory study. *Journal of American College Health, 65*(6), 432–436. 10.1080/07448481.2017.1341896 [PubMed: 28617143]
- Gómez JM (2019a). Group dynamics as a predictor of dissociation for Black victims of violence: An exploratory study of cultural betrayal trauma theory. *Transcultural Psychiatry, 56*(5), 878–894. 10.1177/1363461519847300 [PubMed: 31046633]
- Gómez JM (2019b). Isn’t it all about victimization? (Intra)cultural pressure and cultural betrayal trauma in ethnic minority college women. *Violence Against Women, 25*(10), 1211–1225. 10.1177/1077801218811682 [PubMed: 30497342]
- Gómez JM (2019c). What’s in a betrayal? Trauma, dissociation, and hallucinations among high-functioning ethnic minority emerging adults. *Journal of Aggression, Maltreatment & Trauma, 28*(10), 1181–1198. 10.1080/10926771.2018.1494653
- Gómez JM (2019d). What’s the harm? Internalized prejudice and intraracial trauma as cultural betrayal among ethnic minority college students. *American Journal of Orthopsychiatry, 89*(5), 237–247. 10.1037/ort0000367
- Gómez JM (2020). Trainee perspectives on relational cultural therapy and cultural competency in supervision of trauma cases. *Journal of Psychotherapy Integration, 30*(1), 60–66. 10.1037/int0000154
- Gómez JM (2021). Does gender matter? An exploratory study of cultural betrayal trauma and hallucinations in Latino undergraduates at a predominantly White university. *Journal of Interpersonal Violence, 36*(3–4), 1375–1390. 10.1177/0886260517746942
- Gómez JM, & Freyd JJ (2018). Psychological outcomes of within-group sexual violence: Evidence of cultural betrayal. *Journal of Immigrant and Minority Health, 20*, 1458–1467. 10.1007/s10903-017-0687-0 [PubMed: 29288343]
- Gómez JM, & Gobin RL (2020). Black women and girls & #MeToo: Rape, cultural betrayal, & healing. *Sex Roles, 82*, 1–12. 10.1007/s11199-019-01040-0
- Gómez JM, Lewis JK, Noll LK, Smidt AM, & Birrell PJ (2016). Shifting the focus: Nonpathologizing approaches to healing from betrayal trauma through an emphasis on relational care [Special Section]. *Journal of Trauma & Dissociation, 17*(2), 165–185. 10.1080/15299732.2016.1103104 [PubMed: 26460888]
- Harris PA, Taylor R, Thielke R, Payne J, Gonzalez N, & Conde JG (2009). Research electronic data capture (REDCap)—A metadata-driven methodology and workflow process for providing translational research informatics support. *Journal of Biomedical Informatics, 42*(2), 377–381. 10.1016/j.jbi.2008.08.010 [PubMed: 18929686]



- Hicken MT, Kravitz-Wirtz N, Durkee M, & Jackson JS (2018). Racial inequalities in health: Framing future research. *Social Science & Medicine* (1982), 199, 11. 10.1016/j.socscimed.2017.12.027 [PubMed: 29325781]
- Hope EC, Hoggard LS, & Thomas A (2015). Emerging into adulthood in the face of racial discrimination: Physiological, psychological, and sociopolitical consequences for African American youth. *Translational Issues in Psychological Science*, 1(4), 342–351. 10.1037/tps0000041
- Horvat EM, & O'Connor C (2006). *Beyond acting White: Reframing the debate on Black student achievement*. Rowman & Littlefield Publishers.
- Ibaraki AY, & Hall GCN (2014). The components of cultural match in psychotherapy. *Journal of Social and Clinical Psychology*, 33(10), 936–953. 10.1521/jscp.2014.33.10.936
- Keels M (2013). Getting them enrolled is only half the battle: College success as a function of race or ethnicity, gender, and class. *American Journal of Orthopsychiatry*, 83(2 pt. 3), 310–322. 10.1111/ajop.12033
- Keels M, Durkee M, & Hope E (2017). The psychological and academic costs of school-based racial and ethnic microaggressions. *American Educational Research Journal*, 54(6), 1316–1344. 10.3102/0002831217722120
- Lavariega Monforti J, & Sanchez GR (2010). The politics of perception: An investigation of the presence and sources of perceptions of internal discrimination among Latinos. *Social Science Quarterly*, 91(1), 245–265. 10.1111/j.1540-6237.2010.00691.x
- Little RJA, & Rubin DB (2014). *Statistical analysis with missing data*. Wiley.
- Major B, McCoy S, Kaiser C, & Quinton W (2003). Prejudice and self-esteem: A transactional model. *European Review of Social Psychology*, 14(1), 77–104. 10.1080/10463280340000027
- Martin P, Wout D, Nguyen HX, Gonzalez R, & Sellers RM (2013). The multidimensional inventory of black identity-short [Unpublished manuscript].
- McCluney CL, Durkee MI, Smith RE II, Robotham KJ, & Lee S (2021). To be, or not to be ... Black: The effects of racial codeswitching on perceived professionalism in the workplace. *Journal of Experimental Social Psychology*, 97, Article 104199. 10.1016/j.jesp.2021.104199
- McCluney CL, Robotham KJ, Lee S, Smith RE II, & Durkee MI (2019). The costs of code-switching. *Harvard Business Review*. <https://hbr.org/2019/11/the-costs-of-codeswitching>
- Miller JB (1976). *Toward a new psychology of women*. Beacon Press.
- Miller JB, & Stiver IP (1997). *The healing connection: How women form relationships in therapy and in life*. Beacon Press.
- Murray MS, Neal-Barnett A, Demmings JL, & Stadulis RE (2012). The acting White accusation, racial identity, and anxiety in African American adolescents. *Journal of Anxiety Disorders*, 26(4), 526–531. 10.1016/j.janxdis.2012.02.006 [PubMed: 22424879]
- National Center for Education Statistics. (2020, April). The condition of education 2020 (NCES 2020–144): Undergraduate retention and graduation rates. U.S. Department of Education. [https://nces.ed.gov/programs/coe/indicator\\_ctr.asp](https://nces.ed.gov/programs/coe/indicator_ctr.asp)
- Neal-Barnett A, Stadulis R, Singer N, Murray M, & Demmings J (2010). Assessing the effects of experiencing the acting white accusation. *The Urban Review*, 42(2), 102–122. 10.1007/s11256-009-0130-5
- Neal-Barnett AM (2001). Being black: New thoughts on the old phenomenon of acting White. In Neal-Barnett AM, Contreras JM, & Kerns K (Eds.), *Forging links: African American children clinical developmental perspectives* (pp. 75–88). Praeger.
- Neblett EW Jr. (2019). Racism and health: Challenges and future directions in behavioral and psychological research. *Cultural Diversity & Ethnic Minority Psychology*, 25(1), 12–20. 10.1037/cdp0000253 [PubMed: 30714763]
- Neblett EW Jr., Shelton JN, & Sellers RM (2004). The role of racial identity in managing daily racial hassles. In Philogène G (Ed.), *Decade of behavior. Racial identity in context: The legacy of Kenneth B. Clark* (pp. 77–90). American Psychological Association. 10.1037/10812-005
- Ogbu JU (2004). Collective identity and the burden of “acting White” in Black history, community, and education. *The Urban Review*, 36(1), 1–35. 10.1023/B:URRE.0000042734.83194.f6

- Rivas-Drake D, Seaton EK, Markstrom C, Quintana S, Syed M, Lee RM, Schwartz SJ, Umaña-Taylor AJ, French S, Yip T, & the Ethnic and Racial Identity in the 21st Century Study Group. (2014). Ethnic and racial identity in adolescence: Implications for psychosocial, academic, and health outcomes. *Child Development*, 85(1), 40–57. 10.1111/cdev.12200 [PubMed: 24490891]
- Roberts SO, & Rizzo M (2020). The psychology of American racism. *American Psychologist*. Advance online publication. 10.1037/amp0000642
- Sanchez GR, & Espinosa PR (2016). Does the race of the discrimination agent in Latinos' discrimination experiences influence Latino group identity? *Sociology of Race and Ethnicity* (Thousand Oaks, Calif.), 2(4), 531–547. 10.1177/2332649215624237
- Sellers RM, Caldwell CH, Schmeelk-Cone KH, & Zimmerman MA (2003). Racial identity, racial discrimination, perceived stress, and psychological distress among African American young adults. *Journal of Health and Social Behavior*, 44(3), 302–317. 10.2307/1519781 [PubMed: 14582310]
- Sellers RM, Smith MA, Shelton JN, Rowley SA, & Chavous TM (1998). Multidimensional model of racial identity: A reconceptualization of African American racial identity. *Personality and Social Psychology Review*, 2(1), 18–39. 10.1207/s15327957pspr0201\_2 [PubMed: 15647149]
- Snyder TD, De Brey C, & Dillow SA (2016). Digest of education statistics 2014 (NCES 2015–006) (pp. 62006–62024). National Center for Education Statistics, Institute of Education Sciences, U. S. Department of Education. 10.1037/e4921
- Syed M (2010). Developing an integrated self: Academic and ethnic identities among ethnically diverse college students. *Developmental Psychology*, 46(6), 1590–1604. 10.1037/a0020738 [PubMed: 21058834]
- Tatum BD (2017). *Why are all the Black kids sitting together in the cafeteria?: And other conversations about race*. Basic Books.
- Tyson K (Ed.). (2011). *Integration interrupted: Tracking, Black students, and acting White after Brown*. Oxford University Press. 10.1093/acprof:oso/9780199736447.001.0001
- U.S. Bureau of Labor Statistics. (2017, May 22) The Economics Daily: 69.7 percent of 2016 high school graduates enrolled in college in October 2016. U.S. Department of Labor. <https://www.bls.gov/opub/ted/2017/69-point-7-percent-of-2016-high-school-graduates-enrolled-in-college-in-october-2016.htm>
- Volpe VV, Katsiaficas D, Benson GP, & Zelaya Rivera SN (2020). A mixed methods investigation of Black college-attending emerging adults' experiences with multilevel racism. *American Journal of Orthopsychiatry*, 90(1), 687–702. 10.1037/ort0000503
- Williams JL, Aiyer SM, Durkee MI, & Tolan PH (2014). The protective role of ethnic identity for urban adolescent males facing multiple stressors. *Journal of Youth and Adolescence*, 43(10), 1728–1741. 10.1007/s10964-013-0071-x [PubMed: 24318745]
- Willis HA, & Neblett EW (2020). Racial identity and changes in psychological distress using the multidimensional model of racial identity. *Cultural Diversity & Ethnic Minority Psychology*, 26(4), 509–519. 10.1037/cdp0000314 [PubMed: 31868379]
- Yip T, Gee GC, & Takeuchi DT (2008). Racial discrimination and psychological distress: The impact of ethnic identity and age among immigrant and United States-born Asian adults. *Developmental Psychology*, 44(3), 787–800. 10.1037/0012-1649.44.3.787 [PubMed: 18473644]
- Yip T, Wang Y, Mootoo C, & Mirpuri S (2019). Moderating the association between discrimination and adjustment: A meta-analysis of ethnic/racial identity. *Developmental Psychology*, 55(6), 1274–1298. 10.1037/dev0000708 [PubMed: 30907605]

### Public Policy Relevance Statement

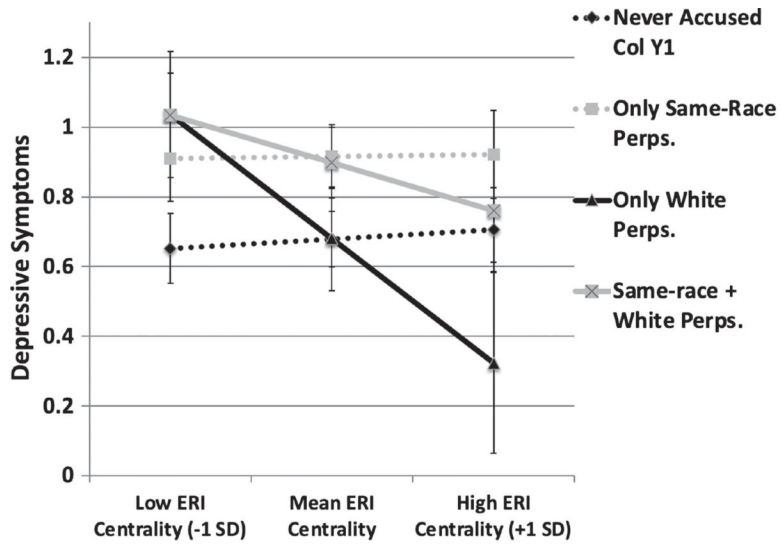
As a cultural invalidation, being accused of “acting white” (AWA) is associated with anxiety and depressive symptoms among Black and Latina/o youth transitioning to adulthood. The present study demonstrates that specific AWA perpetrators matter, with more severe mental health consequences occurring when the AWA is perpetrated by ethnic-racial ingroup members (i.e., a cultural betrayal). Additionally, having an ethnic-racial identity (ERI) that is central to one’s self-concept serves as a buffer to reduce negative mental health consequences from the AWA, but only when perpetrators are White. Consequently, ERI is not protective against the AWA when perpetrators are ethnic-racial ingroup members and these findings indicate that coping strategies for dealing with cultural invalidations need to be sensitive to specific perpetrator and the level of ERI possessed by those being targeted.

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript



**Figure 1. Interaction Between AWA Perpetrators’ Race and ERI Centrality Predicting Depressive Symptoms at the End of the First Year of College**  
*Note.* The model adjusted for the following covariates: Baseline depressive symptoms at college entry, race/ethnicity, gender, first-generation college status, and university attended.

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

**Table 1**

Proportions, Means, and Standard Deviations of Study Variables

Variable	Full sample (N = 401)			Black students (N = 172)		Latina/o students (N = 229)	
	M	(SD)	%	M	(SD)	M	(SD)
Gender (% female)	66%			75%		58%	
First-gen college student	61%			48%		70%	
University attended							
Urban private Univ.	24%			19%		28%	
Urban public Univ.	37%			44%		33%	
Rural public Univ.	29%			26%		31%	
Suburban public Univ.	9%			11%		7%	
AWA perpetrators							
Never accused Col Y1	69%			65%		72%	
Only same-race perps.	14%			20%		10%	
Only white perps.	5%			4%		7%	
Same-race + white perps.	12%			12%		12%	
AWA frequency	1.80	(1.22)		1.94	(1.36)	1.70	(1.10)
ERI centrality	5.36	(1.54)		5.23	(1.62)	5.45	(1.48)
Depressive symptoms (baseline college entry)	0.81	(0.71)		0.81	(0.71)	0.80	(0.71)
Depressive symptoms Col Y1	0.75	(0.75)		0.76	(0.71)	0.74	(0.77)
Anxiety symptoms (baseline college entry)	3.13	(3.03)		3.06	(2.96)	3.19	(3.08)
Anxiety symptoms Col Y1	3.09	(3.16)		3.41	(3.29)	2.84	(3.05)

Note. AWA = acting white accusation; ERI = ethnic-racial identity; Col Y1 = college year 1 (the first year of college); Perps. = perpetrators of the AWA.

**Table 2**  
 Stepwise Multiple Regression Analyses for AWA Perpetrators Predicting Depressive Symptoms

Outcome: Depressive symptoms	Model 1 (N = 400)	Model 2 (N = 393)	Model 3 (N = 387)
	B (SE)	B (SE)	B (SE)
AWA perpetrators (Reference group: Never accused college year 1)			
Only same-race perps.	.45*** (.10)	.22* (.09)	.24** (.09)
Only white perps.	.27 (.17)	.08 (.15)	.00 (.15)
Same-race + white perps.	.47*** (.11)	.26*** (.10)	.22* (.10)
Race (Latina/o = 0, black = 1)		-.02 (.07)	-.02 (.07)
Gender (male = 0, female = 1)		.03 (.07)	.04 (.07)
First-gen college student		-.05 (.07)	-.05 (.07)
University attended		-.03 <sup>†</sup> (.02)	-.03 <sup>†</sup> (.02)
Depressive symptoms (baseline college entry)		.58*** (.05)	.55*** (.05)
Racial identity centrality			.02 (.03)
AWA perpetrators × ERI centrality			
Only same-race perps.			-.01 (.06)
Only white perps.			-.25** (.09)
Same-race + White perps.			-.11 <sup>†</sup> (.06)
R <sup>2</sup>	7%	35%	37%

Note. Unstandardized regression coefficients are reported, with standard errors in parentheses. AWA = acting white accusation; ERI = ethnic-racial identity; Perps. = perpetrators of the AWA.

<sup>†</sup>  $p < .10$ .

\*  $p < .05$ .

\*\*  $p < .01$ .

\*\*\*  $p < .001$ .

**Table 3**  
 Stepwise Multiple Regression Analyses for AWA Perpetrators Predicting Anxiety Symptoms

Outcome: Anxiety symptoms	Model 1 (N = 398)	Model 2 (N = 391)	Model 3 (N = 386)
	B (SE)	B (SE)	B (SE)
AWA perpetrators (Reference group: Never accused college year 1)			
Only same-race perps.	1.93 <sup>***</sup> (.45)	.71 <sup>*</sup> (.36)	.73 <sup>*</sup> (.36)
Only white perps.	.77 (.70)	.67 (.56)	.45 (.57)
Same-race + White perps.	1.30 <sup>**</sup> (.49)	.77 <sup>*</sup> (.38)	.76 <sup>†</sup> (.40)
Race (Latina/o = 0, Black = 1)		.46 <sup>†</sup> (.26)	.49 <sup>†</sup> (.27)
Gender (male = 0, female = 1)		.22 (.27)	.22 (.28)
First-gen college student		-.36 (.26)	-.40 (.26)
University attended		-.07 (.07)	-.09 (.07)
Anxiety symptoms (baseline college entry)		.66 <sup>***</sup> (.04)	.66 <sup>***</sup> (.04)
Racial identity centrality			.03 (.10)
AWA perpetrators × ERI centrality			
Only same-race perps.			.16 (.22)
Only white perps.			-.63 <sup>†</sup> (.35)
Same-race + White perps.			-.02 (.23)
R <sup>2</sup>	5%	45%	45%

Note. Unstandardized regression coefficients are reported, with standard errors in parentheses. AWA = acting white accusation; ERI = ethnic-racial identity; Perps. = perpetrators of the AWA.

<sup>†</sup>  $p < .10$ .

<sup>\*</sup>  $p < .05$ .

<sup>\*\*</sup>  $p < .01$ .

<sup>\*\*\*</sup>  $p < .001$ .