University of South Carolina

Scholar Commons

Senior Theses

Honors College

Spring 2023

Psychosocial Outcomes of African American Traumatic Race-Based Stress

Zenith Lamb

University of South Carolina - Columbia

Follow this and additional works at: https://scholarcommons.sc.edu/senior_theses

Part of the Clinical Psychology Commons, and the Multicultural Psychology Commons

Recommended Citation

Lamb, Zenith, "Psychosocial Outcomes of African American Traumatic Race-Based Stress" (2023). *Senior Theses*. 601.
https://scholarcommons.sc.edu/senior_theses/601

This Thesis is brought to you by the Honors College at Scholar Commons. It has been accepted for inclusion in Senior Theses by an authorized administrator of Scholar Commons. For more information, please contact digres@mailbox.sc.edu.

PSYCHOSOCIAL OUTCOMES OF AFRICAN AMERICAN TRAUMATIC RACE-BASED STRESS

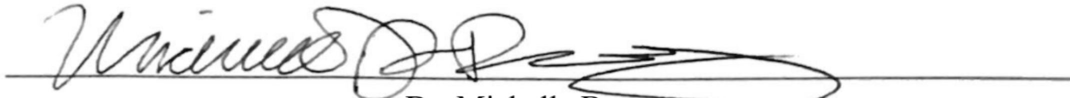
By

Zenith E. Lamb

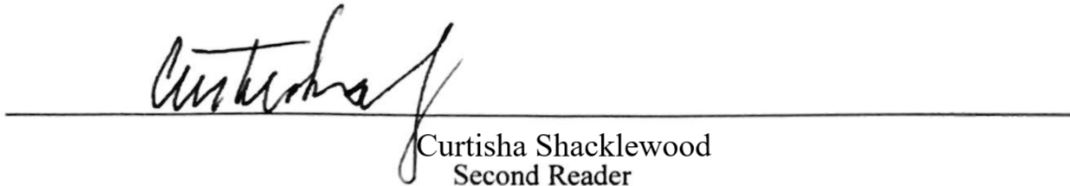
Submitted in Partial Fulfillment
of the Requirements for
Graduation with Honors from the
South Carolina Honors College

May 2023

Approved:



Dr. Michelle Brown
Director of Thesis



Curtisha Shacklewood
Second Reader

Steve Lynn, Dean
For South Carolina Honors College

Table of Contents

Abstract..........2
Introduction..........3
Methodology..........10
Results..........14
Defining Racial Trauma..........14
Defining Race-Based Stress..........17
Psychological Symptoms of Racial Trauma/Race-Based Stress..........23
Notable Findings from Exploratory Questions..........24
Discussion..........27
Evaluation of Hypotheses..........27
Composite Definitions of Racial Trauma and Race-Based Stress..........29
Elaborating upon Racial Trauma..........31
Interpreting TSDS and DES-II Scoring..........33
Strengths and Limitations..........35
Conclusion and Future Directions..........36
Acknowledgments and Disclosure Statement..........38
References..........39
Appendix..........41

Summary

This research project collected responses from two participants during a focus group interview about what racial trauma and race-based stress meant to them and examples of experiences inducing racial trauma and race-based stress in their lives. This study also distributed an online survey to the participants that included questions from psychological scales relating to symptoms of trauma from racial discrimination and symptoms of dissociation. The participants' responses revealed that traumatic experiences of racial discrimination can include intergenerational, banal, and other experiences society inflicts upon them and that race-based stress is their response to society that includes being constantly hyperaware, intentional, and hyper-competent everywhere they go, especially if they hold intersectional marginalized identities. Additionally, the participants' responses to the survey indicated that feelings of being isolated/set apart, avoidance, low self-esteem, and irritability were the most relevant symptoms of trauma that they experienced from racial discrimination and that racial trauma may result in high levels of dissociation.

This work was supported in part by the South Carolina Honors College Senior Thesis/Project Grant.

Abstract

Most research into trauma-related mental health concerns has focused predominantly on European American participants, leading to many African American individuals receiving inaccurate diagnoses, if they are able to receive diagnoses at all. This project sought to help fill that gap by identifying clear definitions and examples of “racial trauma” and “race-based stress” - as defined during participation in a focus group interview by the collective experience-based responses of two undergraduate African American students at a predominantly White institution - and identifying symptoms of posttraumatic stress and dissociation - measured by an online survey distributed to the participants that included questions from the Trauma Symptoms of Discrimination Scale (TSDS) and the Dissociative Experiences Scale (DES-II) - that are relevant to those participants. Thematic analysis revealed that racial trauma includes intergenerationality, banality, and outside-in directionality components and that race-based stress includes hyperawareness and intentionality, hyper-competence, constant and everywhere, inside-out directionality, and intersectionality components. On the survey, both participants scored highly on the TSDS (67 and 64), results indicating that feelings of being isolated/set apart, avoidance, low self-esteem, and irritability were the most relevant trauma symptoms for them. Additionally, one participant’s scores indicated high levels of dissociation (55.7 on the DES-II) and the other’s scores indicated low levels of dissociation (23.6 on the DES-II). These findings can help validate the experiences of those with racial trauma or race-based stress and educate mental health professionals on racial trauma, race-based stress, and PTSD and dissociative effects of racial discrimination experiences in African Americans.

Keywords: racial trauma, race-based stress, African American students, mixed methods

Psychosocial Outcomes of African American Traumatic Race-Based Stress

Introduction

The mental health of individuals with racial trauma has been undervalued throughout the mental health movement and is only recently gaining much serious attention due to the spotlight on the Black Lives Matter Movement in 2020 after the murder of George Floyd and countless other African American individuals (Spann, 2022). Racism is considered a "public health crisis" by the American Public Health Association due to its significant negative impact on African American individuals throughout their lifespans (Hargons et al., 2021), and childhood trauma is also viewed within the academic community as being a public health crisis due to how significantly it correlates with physical health concerns (N. B. Harris, 2014). African American individuals experience an especially high amount of racism in the United States, especially in the Southeast United States (E. L. Harris, 1993), and racism is highly correlated with an abundance of mental and physical health concerns, including trauma (Roberson & Carter, 2021). However, racial trauma is often described differently from the general definition of "trauma" in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013), due to the lack of inclusion in the DSM-5 of trauma resulting from emotional pain (Roberson & Carter, 2021). Thus, more research is needed to investigate the overlapping relationship of race-based stress and trauma and how they present in the mental and physical health of African American individuals.

The purpose of this study is to help fill this gap in the literature, examining broadly what racial trauma and race-based stress mean to African American young adults and how the trauma or stress they endured from these experiences has impacted their mental health. Specifically, this study sought to identify 1) clear definitions of "racial trauma" and "race-based stress", as defined

by the collective responses of the group of participants made up of African American individuals who are currently undergraduate students at the predominantly White institution of the University of South Carolina (USC) in Columbia, South Carolina; 2) examples of what racial trauma and race-based stress have looked like for African American undergraduate students at USC; 3) symptoms of posttraumatic stress and dissociation - as measured by the Trauma Symptoms of Discrimination Scale (TSDS) and the Dissociative Experiences Scale (DES-II) - that are relevant to African American undergraduate students at USC; and 4) any discrepancies in posttraumatic stress and dissociative symptoms from differing frequency and number of experiences inducing racial trauma and/or race-based stress in African American undergraduate students at USC. This research is important because an overwhelming amount of research into trauma-related mental health concerns has focused predominantly on European American participants, leading to many African American individuals receiving inaccurate diagnoses, if they are able to receive diagnoses at all. The following is a summary of some of the most relevant pieces of literature informing some background around these research questions.

Hargons et al.'s (2021) study interviewed several Black college students at the University of Kentucky to create both an academic and a community definition of "racial trauma", as well as an understanding of the difference between racial trauma and race-based stress (pages 2-3). The researchers conducted semi-structured interviews with these students asking them to define race-based stress and racial trauma, and they analyzed their responses using a six-phase inductive, latent thematic analysis (pages 3-4). Across all the responses, the researchers identified three key components that differentiated racial trauma from other race-based stress: the stressor must have effects that last a long time, cause intense suffering, and/or repeat frequently (pages 6-7). From these components, they were able to create two composite definitions of

"racial trauma" (page 7). Unlike Roberson and Carter's (2021) study and Spann's (2022) article, Hargons et al. asked multiple individuals who all have had self-reported experiences of racial trauma and/or race-based stress to submit their definitions based on that personal experience, and the researchers compiled their responses into one usable academic definition. Having a better understanding of what racial trauma is from the perspective of those who experience it can greatly inform how one approaches the subject from a research perspective. Moreover, the methods used to collect these responses and compile them were replicated and revised for this project to ensure the definition of "racial trauma" is applicable to those attending a predominantly European American university in the Southeast United States who have experienced racial trauma and/or race-based in 2023.

Next, Eddy Harris' (1993) travelogue told his autobiographical story about how he as a Blackamerican traveled to the American Deep South on his motorcycle to explore his roots and the current state of racism in America (chapters 1 and 2). At the memoir's beginning, Harris was filled with passionate anger about the racial discrimination through which his parents and grandparents had to suffer (chapters 1 and 5); he had never personally experienced explicit individual racism, having been raised in St. Louis, Missouri, in the mid-20th century, a more tolerant environment than those in which his ancestors had ever lived (chapter 1). This anger drove him to the South as a way either to prove to himself America had progressed or to face this racial discrimination himself and then find an outlet for this anger (chapter 1). Like Hargons et al.'s (2021) study and unlike Roberson and Carter's (2021) study, Harris recognized the significance of the Southeast United States within our country's history of racism against African American individuals, hence why he visited the Southeast to gain a better understanding of the racial trauma experienced by his fellow Blackamerican individuals. Also, unlike both those

studies as well as N. B. Harris' (2014) TED Talk and Spann's (2022) article, E. L. Harris approaches the issues of racial discrimination from a non-academic perspective, serving to balance out their perspectives on an issue that very much exists outside of solely the academic sphere. Like Harris' travelogue, this project was focused on racial discrimination in the Southeast United States due to that area's historical significance with regards to racism against African American individuals, and Harris' personal experiences described in this 1993 memoir were useful for comparing how different or similar racially discriminatory experiences against African American individuals are today, especially in the South, after almost three decades.

Additionally, Nadine Burke Harris' (2014) TED Talk summarized her story of why she created the Center for Youth Wellness to screen for traumatic childhood experiences and holistically intervene in youth healthcare (09:42). Although she used to view childhood trauma the way she was trained to view it as a social concern or mental health concern, she explained that she now recognizes it also as a public health crisis (01:19). She described having several child clients who displayed symptoms of ADHD but could not be properly diagnosed with it after screening their histories and physicals, and Harris soon learned that what these children had in common was not a developmental disorder but rather several adverse childhood experiences (ACEs) (02:33). Harris provided an overview of scientific data pointing to how higher ACE scores drastically increase the likelihood for an individual to develop various severe and potentially lethal physical health concerns (04:12). She concluded by urging their audience to support the movement to treat ACEs and toxic stress as public health threats and to train physicians in treating these concerns (11:05). Like Roberson and Carter's (2021) study, Harris defines trauma broadly, but in contrast, Harris does not also bring up how racial trauma plays into this definition of general trauma. Additionally, although Spann's (2022) article mentions that

racism is a public health crisis, Harris emphasizes that all childhood trauma should be considered a public health crisis. Understanding the significant impacts of how childhood trauma affects both mental and physical health was important for this project, especially looking into the overlap of childhood trauma and racism, the intersection of two heavily related public health crises. This project specifically looked into the psychological symptoms associated with racial trauma, some forms of which may have occurred during one's childhood.

Furthermore, Roberson and Carter's (2021) study investigated the relationship between traditional trauma symptoms and race-based traumatic stress by recruiting several self-identified Black adults in the Northeast United States to fill out paper packets of measurement questionnaires (page 4). These surveys collected information about the participants' demographics, race-based traumatic stress symptoms, and trauma symptoms (page 5). Even though traditional trauma symptoms examine intrusion, alterations in arousal, persistent avoidance, and negative cognition and affect, the researchers found that levels of race-based traumatic stress symptoms significantly correlated with numbers of trauma symptoms and that, of the seven subscales measured by their instrument for measuring race-based traumatic stress symptoms, the racial stress groups differed from the no-racial stress groups within the symptoms of depression, intrusion, anger, and low self-esteem (pages 7-8). They concluded that trauma presentation may be different for individuals who have experienced race-based traumatic stress than it is for individuals who have not experienced significant race-based traumatic stress (pages 8-9). Unlike Hargons et al.'s (2021) study, the definition they use for "racial trauma" is founded in academia, and although Spann's (2022) article also uses an academic definition for "racial trauma", Roberson and Carter solely use academic literature for which Carter has served as one of the primary authors when defining "racial trauma". Having consistency in one's definitions on

the same subject is important to ensure consistency in how that subject is approached throughout one's research, but it does fail to incorporate external, updated perspectives that can provide a more relevant, comprehensive understanding of racial trauma. Even so, Carter is a leading figure in the world of academic study on race-based traumatic stress, so his perspective and experience is necessary to inform this project. Specifically, Roberson and Carter's study served as a model for this project by seeking to answer the same question as this project. This project replicated and revised their methodology to be less paper-heavy and include factors such as a focus group of self-identified African American individuals who offered their insight on this project's core topics of racial trauma and race-based stress based on their experiences.

Lastly, Spann's (2022) article addressed ethical issues and complexities psychology researchers need to keep in mind when treating Black American individuals who have experienced racial trauma, including in the areas of competency, discrimination and harassment, bias, assessment, training programs, and harm (pages 9-10). First, they defined racial trauma/race-based traumatic stress as "events of danger related to real or perceived experiences of racial discrimination which cause psychological, emotional, or physical injury", and they highlight how the different types of traumatic experiences - direct, perceived, and secondary/vicarious - are impacted by the racialized aspects of the traumatic event as well as how racial trauma can be compounded and rooted within the group through collective and intergenerational trauma (pages 3-4). Then, they listed multiple ways for psychologists to ethically handle research into racial trauma according to the core principles of the APA Code of Ethics. These ways included establishing a level of racial trauma cultural competency, maintaining that through continuing education courses in anti-racism training, taking appropriate steps to undertake supervision and consultation with experts in racial trauma, using

self-reflection to understand personal biases and initiating appropriate transition of care when personal values interfere with competence, and focusing research efforts on the continued creation of valid racial trauma assessments and other mental health assessments free of racial bias and revising existing DSM-5 criteria to include elements of racial trauma (pages 9-10). Unlike Hargons et al.'s (2021) study, the definition they use for "racial trauma" is founded in academia, and although Roberson and Carter's (2021) study also uses an academic definition for "racial trauma", Spann uses a broad range of academic literature to define "racial trauma", seeking multiple perspectives much like Hargons et al.'s study. Understanding racial trauma from a wide range of academic perspectives was just as useful as understanding racial trauma from a wide range of non-academic perspectives throughout this project of academically researching the impacts of racial trauma on a non-academic audience. Furthermore, Spann's article highlights key steps racial trauma researchers need to take to ensure maximum cultural sensitivity and understanding, especially for non-African American researchers such as the one writing this project proposal. By following Spann's guidance throughout the process of this project, this project sought to better understand African American racial trauma as ethically and comprehensively as possible.

Taking the aforementioned literature into account, the researcher hypothesized that 1) there would be a difference between the African American student participants' definitions of "racial trauma" and "race-based stress" and these definitions should be similar to those found in Hargons et al.'s (2021) study; 2) example experiences of racial trauma and race-based stress among the African American student participants would include a broad range of experiences, from microaggressions to first-hand aggressively racist experiences, that - along with their responses to some other exploratory questions - would serve to supplement their definitions of

"racial trauma" and "race-based stress"; 3) the most frequent symptoms of posttraumatic stress and dissociation among the African American student participants would be similar to the trauma symptoms found in Roberson and Carter's (2021) study to be the best indicators of racial trauma among individuals with race-based stress (i.e., depression, intrusion, anger, and low self-esteem); and 4) both the frequency and number of experiences inducing racial trauma and/or race-based stress would have main effects on the psychological scale scores of the African American student participants so as frequency and number of these experiences increase, the scores also increase.

The researcher for this project acknowledges that they are European American and so can never fully understand the African American experience. Thus, the advisor for their research is African American and was able to hold them accountable for accurately researching about and describing these unique racial experiences to which the researcher cannot relate. They also acknowledge that most of the psychological community is European American, and this is why so much psychological research has an implicit racial bias. The researcher's passion about doing what they can to help create a more equitable, inclusive, and accepting society stems from their own marginalized identities, even though they are not a racial minority. With this project, they intended to use the privilege they have as a European American individual entering the predominantly European American field of psychology to add what they can to the limited available research about African American mental health and help raise awareness of the mental health experiences of African American individuals.

Methodology

This study gathered data from two participants - both of whom are currently undergraduate students at the University of South Carolina - via a virtual focus group conducted over Microsoft Teams as well as an online Google Forms survey administered during the focus

group. A focus group was used because it has been demonstrated in the literature - such as Kiles, Cernasev, Tran, and Chisholm-Burns's study (2021) - to be beneficial for collecting qualitative data from African American participants about the effects of racial trauma. Of the individuals who participated in the focus group, one participant was non-binary and genderless/agender and identified with the label "transgender", and the other participant was a man who did not identify with the label "transgender". The mean age of the participants was 21 years old, and the age of the participants ranged from 20 to 22 years old. Both participants identified with the racial identity labels "Black" and "Black American/Blackamerican", but one of them also identified with the labels of "African American" and "Mixed/Multiracial". One participant identified as heterosexual, and the other identified as pansexual; both of them identified with these labels for both their romantic and sexual orientations. Both were full-time students (one junior and one senior) at USC. Growing up, one participant came from a middle class background, and the other came from a lower-middle class background. Lastly, one of the participants was a first-generation college student.

Research participants were recruited from the undergraduate population at USC, a predominantly White institution located in Columbia, South Carolina. Participants who self-identified as African American were recruited through such methods as advertising the study on the USC Psychology Department Participant Pool, posting messages in online group chats, and reaching out to African American students through connections and word-of-mouth. Interested participants filled out an online Google Forms screening survey to determine their eligibility to participate in the study. This screening survey included relevant demographic information questions and a few preliminary questions related to their experiences with racial trauma and their interest in participating in a focus group; participants qualified for the study if

they met the requirements of current undergraduate status at USC, race (African American or similar racial identity label), self-reported experience with racial trauma, interest in participating in a focus group, and availability for a focus group. All qualified participants were emailed an informed consent document for them to sign prior to the focus group.

Participants were guided during this roughly 40-minute-long focus group to discuss with each other what “racial trauma” and “race-based stress” meant to them, if they perceived there being a difference between racial trauma and race-based stress, and what example experiences they have had with racial trauma or race-based stress. Additionally, some exploratory questions were posed regarding what racial identity labels they used, what these labels meant to them, and what strategies they used to help cope with their racial trauma or race-based stress; these exploratory questions were intended for the participants to offer any information that could supplement their descriptions of racial trauma and race-based stress. The participants were also administered an online Google Forms survey during the focus group that took about 15 minutes to complete. The survey questions were ordered to start with questions related to frequency and estimated number of occurrences of experiences inducing racial trauma/race-based stress, then the questions from the Trauma Symptoms of Discrimination Scale, then the questions from the Dissociative Experiences Scale, and then finally in-depth demographic questions. Prior to beginning the focus group, participants were informed that they could opt out of responding to any questions they did not feel comfortable answering. All participants who completed the focus group were either financially compensated or received extra credit for their coursework. They also received a list of mental health and therapy resources (see Figure 1 in the Appendix).

The demographic questions collected data from the participants regarding their age, racial identity label, gender identity label, sexual orientation, employment status, income level of their

parents/guardians growing up, and class year at USC. Additionally, clarifying demographic questions were added regarding if they identified with the term “transgender”, if their sexual orientation aligned with their romantic orientation (followed by a prompt to describe their romantic orientation if it differed), and if they were a first-generation college student.

Williams, Printz, and DeLapp’s Trauma Symptoms of Discrimination Scale (TSDS, 2018) consists of 21 items, asking participants to respond to each of the prompts with an answer about the frequency to which they have had corresponding experiences. On the survey used in this study, the TSDS questions asked participants to rate the frequency on a scale from 1 to 5 (1=Never, 2=Rarely, 3=Sometimes, 4=Very Often, 5=Always). The scale was scored as a sum of the question responses with a minimum score of 21 and a maximum score of 105. To make the questions more relevant to the discussion, the TSDS questions were modified to start with the phrase “Due to past experiences of racial discrimination” instead of the original phrase “Due to past experiences of discrimination”. Additionally, unlike the original TSDS that used a four-point Likert-type scale for the question responses, the TSDS questions in this survey used a five-point Likert-type scale to allow the participants to respond with the neutral answer of “Sometimes”. Thus, when scoring, ratio-based calculations for what an equivalent score on the four-point scale will also be mentioned.

Carlson and Putnam’s Dissociative Experiences Scale (DES-II, 1993) consists of 28 items, asking participants to respond to each of the prompts with an answer about the frequency to which they have had corresponding experiences. The DES-II questions asked participants to rate the frequency on a scale from 0% to 100% incrementing by 10% (0% Never, 100% Always). The scale was scored by dividing by 10 before taking the mean and then multiplying the mean result by 10.

This project used mixed methods in combining qualitative data from focus group discussion questions with quantitative data from psychological scales to most comprehensively capture the experience of racial trauma among the African American participants. This project sought to closely emulate the methodology of both Roberson and Carter's (2021) study (gathering quantitative data from psychological scales and statistically analyzing the participants' responses on those scales) and Hargons et al.'s (2021) study (using the thematic coding analysis techniques when compiling the responses to propose a comprehensive definition of "racial trauma" and "race-based stress"), capturing both the social aspect of racial trauma and the psychologically technical aspect of racial trauma. Additionally, this methodology was recommended by a professor who advised the researcher on this project based on her African American experience and experience in research on race-based stress.

Results

Defining Racial Trauma

Thematic analysis of the participants' definitions around the term "racial trauma" resulted in three key components of this definition: intergenerationality, banality, and outside-in directionality.

1. Intergenerationality

The participants described intergenerationality as a key component of racial trauma. Participant A described intergenerational trauma as follows:

"It was more so just the trauma they were had from- that's been passed down from generation to generation from my grandparents, my great grandparents, on and on and on.…I feel like it's something that caused my parents to be the way that they are. And I've accepted that in a way. And it's helped a lot because I understand more of them. And so whatever I feel like

they may have done wrong when raising me or however I felt about how they were raising me, I felt like I was able to accept that more because I know that it wasn't any fault of their own.…It's important to, like, take a moment to realize it and so that way we can break that cycle of it."

Participant A felt that this intergenerational racial trauma affected the way their grandparents raised their parents, which in turn affected the way their parents raised them as a child. They also added that understanding that their treatment by their parents is the result of an intergenerational cycle of racial trauma has been important for them for both accepting it and breaking the cycle. Participant B offered another example of how intergenerational trauma manifests:

"The rates of poverties in Black families being higher and such are forms of intergenerational racial trauma."

Participant B viewed being stuck in a cycle of poverty as also being a form of intergenerational racial trauma for African American families.

2. Banality

Even though racial trauma certainly includes an intergenerational aspect, the participants added that it also includes a banal component. Participant B described some examples of how banal racial trauma may look for an African American individual:

"Part of me realizes how banal racial trauma tends to be. It's the 'you're surprisingly articulate' or 'you don't sound like a lot of other people I know'. It's the 'May I touch your hair? What texture does it have? This feels like TV static.' It's not even something that I'll even think about. And chances are it's with friends who I still treasure to this day. It's questions that I don't find great offense to, but they aren't also questions that I would ask them in turn."

These kinds of race-specific questions that are not greatly offensive but one could not ask in turn are often labeled as microaggressions, but Participant B elaborated on their thoughts around this term:

“Microaggression is a term that is accurate in a way, but also not fully. I don't really feel like they're worsening my experience in any way, and they're my friends. Of course I- I'm ok with them asking questions of me, but there's a little nugget of thought in my head that's like, ‘Wow, I'm surprised that they had to ask this question in the first place.’”

Because these kinds of questions do not act as a detriment to Participant B’s life, they preferred to call these experiences banal racial trauma.

3. Outside-in directionality

Overall, the participants agreed that racial trauma has an outside-in directionality, whether intergenerationally, banally, or otherwise. Participant B described racial trauma altogether in this manner:

"[Racial trauma] is outside-in…what the world does to me.”

They continued to elaborate with examples from their own experiences:

“A form of racial trauma is that I'm more likely to be perceived as a thief in stores or be profiled as such.…I was probably about 17 when I was with my boyfriend, just shopping around in stores and as I often do, I'm carrying a backpack.…I can't really go without it. I'll forget stuff. I'll lose items. I won't have enough space to carry everything I need. And then when we walked out of the store, my boyfriend was like, ‘Did you notice that you were being followed?’ And I was like, ‘What?’ And I think that confusion was something I look back on and it- it almost feels like being told that Santa isn't real but for Black kids.”

Participant B described how being perceived as a thief and being consequently followed is one other way racial trauma manifests as actions members of society do to an individual who is African American.

Defining Race-Based Stress

Additionally, thematic analysis of the participants' definitions around the term "race-based stress" resulted in five key components of this definition: hyperawareness and intentionality, hyper-competence, constant and everywhere, inside-out directionality, and intersectionality.

1. Hyperawareness and intentionality

The participants described experiencing race-based stress as hyperawareness and intentionality in their words and actions. Participant A described the hyperawareness of race-based stress with an example from their own experiences:

"Race-based stress for me is like, for instance, whenever I go into a store, I'm hyperaware because I know that my actions might be perceived different than someone else's actions….I'm hyperaware where my hands are being placed, what aisles I'm walking down, how long I spend in the store. That way no one can be like, 'Oh, look, he's stealing. I saw him in his book bag. He was doing this, that, and the third. No one has any evidence or arms of evidence, like, any- any feelings about it whenever I am in the store."

In addition to being hyperaware of their actions when in the store, Participant A also commented on a degree of intentionality they need to take with their actions:

"I'm always aware, and I'm always like just thinking; like, it's always going up here….I don't think I ever give myself that time to, like, not….It's very important that I'm always

intentional about my actions, my words, and what I do all the time because that could be life or death."

Participant B added their own example of hyperawareness in race-based stress, having to think about things like,

"Maybe I shouldn't bring my backpack with me today. What if they think I'm using it to steal items?"

Both participants agreed that constantly having to think, remain hyperaware, and be intentional about their own actions and words is a manifestation of race-based stress.

2. Hyper-competence

The participants also covered hyper-competence as another form that race-based stress can take. Participant B elaborated on how hyper-competence has looked for them:

"[Race-based stress] also has to extend to hyper-competence.…I always have to be at 100% when I'm being perceived, even if it's to the detriment of my own psychological state."

Participant B expressed how their need to always be putting in 100% of their energy into exhibiting competence carries with it a weight on their mental health. Participant B also added the following as examples of hyper-competence:

"I never felt like I could be behind my peers in any way: physical, mental, psychological, personal. I would- I have almost a compulsion to go for the latest and greatest. And something I've definitely learned about myself recently is that not only is there a compulsion to be the greatest, there's also compulsion to be wanted by everybody, regardless of what it takes to get there. So people always say, 'You're such an attentive person,' and like I always answer with them, 'Oh, it's just about active listening. Do ABC; works every time. It's what worked for me.' But those are techniques that I've thought about because literally all of my marginalized

identities, including race, they're looking for- there are people that are looking for you to slip up."

Because others expect them to make a mistake due to their marginalized identities, race-based stress has manifested for Participant B as this internal pressure to be the best in every dimension and be liked by everyone regardless of the cost and developing the strategies they need to do so. Participant A echoed some very similar ideas in their response about their experiences:

"Whenever I went out into one of my internships over the summer, I was in an all-White space, literally all-White....I would go home. I would review- review some things so that way I felt like I was competent and no one could look at me and be like, 'Oh, like, he doesn't know what he's talking about. He doesn't know what he's doing.' And it was just my first year. It was my first year in this professional program and my first year in the- for that internship, and I still was super stressed out the entire time because I didn't want to be perceived as someone that was incompetent. And then just like that, it falls back on all- all my people being incompetent."

When in an environment where they were the only African American individual, everyone else there was European American, and this environment was professional in nature, this pressure to be hyper-competent was particularly prominent for Participant A. This stressor resulted in them having to put in extra effort even while within their own private space away from judging eyes so that they could perform at a consistently competent level and avoid having beliefs that all other African American individuals are incompetent being perpetuated.

3. Constant and everywhere

The participants also described this hyperawareness and hyper-competence from race-based stress as being constant and with them everywhere they went. Participant A described their experiences with always carrying around this race-based stress:

"I carry that with me everywhere I go. I don't- Whenever I step into a place I have that stress of being- just making sure I'm perceived in the best way possible. That way, I don't get accused of these things, and I don't get these things placed on me.…I carry that in multiple different spaces. I'll carry that with me whenever I'm in predominantly White spaces. I make sure that I'm perceived in a certain way, so that way it doesn't offend or upset anyone. And I feel like that's not the greatest, but it's just some way- it's just a way that I've adapted to basically survive, just to live, especially since I'm in a lot of White spaces.…I just have it all the time."

Participant A felt that this adaptive survival mechanism of constantly managing others' perceptions of them in every space they enter has been a component of their race-based stress. They also commented about how this stress makes them feel:

"It's also evident when I'm like with my friends and like they just- they just out and carefree. And I can- I'm just tense, and I can feel it."

Not only has race-based stress constantly been a presence in their life, but also a persistent feeling of being tense has also been constantly present and a result of feeling that stress.

4. Inside-out directionality

The participants also clarified that race-based stress has an inside-out directionality. Participant B described it in the following way:

"Race-based stress is inside-out. It's how I have to interact with the world, given my race.…Race-based stress from me is my response."

Participant B responded to racial trauma through the choices around how they interact with the world, so they felt race-based stress is a result of and that response to racial trauma. Participant A described race-based stress in a very similar manner:

"Just the way that I interact with the world and everyday is kind of my stress that I have. I- I have yet to be, like, accused of anything, followed around the store. But like it is just, it's always- it's always in the thoughts in the back of my head."

For Participant A, race-based stress has taken the form of thoughts that direct their interactions with their environment due to the fear of experiencing racial trauma. Participant A also described their own experiences with race-based stress:

"When I'm like out with friends and, like, we do certain things…it might be small things to them, but to me, I just blow it out of proportion or it gets really big to me because I understand that like my consequences could potentially be different a lot of times. I will get on- I will be on the short end of the stick, and I will have to deal with, like, a harsh- harsher penalties and consequences just because of the color of my skin. And so like that will hold me back from doing things; that will hold me back from participating in certain things with my friends because I know that I can't."

Because of their race, Participant A described needing to opt out of participating in certain activities with their European American friends due to the potentially harsher consequences they may receive. They felt this awareness around the consequences of their actions is another component of race-based stress.

5. Intersectionality

Lastly, race-based stress also includes an intersectional piece. Participant B introduced the intersectional piece into the discussion:

"I'm autistic, and I despise social situations for this reason because it's exhausting. Fortunately for me, people don't really have too much of an issue with…the way my accent is, particularly - I believe general American style is what it's called - because my parents raised me to talk like this so that I didn't have that experience. It may or may not have also been because they are anti-Black racists themselves. But overall for me, there's just this intersectional aspect of it."

For Participant B, race-based stress has included stress from having intersectional marginalized identities, such as being autistic, that make social situations exhausting. Although African American individuals often experience stress from the perceptions around the accents they use in their casual speech, this participant described that the primary reason they did not need to deal with that element was the race-based stress from their parents around their accent. Participant B also elaborated on another way their intersectional identities of autism and African American add to their race-based stress:

"As an autistic person, I get told, 'You don't look autistic,' a lot, and part of it I'm sure is due to like some perceived level of erudition that people think I have that shouldn't be expected from somebody who, in their minds, is nonverbal. But also the stereotype for an autistic person is a skinny White man."

Even though they did not feel the way they talk does not add to the stress around how they are perceived for their race, they believed it has added to the stress around how they are perceived as an autistic individual. Additionally, they felt being an African American autistic individual defies expectations society has put on them around each of those marginalized identities, thus contributing to the intersectional nature of their race-based stress. One other piece

of the intersectional nature of race-based stress that Participant B touched on involved some friction between members of different marginalized identities that adds to their stress:

"Sometimes, identities are in direct conflict between them.…In a lot of LGBT spaces, especially down here, I've noticed it's pretty focused on White people. And non-White people have a harder time getting relationships or hookups and et cetera. I've been on Grindr more than enough times to see 'no Blacks' on somebody's bio when they're just like a faceless, shirtless profile. Conversely, I'm sure that there are Black spaces that aren't that fond of gay people. Some aren't fond of miscegenation; even up North, boyfriend and I were in Philadelphia, and we got chased out of a public park by what I presume is an unhoused person. But honestly, that's one of the more egregious examples of collision. I- it's not always like that, but there are spaces where it's like, I can choose one of these things, and I kind of just have to put the rest of it into the box for now."

That pressure Participant B felt to hide other elements of their identity even in spaces designed to support one aspect of their identity clearly demonstrates that intersectional element of race-based stress.

Psychological Symptoms of Racial Trauma/Race-Based Stress

Besides defining the terms "racial trauma" and "race-based stress", the study participants also completed a survey about the frequency and number of experiences inducing race-based stress/racial trauma and the psychological symptoms resulting from these experiences. Participant A indicated that they had been the victim of over 20 instances of these kinds of experiences and that these experiences occurred at a daily frequency for them. Participant B indicated that the number of these kinds of experiences they have had were uncountable and varied by severity and that although more banal experiences occurred at a daily frequency for

them as well, more egregious experiences happened as frequently as multiple times a year. Additionally, Table 1 in the Appendix lists out each of the symptom questions from the TSDS and the DES-II and displays the mean scores between the two participants for each question from the two scales.

On the Trauma Symptoms of Discrimination Scale, it was notable how the participants scored on average 4.5 (between "Very Often" and "Always") or higher on questions related to negative alterations in cognitions and mood (4, 5, 11, 17, and 21), avoidance (18), and arousal (13, 16, and 20). Out of 21 questions, Participant A's score was 84 (equivalent to four-point score of 67; $M = 4.00$, $SD = 0.95$), and Participant B's score was 80 (equivalent to four-point score of 64; $M = 3.81$, $SD = 1.21$).

On the Dissociative Experiences Scale, it was notable how the participants scored on average 7 (70% of the time) or higher on questions 19, 20, 21, and 23. Out of 28 questions, Participant A's score was 55.7 ($M = 55.7\%$, $SD = 24.9\%$), and Participant B's score was 23.6 ($M = 23.6\%$, $SD = 27.9\%$).

Notable Findings from Exploratory Questions

One other finding of note from this study related to the racial identity labels the participants preferred to use. Participant A, who prefers the term African American, expounded upon what they viewed as being the difference between the terms "African American" and "Black":

"Generationally-wise, we all kind of pick what we find to be most acceptable and we deem to be most acceptable. So personally, I like to go as an African American; that's- that's the term that I always identify myself as. I feel like Black- I'm growing into it, but it felt more- more charged; it felt more directed instead of encompassing my identity because…I have, like, specific

things that happen to me as a Black American that opposed- like, that other people who might be Black Italians or Black Europeans and stuff like that. So it's not just Black. Like, I am Black, and I'm Black- I'm proud to be Black; I'm proud to have the identity of being Black. But more so than anything, I am African American."

Participant A felt that distinguishing between the experiences of being African American and the experiences of being other identities under the Black umbrella is important, and they described how each generation decides which labels for these identities are most appropriate. Additionally, it was interesting how on the survey, Participant A labeled their identities as "Black" and "Blackamerican/Black American" and did not include "African American" as one of the labels they used despite the response they had given prior verbally in the focus group.

Participant B also weighed in on their thoughts around the terms "African American" and "Black":

"I'm biracial.…My family always used the term 'Black', and 'African American' was a term I would see on census surveys.…It's something that the government would use to identify me, whereas in interpersonal relationships, it's more between people who are Black as opposed to people who are African American, although that also has an aspect of everybody here is American, so chances are if you're Black in the US, you're African American."

"African American" has taken on a more technical feel as a term to Participant B, but "Black" has maintained for them a more interpersonal feel. Furthermore, they felt that in the United States, the two terms have a lot more overlap than the terms would elsewhere in the world. Participant B also commented on the label "Mixed Race":

"The one term I really have realized I've taken less of a liking to over the years is quote-unquote 'mixed race'. It's definitely something that almost implies some sort of- I don't

wanna say a sexual connotation, but there's something about it where it feels like you're treated as a combination."

For Participant B, the term "Mixed Race" carries with it an uncomfortable connotation around combining different races. A popular alternative to this label that does not have such a connotation is the label "Biracial/Multiracial".

Additionally, the participants offered some feedback on the scale measures they took in the survey. Although they both felt the hypervigilance questions were relevant, there was some nuance to some of the questions related to dissociation. Participant B clarified this point:

"They were relevant to me specifically, but it definitely isn't a result- er, I won't say that, but I don't think it's primarily because of race-related issues. I think it's because of disability-related issues for why I've just executive dysfunctioning issues that cause me to be just inattentive sometimes."

Participant B believed that dissociative symptoms related to inattention and forgetfulness may be confounded by their executive dysfunction.

Lastly, the participants were asked how they like to cope with these experiences of racial trauma and race-based stress. Participant A described their current coping strategies:

"How I've tackled it, whether it be healthy or not, is I've kind of just slammed myself into school, into activities, and stuff like that and kind of tried to forget about it for the most part. It's a lot of times avoidance and distractions that I use the most. I really enjoy throwing myself into a good book. I really enjoy a good TV series. I play a lot of video games; I try and beat my best at those because I feel like that's providing worth to me, even though it shouldn't be. Like, I should just feel like self-worth already. And so that is a great question, and I will have- my therapist will have a time figuring that out for me."

This participant described heavily relying on avoidance tactics and mentally escaping into other worlds through books, television series, and video games to cope with the racial trauma and race-based stress. They also described how working through these different pieces of media helps give them a sense of self-worth. Participant B echoed a similar sentiment of using avoidance strategies to cope, briefly mentioning how their avoidance tactic *"has taken a less healthy aspect"* without further elaboration.

Participant B also described another coping tool they have been using and its limitations:

"Another thing that I like to do is attend other interest groups…that talk about identities. My one issue is- is that while I can find a community that supports one of my identities, there's not a lot for intersectional communities.…In my experience, I haven't found many people who are capable of understanding all five of those simultaneously because it's a kind of rare thing currently."

Although there are affinity groups and support groups for people of various marginalized identities, including groups for African American individuals, in Participant B's experience, there are hardly any groups that are more intersectional in nature because someone holding multiple marginalized identities is a seemingly uncommon occurrence. Thus, even though these groups may exist for the purpose of coping from race-based stress, because of their lack of understanding of intersectional marginalized identities, they have served as another example of the intersectional component of race-based stress for Participant B.

Discussion

Evaluation of Hypotheses

The researcher proposed four hypotheses regarding the findings of this study. First, they expected that there would be a difference between the participants' definitions of "racial trauma"

and “race-based stress” and that these definitions should be similar to those found in the literature. The participants did offer different definitions for “racial trauma” and “race-based stress”, supporting that part of the researcher’s hypothesis. However, there was no overlap between the themes found in this study (intergenerationality, banality, and outside-in directionality for racial trauma and hyperawareness and intentionality, hyper-competence, constant and everywhere, inside-out directionality, and intersectionality for race-based stress) and the themes found in Hargons et al.’s study (temporal, intensity, and frequency). Thus, the findings fail to support the other part of the researcher’s hypothesis.

Second, the researcher expected that the participants’ examples of experiences inducing racial trauma and/or race-based stress would cover a broad range, from microaggressions to first-hand aggressively racist experiences. Because banality was a component of the definition of racial trauma and because participants also discussed more egregious experiences, including intergenerational racial trauma, another component of the definition of racial trauma, the findings did support the researcher’s hypothesis.

Third, the researcher expected that the participants’ most frequent symptoms of posttraumatic stress and dissociation would align with the trauma symptoms found in the literature to be the best indicators of racial trauma among individuals with race-based stress. Although there was some overlap between the findings of this study and the findings of Roberson and Carter’s (2021) study, the participants’ most frequent symptoms of posttraumatic stress included symptoms of arousal, avoidance, and negative alterations in cognitions and mood, and intrusion symptoms were not found to be frequent symptoms of posttraumatic stress among the participants. Thus, the results of this study did not completely align with Roberson and Carter’s findings, and the findings only partially supported the researcher’s hypothesis.

Lastly, the researcher expected that both the frequency and number of experiences inducing racial trauma and/or race-based stress would have main effects on the participants' scores on trauma-related psychological scales so that as the frequency and number of these experiences increased, the scores would also increase. However, the findings from this study could not determine the existence of this correlative relationship due to sample size, so support for the researcher's hypothesis remains undetermined.

Composite Definitions of Racial Trauma and Race-Based Stress

Based on the participants' responses during the focus group, creating a composite definition for "racial trauma" will need to include the themes of intergenerationality, banality, and outside-in directionality, and creating a composite definition for "race-based stress" will need to include the themes of hyperawareness and intentionality, hyper-competence, constant and everywhere, inside-out directionality, and intersectionality. None of these components align with the components Hargons et al. (2021) found to define racial trauma in their study, those being temporal, intensity, and frequency. This disparity may be due to differing methodologies (using a focus group versus using multiple individual interviews for example) or vastly different sample sizes. However, because the responses offered by the participants in this study were so different, it adds more depth and complexity to our understanding around the topics of racial trauma and race-based stress. Thus, the following is the proposed composite definition of racial trauma:

Racial trauma encompasses anything the world does to someone on the basis of their race. It may include an intergenerational dimension. Racial trauma includes egregious actions, but it also includes and tends to manifest as various banal actions.

Participants described racial trauma as including being wrongly perceived or profiled as a thief in stores because of their race, being raised by parents who perpetuate a cycle of racial

trauma-informed parenting of their children, being affected by the rising rate of poverty in African American families due to being stuck in a cycle of poverty, being followed out of a store because of their race, being chased out of a public park because of their race, and being asked by others (often friends) questions that - although they may not be greatly offensive or detrimental to their mental state by themselves - cannot be asked in turn because of the race-based nature of the questions and so may catch the recipient off-guard.

The following is the proposed definition of race-based stress:

Race-based stress is one's response to racial trauma, affecting many decisions one needs to make as they interact with the world everyday. Thus, one carries this race-based stress with them all the time, everywhere they go, in multiple different spaces, and it is especially prominent when interacting with a lot of European American individuals or interacting in a predominantly European American environment. It derives from the knowledge that their actions may be perceived differently from how those same actions would be perceived when performed by a European American individual and result in them facing potentially harsher penalties and consequences for their actions than their European American counterparts, serving as an adaptive survival mechanism. Race-based stress leads to the development of mentalities involving hyperawareness and intentionality as well as hyper-competence, these mentalities weighing on one's psychological state. The effects of race-based stress are amplified in individuals with intersectional marginalized identities because people around them are always expecting them to make a mistake, which, if one were to slip up and confirm their preconceived notions, would perpetuate the belief that all people who share their marginalized identities are incompetent.

Participants described race-based stress as including feeling compelled to manage others'

perceptions of them so that they are not perceived in a negative light based on their race and so are not wrongly accused of illegal behavior and do not offend or upset anyone, feeling very tense, never having downtime to oneself to stop thinking, aiming to be the best in every dimension, working to be wanted by everyone around them regardless of the cost, and putting in extra work even within the privacy of their own homes so that they can continue to perform to the best of their ability when being perceived.

Elaborating upon Racial Trauma

One interesting point to note about these definitions is what the participants understand trauma in general to mean. The psychological standard for trauma involves a particular mental state that occurs following an extreme event or repeated stressful events. The participants appear to have conflated trauma with traumatic experiences, and the stress they experience as a result of these traumatic experiences may or may not be trauma. Nonetheless, the definition they created for "racial trauma" can still be very useful in defining experiences that could induce racial trauma, especially when the DSM-5 offers a very limited scope for the kinds of experiences that may result in trauma.

With this established, distinguishing between race-based stress and racial trauma may still be possible by examining the participants' responses to the trauma-related psychological scales on the survey. On the TSDS, participants responded most in agreement with the statements about fear of embarrassment or looking stupid; being constantly on guard or watchful or being easily startled; feeling nervous, anxious, on edge, or afraid; feeling nervousness and physical discomfort in social situations and this fear hindering their daily functioning; feeling isolated or set apart from others; and avoiding certain situations or people. Additionally, as shown in Table 1, question 12 ("Due to past experiences of racial discrimination, I often become easily annoyed

or irritable") was rated on average a 4, so this response was a moderately high score. These responses mostly fall into the DSM-5 PTSD symptom clusters of negative alterations in cognitions and mood, arousal, and avoidance, and the intrusion symptom cluster may also be covered upon further clarification of their responses. These three symptom clusters that were shown to be most relevant correspond to the subscales measured in Roberson and Carter's (2021) study of depression (found to be a significant indicator of racial trauma among individuals with race-based stress), low self-esteem (found to be a significant indicator), anger (found to be a significant indicator), hypervigilance (not found to be a significant indicator), and avoidance (not found to be a significant indicator). The low self-esteem trait was also supported by Participant A's comment about lacking self-worth and relying on activities like achievements in video games to give them self-worth instead. However, as shown in Table 1, question 6 ("Due to past experiences of racial discrimination, I often have nightmares about the past experience or think about it when I do not want to") was rated on average a 2, so this response was a moderately low score, and it would fall into the intrusion symptom cluster (and the intrusion subscale in Roberson and Carter's study), which Roberson and Carter found to be a significant indicator. One other factor Roberson and Carter did not consider in their study was dissociative symptoms, and on the DES-II, participants responded most in agreement with the statements about ignoring pain; staring off thinking of nothing and unaware of time; talking to themselves when alone; and suddenly being able to do things with amazing ease and spontaneity that they would normally struggle with.

These traits of racial trauma that at least partially align with Roberson and Carter's (2021) findings also overlap significantly with the participants' definitions of race-based stress. However, there are a few key differences. Although hyperawareness (arousal), hyper-competence

(negative alterations in cognitions and mood), and feeling tense (arousal or intrusion) were traits the participants identified as being part of their experience of race-based stress, they did not connect race-based stress to feeling isolated or set apart from others (negative alterations in cognitions and mood), avoiding certain situations or people (avoidance), coping via avoiding thinking about their experiences of racial discrimination (avoidance), low self-worth (negative alterations in cognitions and mood), being easily annoyed or irritable (arousal), or any of their dissociative traits. Thus, even though Roberson and Carter's study determined that racial trauma differed from race-based stress in depression, intrusion, anger, and low self-esteem, which would correspond to the DSM-5 PTSD symptom clusters of negative alterations in cognitions and mood and intrusion, the participants in this study revealed through their focus group and survey responses that racial trauma may differ from race-based stress in negative alterations in cognitions and mood, arousal, and avoidance, as well as dissociation. Interestingly, despite using such different methodologies between this study and Roberson and Carter's study, the results between the two studies have some overlap.

Interpreting TSDS and DES-II Scoring

Participant A had a score of 84 on the TSDS (equivalent to a 67 on a four-point scale) and a score of 55.7 on the DES-II. Participant B had a score of 80 on the TSDS (equivalent to a 64 on a four-point scale) and a score of 23.6 on the DES-II.

The DES-II divides its scoring between high levels of dissociation and low levels of dissociation, the cut-off point being a score of 30. Because Participant A's score fell above 30, they experience high levels of dissociation. However, Participant B's score fell below 30, so they experience low levels of dissociation. Additionally, because Participant B indicated that they could relate to some of the questions on the DES-II because of their executive dysfunction

unrelated to race-based stress, their score is likely somewhat inflated.

The TSDS was not designed to be interpreted to offer a diagnosis. However, it has been demonstrated in the literature to significantly moderately, positively correlate with a diagnosis of racial trauma, which involves meeting all or all but one of the four symptom clusters in posttraumatic stress disorder and satisfies the criteria for posttraumatic stress disorder otherwise (Williams & Zare, 2022). Therefore, the higher an individual scores on the TSDS, the more likely it is they would meet the criteria for a diagnosis of racial trauma and/or posttraumatic stress disorder due to racial discrimination. Because Participant A scored 84 out of 105 (or 67 out of 84), which is equal to 80% of the maximum score on the TSDS, they exhibit clinically significant symptoms of racial trauma and/or posttraumatic stress disorder. Because Participant B scored 80 out of 105 (or 64 out of 84), which is equal to 76.9% of the maximum score on the TSDS, they also exhibit clinically significant symptoms of racial trauma and/or posttraumatic stress disorder.

One other aim of this study was to determine if there existed a correlative relationship between the frequency and number of experiences inducing racial trauma and/or race-based stress and scores on the TSDS and DES-II. However, due to sample size and both participants responding similarly regarding the frequency and number of these experiences, a correlative relationship could not be determined. Both participants indicated that they would have an experience of at least a banal degree that would induce racial trauma and/or race-based stress on a daily basis, neither of them could determine a specific number of these kinds of experiences that they had had (one of them stating the number was over 20 and the other stating the number was uncountable). It is, however, interesting to note that although their scores differed greatly on the DES-II, they had very similar scores on the TSDS as well as similar frequency and number of

racial trauma/race-based stress experiences.

Strengths and Limitations

This project had many strengths in its approach to studying its research questions. Using a focus group was a beneficial approach for the discussion of this sensitive topic. Applying mixed methods for data collection - qualitative through the focus group interview and quantitative through the survey distributed during the focus group - helped create a more comprehensive picture of how racial trauma and race-based stress may manifest in African American individuals. Additionally, by asking broad, open-ended questions during the focus group that prompted the participants to define the terms of racial trauma and race-based stress without any prior knowledge of how these terms have been defined in the literature, the study kept the focus on the voices of African American individuals that are underrepresented in psychological literature so that their words may be amplified.

Besides these strengths, there were several areas in which the study could have been improved as well. Some of the survey questions could have used some rewording or elaboration. For instance, the questions about frequency and number of experiences inducing racial trauma and/or race-based stress could have been separated further into distinguishing between experiences of racial trauma and experiences of race-based stress, and there could have been more specific questions regarding frequency and number of more banal versus more egregious experiences of racial discrimination. The questions on the survey pulled from psychological scales could have also been improved by having relevant examples provided for each of the prompts, and it would have been useful to include a notice regarding responding to the scales from their experiences that excluded any other potentially confounding factors, including drugs or executive dysfunction.

The study was quite limited in its generalizability due to having such a small sample size and due to using non-probability sampling methods. Additionally, because only one researcher was involved in the thematic analysis of the participants' focus group responses instead of the thematic analysis being conducted through the collaboration of an entire research team - as Hargons et al. (2021) did for example - the accuracy of interpreting the participants' responses may not have been as high as it could have been. One other limitation in interpreting the results of this study was modifying the TSDS questions in the survey to use a five-point Likert-type scale rather than the four-point scale with which it was originally validated.

Conclusion and Future Directions

In conclusion, this study expands understanding around racial trauma, race-based stress, and relevant symptomatology of posttraumatic stress and dissociation in African American undergraduate students. The findings of this study are important because they offer implications for African American individuals, individuals who have experienced racial trauma or race-based stress, and mental health professionals. If an African American individual feels they are not being listened to or accurately diagnosed by a mental health professional, this research can serve to validate their feelings and empower them to obtain a more accurate mental health assessment, particularly if they feel they should be diagnosed with posttraumatic stress disorder or a dissociative disorder. Additionally, anyone who has experienced racial trauma or race-based stress can find validation of their own experiences from the words of the individuals in this study who have fellow marginalized racial identities, and if someone has experienced racial trauma or race-based stress, they may want to consider seeking support from a professional for the effects that these experiences may have had on their mental health. Furthermore, due to the gap in the literature regarding the presentation of posttraumatic stress and dissociation in African American

individuals and the relationships between racial trauma/race-based stress and posttraumatic stress and/or dissociation, mental health professionals may be unaware and misinformed when treating African American patients. Thus, this research serves to educate mental health professionals on racial trauma, race-based stress, and the way posttraumatic stress and dissociative effects of these experiences of racial discrimination connect to racial trauma and race-based stress and may present differently in African American individuals compared to their European American counterparts. More broadly, this research adds to the growing literature regarding the lacking understanding in the DSM-5 of trauma and traumatic experiences.

Future directions for similar research to this study would include investigating if these results remain consistent across different age groups (youth, middle-aged individuals, etc.), different settings (predominantly African American institutions, various job settings, unemployed individuals, etc.), different measures of posttraumatic stress and dissociation, and different racial/ethnic identity minorities (Latin American, Asian American, Indigenous, etc.). Similar research could also examine the connections between racial trauma/race-based stress and any of the following: Adverse Childhood Experiences, physical health concerns, intersectional marginalized psychiatric disabilities (autism spectrum disorder, attention deficit/hyperactivity disorder, etc.), or other trauma-related mental health concerns (borderline personality disorder, complex posttraumatic stress disorder, disinhibited social engagement disorder, etc.). Furthermore, future research should focus on developing effective treatment for racial trauma and race-based stress in African American individuals, whose stressors continue to harm them regularly, even on a daily basis. One example of recent research that has investigated treatment options for racial trauma was Metzger, Anderson, Are, and Ritchwood's (2021) study into culturally adapting an existing evidence-based, trauma-focused treatment for addressing racial

trauma in African American youth, and as more research around racial trauma is published, more proposals for racial trauma treatments will follow. Ultimately, the better an understanding mental health professionals have of racial trauma, race-based stress, and posttraumatic stress and dissociative symptoms in African American individuals, the more effective a treatment can be developed so that in spite of all the discrimination African American individuals face in society, they will be able to live their lives free of internal barriers and thrive.

Acknowledgments and Disclosure Statement

I would like to express much appreciation for Dr. Michelle Brown for advising me throughout the course of this research project completed for my undergraduate senior thesis. I also want to thank Curtisha Shacklewood for offering me helpful feedback on the writing of my senior thesis. Lastly, I want to express gratitude toward Dr. Tracy Skipper and the South Carolina Honors College for helping me with some of the finer details of completing this thesis project and providing me with the funding I needed for this project. Being able to collaborate with all these wonderful individuals has been a pleasure throughout this process.

No potential conflict of interest was reported by the author.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Carlson, E. B., & Putnam, F. W. (1993). An update on the dissociative experiences scale. *Dissociation: Progress in the Dissociative Disorders*, *6*(1), 16–27.

Hargons, C. N., Malone, N., Montique, C., Dogan, J., Stuck, J., Meiller, C., Sanchez, A., Sullivan, Q.-A., Bohmer, C., Curvey, R., Woods, I. Jr., Tyler, K., Oluokun, J., & Stevens-Watkins, D. (2021). “White people stress me out all the time”: Black students define racial trauma. *Cultural Diversity and Ethnic Minority Psychology*. https://doi.org/10.1037/cdp0000351

Harris, E. L. (1993). *South of haunted dreams: A ride through slavery’s old back yard*. Simon & Schuster.

Harris, N. B. (2014). *Nadine Burke Harris: How childhood trauma affects health across a lifetime | TED Talk*. https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime

Kiles, T. M., Cernasev, A., Tran, B., & Chisholm-Burns, M. (2021). Effects of racial trauma on Black Doctor of Pharmacy students. *American Journal of Pharmaceutical Education*, *85*(9). https://doi.org/10.5688/ajpe8558

Metzger, I. W., Anderson, R. E., Are, F., & Ritchwood, T. (2021). Healing Interpersonal and Racial Trauma: Integrating Racial Socialization Into Trauma-Focused Cognitive Behavioral Therapy for African American Youth. *Child Maltreatment*, *26*(1), 17-27. https://doi.org/10.1177/1077559520921457

Roberson, K., & Carter, R. T. (2021). The relationship between race-based traumatic stress and the Trauma Symptom Checklist: Does racial trauma differ in symptom presentation? *Traumatology*. https://doi.org/10.1037/trm0000306

Spann, D. (2022). Ethical Considerations for Psychologists Addressing Racial Trauma Experienced by Black Americans. *Ethics & Behavior*, *32*(2), 99–109. https://doi.org/10.1080/10508422.2021.1964080

Williams, M. T., Printz, D., & DeLapp, R. C. (2018). Assessing racial trauma with the Trauma Symptoms of Discrimination Scale. *Psychology of violence*, *8*(6), 735-747. https://doi.org/10.1037/vio0000212

Williams, M., & Zare, M. (2022). A Psychometric Investigation of Racial Trauma Symptoms Using a Semi-Structured Clinical Interview With a Trauma Checklist (UnRESTS). *Chronic Stress (Thousand Oaks, Calif.)*, *6*. https://doi.org/10.1177/24705470221145126

Appendix

Table 1

Means of Participant Responses to TSDS and DES-II Questions

TSDS Question Key:

1. Due to past experiences of racial discrimination, I often worry too much about different things.
2. Due to past experiences of racial discrimination, I often try hard not to think about it or go out of my way to avoid [reminders of it].
3. Due to past experiences of racial discrimination, I often fear embarrassment.
4. Due to past experiences of racial discrimination, I often feel nervous, anxious, or on edge, especially around certain people.
5. Due to past experiences of racial discrimination, I often feel afraid as if something awful might happen.
6. Due to past experiences of racial discrimination, I often have nightmares about the past experience or think about it when I do not want to.
7. Due to past experiences of racial discrimination, I often have trouble relaxing.
8. Due to past experiences of racial discrimination, I often feel numb or detached from others, activities, or my surroundings.
9. Due to past experiences of racial discrimination, I often avoid certain activities in which I am the center of attention.
10. Due to past experiences of racial discrimination, I often cannot stop or control my worrying.

11. Due to past experiences of racial discrimination, I often find that being embarrassed or looking stupid are one of my worst fears.
12. Due to past experiences of racial discrimination, I often become easily annoyed or irritable.
13. Due to past experiences of racial discrimination, I often feel constantly on guard, watchful, or easily startled, especially around certain people or places.
14. Due to past experiences of racial discrimination, I often feel so restless that it is hard to sit still.
15. Due to past experiences of racial discrimination, I feel the world is an unsafe place.
16. Due to past experiences of racial discrimination, in social situations I feel a rush of intense discomfort, and may feel my heart pounding, muscles tense up, or sweat.
17. Due to past experiences of racial discrimination, I feel isolated and set apart from others.
18. Due to past experiences of racial discrimination, I avoid certain situations or speaking to certain people.
19. If I think about past experiences of racial discrimination, I cannot control my emotions.
20. Due to past experiences of racial discrimination, I am nervous in social situations, and am afraid people will notice that I am sweating, blushing, or trembling.
21. Due to past experiences of racial discrimination, fear of social situations causes me a lot of problems in my daily functioning.

DES-II Question Key:

1. Some people have the experience of driving or riding in a car or bus or subway and suddenly realizing that they don’t remember what has happened during all or part of the trip.

2. Some people find that sometimes they are listening to someone talk and they suddenly realize that they did not hear part or all of what was said.
3. Some people have the experience of finding themselves in a place and have no idea how they got there.
4. Some people have the experience of finding themselves dressed in clothes that they don't remember putting on.
5. Some people have the experience of finding new things among their belongings that they do not remember buying.
6. Some people sometimes find that they are approached by people that they do not know, who call them by another name or insist that they have met them before.
7. Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something and they actually see themselves as if they were looking at another person.
8. Some people are told that they sometimes do not recognize friends or family members.
9. Some people find that they have no memory for some important events in their lives (for example, a wedding or graduation).
10. Some people have the experience of being accused of lying when they do not think that they have lied.
11. Some people have the experience of looking in a mirror and not recognizing themselves.
12. Some people have the experience of feeling that other people, objects, and the world around them are not real.
13. Some people have the experience of feeling that their body does not seem to belong to them.

14. Some people have the experience of sometimes remembering a past event so vividly that they feel as if they were reliving that event.
15. Some people have the experience of not being sure whether things that they remember happening really did happen or whether they just dreamed them.
16. Some people have the experience of being in a familiar place but finding it strange and unfamiliar.
17. Some people find that when they are watching television or a movie they become so absorbed in the story that they are unaware of other events happening around them.
18. Some people find that they become so involved in a fantasy or daydream that it feels as though it were really happening to them.
19. Some people find that they sometimes are able to ignore pain.
20. Some people find that they sometimes sit staring off into space, thinking of nothing, and are not aware of the passage of time.
21. Some people sometimes find that when they are alone they talk out loud to themselves.
22. Some people find that in one situation they may act so differently compared with another situation that they feel almost as if they were two different people.
23. Some people sometimes find that in certain situations they are able to do things with amazing ease and spontaneity that would usually be difficult for them (for example, sports, work, social situations, etc.).
24. Some people sometimes find that they cannot remember whether they have done something or have just thought about doing that thing (for example, not knowing whether they have just mailed a letter or have just thought about mailing it).
25. Some people find evidence that they have done things that they do not remember doing.

26. Some people sometimes find writings, drawings, or notes among their belongings that they must have done but cannot remember doing.
27. Some people sometimes find that they hear voices inside their head that tell them to do things or comment on things that they are doing.
28. Some people sometimes feel as if they are looking at the world through a fog, so that people and objects appear far away or unclear.

TSDS Question #	Participant Means	DES-II Question #	Participant Means
1	4	1	6
2	1.5	2	6.5
3	4	3	2.5
4	4.5	4	0.5
5	4.5	5	0.5
6	2	6	1.5
7	3.5	7	1.5
8	3	8	3
9	4	9	4.5
10	4	10	3.5
11	5	11	4
12	4	12	3.5
13	5	13	4
14	3	14	2.5
15	4	15	5
16	4.5	16	3.5

17	4.5	17	3
18	4.5	18	2.5
19	3	19	7.5
20	5	20	8
21	4.5	21	7
		22	6.5
		23	7
		24	5.5
		25	2
		26	1
		27	4
		28	4.5

Figure 1

Resource Sheet Distributed to Participants Following the Focus Group

Thank you for taking time to participate in my senior thesis project!
Below is a list of campus and community resources available to you if you ever feel upset or want to talk with someone about mental health concerns.

-----Inclusive Mental Health Support Options-----
---Free Black Therapy (Black and African American individuals)---
https://www.freeblacktherapy.org/
---Open Path Collective (Lower income individuals)---
https://openpathcollective.org/
---Inclusive Therapists (BIPOC and QTBIPOC individuals)---
https://www.inclusivetherapists.com/
---Shine (free mobile app)---
https://www.theshineapp.com/

-----USC Services-----
---USC Student Health Center – Counseling Services---
Thomson Building, Second – Fourth Floors
1401 Devine St, Columbia, SC 29208
Phone: (803) 777-5223
Schedule an appointment: https://sc.edu/myhealthspace
---USC Psychology Services Center---
1331 Elmwood Ave, Suite 140
Columbia, SC 29201
Phone: (803) 777-7302
Website: https://psych.sc.edu/psc/about
---Thrive at Carolina---
24/7 support line (in collaboration with Christie Campus Health): (833) 664-2854
See their collection of mental health resources: https://thriveatcarolina.com/
---Center for Community Counseling---
College of Education
820 Main St, Columbia, SC 29208
Phone: (803) 777-4460
Call to schedule an appointment
---Therapy Assisted Online---
https://us.taoconnect.org/register

-----24-hour Emergency Crisis Services-----
---National Suicide Prevention---
1-800-273-TALK (8255)
---Crisis Text Line---
Text HELLO to 741741
---The Trevor Lifeline (LGBTQIA+ individuals)---
866-488-7386
---Palmetto Health Richland---
5 Medical Park Rd, Columbia, SC 29203
803-434-7000 or Behavioral Care: 803-434-4800
---Three Rivers---
2900 Sunset Blvd, West Columbia, SC 29169
803-796-9911
---Columbia Area Mental Health---
2715 Colonial Drive #100, Columbia, SC, 29203
803-898-4800; after-hours emergencies: 833-364-2274