Does Racism Predict Psychological Harm or Injury? Mental Health and Legal Implications

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Since the Civil Rights movement, legal scholars, psychiatrists, social workers, psychologists, and other mental health professionals have argued for more consideration of the psychological impact of racism on people of color, in part, so that legal claims can be better substantiated and so that mental health treatment can be more effective (Griffith & Griffith, 1986; Scurfield & Mackey, 2001). Despite 40 years of legal prohibition against discrimination, racism remains common among members of many racial groups (Goto, Gee, & Takeuchi, 2002; Harrell, 2000; Pak, Dion, & Dion, 1991; Sanders Thompson, 1996; Schneider, Hitlan, & Radhakrishnan, 2000; Utsey, Chae, Brown, & Kelly, 2002), and studies examining experiences of discrimination consistently report prevalence rates between 40% and 98% among people of color (i.e., Black/African, Asian, Native, and Latino Americans) (Fischer, & Shaw, 1999; Gary, 1995; Kessler, Mickelson, & Williams, 1999; Martin, Tuck, & Roman, 2003; Nazroo, 2003; Noh & Kaspar, 2003; Sanders Thompson, 1996; Sellers & Shelton, 2003; Williams, Neighbors, & Jackson, 2003).

Over the last two decades, many scholars and researchers have written about the social, economic, health, and political effects of racism (e.g., Jones, 1997; Marger, 2003; Mays, Cochran, & Barnes, 2006; Williams & Williams-Morris, 2000). A number of researchers in the psychiatry, psychology, social work, sociology, and public health fields have begun to document the mental health impact of racism and have shown that people of color who experience acts of racism have high levels of psychological distress and lower levels of life satisfaction and well-being (e.g., Feagin & Sikes, 1994; Feagin, Vera, & Batur 2001; Nazroo, 2003; Noh & Kaspar, 2003; Williams et al., 2003). This research tends to use general and global definitions of racism (e.g., institutional, cultural, individual discrimination), as well as general measures of mental health (e.g., life satisfaction, well-being, distress). Although the existing research contributes evidence supporting the general conceptualization of racism as a stressor in the lives of people of color, few studies link specific types of racism to particular emotional, psychological, and mental health outcomes like anxiety, depression, or trauma. The lack of clear links between racism and a person’s emotional and psychological reactions makes it difficult to develop clear treatment strategies and for legal claims to prevail in courts, which require the provision of evidence of emotional distress that has resulted directly from a specific incident(s) (Griffith & Griffith, 1986; Scurfield & Mackey, 2001). In addition, and
perhaps more importantly, Carter (2007) argues that the lack of conceptual clarity around the definition of racial discrimination in both the law and in mental health and the failure to delineate specific nonpathological emotional and psychological reactions to racist incidents not only creates problems in treatment and attempts at redress, it can also lead to re-traumatizing of targets.

Given the detrimental impact of current limitations, Carter proposes that in order to make direct connections between racism and specific mental health effects, it may be necessary to deconstruct the term *racism* by disconnecting it from current legal definitions and everyday use and by providing greater clarity about what these experiences are. He suggests that defining *racism* in terms of distinct classes of events, which are characterized by either avoidance or hostility, would make it possible to directly link specific personal experiences to particular types of emotional and psychological reactions or symptoms. He also posits that the stress associated with racist events may produce trauma or result in emotional and psychological harm or injury and that the reliance on diagnosable psychological disorders as evidence of emotional distress may cause clinicians to underestimate the true psychological impact of racist experiences. Finally, he argues that the different classes of racism he suggests could be associated with different emotional and psychological reactions, which may or may not reflect psychological harm or injury.

The primary purpose of the present investigation is to examine whether Carter’s (2007) conceptualization of both racist experiences and mental health outcomes has potential utility in the application of psychological research and practice to the law. In other words, we seek to determine whether the more specific types of racist experiences identified by Carter are related to particular emotional reactions and whether these types of racism are differentially related to emotional and psychological harm or injury. In line with this purpose, we present Carter’s definitions of the two types of racism, as well as his distinction between disorder and injury, and contend that these distinctions could provide greater accuracy in future research, assessment, intervention, and legal claims, while minimizing the re-traumatizing of targets. We integrate research on the mental health impact of race-related stress and racial discrimination and use this literature to illustrate that racism should be understood as an experience that can produce stress, and that in some cases, the stress incurred can rise to the level of a traumatic stress reaction. Finally, we present the results of an empirical test of the contention that different types of racism have differential emotional and psychological effects.

### Unpacking Racism

Carter (2007) has argued that the use of generic terms (e.g., *discrimination*) to denote racist experiences in both research and the clinical context do not aid targets in specifying the nature of the particular event(s) that contribute to their psychological and emotional reaction(s) or possible harm or injury. When racism is used to refer to a broad set of circumstances (macro), it is not possible to link that oppression to a particular person’s mental health status or potential harm (micro) even though the set of circumstances may actually describe various forms of or experiences with racial oppression. This is not to say that systemic and structural forms of racism or having limited access to social or political power do not produce harm or trauma; we believe they do. In order for mental health research to aid clinicians
in treating and assisting targets to file claims of racial discrimination, however, it is necessary to identify the particular aspects of structural and individual racism that are responsible for psychological and emotional harm and cause people to be affected in this way.

Current research on racism as a stressor primarily takes a macro approach wherein the frequency of many different experiences of racism or discrimination over time is summed and then statistically related to a measure of mental health. Many of the studies that find positive associations between discrimination and psychological distress in a variety of populations of color assess discrimination using a single general question (e.g., Amaro, Russo, & Johnson, 1987; Dion, Dion, & Pack, 1992; Noh, Beiser, Kaspar, Hou, & Rummens, 1999; Noh & Kaspar, 2003; Williams, 2000). Studies that use more complex measures to assess specific types of discriminatory experiences, nonetheless tend to rely on global scores that reflect the sum of many undifferentiated racist experiences in making connections between racism and mental health (e.g., Kessler et al., 1999; Klonoff, Landrine, & Ullman, 1999; Landrine & Klonoff, 1996; Sanders Thompson, 1996; Williams, Yu, Jackson, & Anderson, 1997). These studies are successful in finding an association between exposure to discrimination and more specific psychological symptoms and, in some cases, provide evidence of differences in the mental health outcomes related to acute versus chronic experiences. Nonetheless, their use of a generic category of racist experiences fails to provide a clear and specific framework that mental health professionals can apply to treatment and social action (e.g., legal redress) for the benefit of targets.

We argue that a more micro approach might help targets of racism to distinguish types or classes of racist acts that can be connected to specific and related psychological and emotional reactions. Currently, clear definitions of racial discrimination do not exist in the law or in organizational policies. This means that the identification of racial discrimination depends almost exclusively upon targets’, clinicians’, and lawyers’ personal understandings of what constitutes a racist act. Like all Americans, lawyers, psychiatrists, social workers, psychologists, and mental health professionals are subject to an often-subtle process of racial socialization, which encourages them to accept assumptions and stereotypes about various racial groups. These often subtle attitudes and biases will undoubtedly influence their perceptions of when racism plays a role in an event. Through greater specificity of terms, targets and their clinicians and lawyers will be able to clearly identify what happened to them, and they will be better able to recognize and label race-based encounter(s). In order to create a new way to connect racism to mental health symptoms, we propose using the definitions of discrimination as distinguished from harassment presented by Carter (2007).

Carter (2007) proposes that racism should be deconstructed into specific types of experiences defined as forms of racial discrimination and racial harassment that have application to clinical practice and legal remedy. **Racial discrimination** is a class of experiences with racism that reflect avoidance or aversive racism, wherein behaviors, actions, policies, and strategies have the intended or unintended effect of maintaining distance or minimizing contact between members of the dominant racial group and members of nondominant racial groups (Feagin & McKinney, 2003). As argued by Carter (2007), discrimination tends to be fairly subtle, allowing members of the dominant group to engage in racist practices through behaviors
that might otherwise be perceived as neutral. Examples of racial discrimination include being denied access to or receiving inadequate services in a public setting, being excluded from social networks that offer opportunities for advancement, or having one’s achievements dismissed or denied.

*Racial harassment* is a class of experiences that reflect *hostile or dominative racism* wherein actions, strategies, behaviors, and policies are intended to communicate or make salient to targets their subordinate status due to membership in a nondominant racial group (Carter & Helms, 2002; Jones, 1997; Kovel, 1970). The hostility associated with racial harassment includes the commission of, or implied or actual institutional permission to commit, flagrant acts of racism. It might also occur as a form of pressure from superiors and peers to “fall-in-line” with institutional racial policies as a condition of continued employment, education, or social participation (e.g., “quid pro quo” racial harassment). Racial harassment tends to be more overt and often includes an element of threat either to one’s safety, well-being, or livelihood. Examples of racial harassment include being followed in a store by a security guard, being stopped and hassled by police officers, and being subjected to verbal or physical assaults.

Each type or class of racism described above is associated with the use of social, economic, or political power to impose one’s or one’s groups’ expectations and preferences. These new definitions encompass acts that occur on the individual, institutional, and cultural levels. In addition, both overt and covert, intentional and unintentional racist incidents that have been examined in previous research on the mental health impact of racism (e.g., daily hassles, institutional, cultural, and individual racism) can all be categorized as either racial discrimination or racial harassment.

These definitions are reminiscent of the distinctions that have been applied with success in sexual harassment and discrimination cases for decades but which as of yet have not been applied to cases of racial discrimination. According to current legal statutes, racial harassment and racial discrimination are not treated as distinct types of experiences. Because racial harassment and racial discrimination are combined in the law (i.e., treated using theories of disparate treatment and disparate impact), when a complaint is filed, the plaintiff must show that the defendant intended to discriminate specifically on the basis of race and that the defendant harbored racial animus (Green, 2003; Wang, 2006). In contrast, sexual discrimination and sexual harassment are treated in the law and in organizations as distinct events. This distinction allows claims of sexual harassment to be established without providing evidence that the defendant acted with intent.

In a qualitative investigation using the distinction between discrimination and harassment, Carter, Forsyth, Mazzula, and Williams (2005) found that among the types of racist incidents people described, 54% could be considered hostile acts and categorized as racial harassment, and 23% were more aversive or avoidant and were often indirect or subtle acts that better fit the notion of racial discrimination. Carter et al. (2005) also reported that of the participants who indicated they had lasting psychological effects, the psychological effects associated with harassment appeared to be more severe than those associated with acts of discrimination. Although the analysis used in this study was largely descriptive and qualitative, the results provide some preliminary indication that racial harassment could result
in more severe psychological and emotional effects than racial discrimination. Therefore, further investigation of the relative impact of the two types of experiences is needed.

The distinction between racial discrimination and harassment could potentially be a useful tool to further psychiatrists’, mental health professionals’, and law officials’ understanding of the emotional impact of racism. Specifically, it is posited that deconstructing racism into the specific forms of racial harassment and discrimination can...

- Facilitate recognition by targets, clinicians, and legal professionals of the more systematic, covert, subtle, and unconscious forms of racism.
- Chart new clinical and legal strategies.
- Help to establish a more accurate assessment of targets’ emotional reactions to racism in order to more effectively treat them and assist those who wish to pursue legal complaints or seek emotional relief.

Unpacking the Mental Health Outcomes of Racism

Over the last two decades, researchers have documented a variety of mental health reactions to racism including symptoms that range from distress to more severe reactions associated with adjustment disorders, mood disorders, and anxiety disorders (Butts, 2002). Studies of Black, Asian, Latino, and American Indian populations have found significant associations between perceived discrimination and depressive symptoms (Finch, Kolody, & Vega, 2000; Landrine & Klonoff, 1996; Mossakowski, 2003; Noh et al., 1999; Noh & Kaspar, 2003; Romero & Roberts, 2003; Whitbeck, McMorris, Hoyt, Stubben, & LaFramboise, 2000). Other studies have found links between discrimination and psychiatric symptoms such as somatization, depression, anxiety, and obsessive compulsion among Black Americans (Landrine & Klonoff, 1996; Klonoff, Landrine, & Ullman, 1999). In addition, a number of studies have revealed that racial stressors cause high blood pressure, risk for heart disease, and increased susceptibility to an array of negative health outcomes (Bennett, Merritt, Edwards, & Sollers, 2004; Harrell, Hall, & Taliaferro, 2003; Mays et al., 2006).

Despite the compelling evidence that discrimination is experienced as extremely distressful by many people, only a few studies (e.g., Kessler et al., 1999; Utsey et al., 2002) have been able to assert that the symptoms experienced rise to the level of a diagnosable disorder such as generalized anxiety or major depression. A number of scholars argue that reactions to race-related incidents may rise to the level of traumatic stress (e.g., Bryant-Davis & Ocampo, 2005; Butts, 2002; Carter, 2004, 2005, 2007; Carter et al., 2005; Carter & Helms, 2002; Comas-Diaz & Jacobsen, 2001; Rollock & Gordon, 2000; Scurfield & Mackey, 2001), but researchers have yet to consider trauma as a possible reaction to racial discrimination.

Although trauma and stressful life-event investigators (e.g., Breslau, 2001; Kulka et al., 1990; Loo et al., 2001; McNeil, Porter, Zvolensky, Chaney, & Marvin, 2000; Norris, 1990; 1992; Perilla, Norris, & Lavizzio, 2002) have studied racially diverse populations, they typically have not focused on racism as a factor in the development of Post Traumatic Stress Disorder (PTSD) after exposure to a potentially severe stressful event (e.g., disasters and combat). They have found, however, that people
of color, both as veterans and members of the general population, have elevated levels of PTSD (15% to 45%) not fully explained by the event or other factors when compared to Whites (5% to 15%). To date, the only study that has explicitly investigated race-related stressors in the development of PTSD, found that race-related stressors were stronger predictors of PTSD over and above exposure to combat for Asian American Vietnam veterans, thereby showing that personal experiences of racism were contributing factors in the development of PTSD (Loo et al., 2001). Still, no study has directly examined the link between discrimination and PTSD, and it has been difficult for researchers to provide empirical evidence to substantiate the claim that discrimination can cause acute stress reactions or other diagnosable disorders.

A number of factors in the research methodologies employed in previous studies may account for some of the difficulty in substantiating the severe emotional and psychological impact of racism for people of color. First, these studies tend to use global scores on measures of mental health. In those cases in which more subscale scores are used, statistical analyses compare the group mean score on the subscale to the group mean on the general score for discrimination. The results, therefore, provide a general picture of a relationship between racism and mental health but offer little sense of what specific sorts of incidents are associated with more severe mental health outcomes or what characteristics of these incidents may lead to more intense psychological and emotional reactions. Furthermore, none of the cited studies ask participants to specifically identify symptoms that they feel are the direct result of their experiences of racial discrimination. Instead, general experiences of discrimination are correlated with general symptom scores, providing a measure of the general relationship between two constructs on a group level. Given that the results of these investigations indicate significant relationships despite these limitations, it is possible and perhaps even likely that the psychological and emotional reactions to racial discrimination and harassment in the population may be significantly more severe than those detected thus far in research samples.

Carter (2007) argues that the use of universal mental health standards, which are assumed to be racially neutral further obstruct efforts to recognize the psychological and emotional impact of racism. Currently, the diagnostic criteria used by mental health professionals (APA, 2000) makes it difficult to link the mental health effects of racism to specific types of experiences. Some scholars argue that the failure to include racism among the 16 environmental stressors considered to cause adjustment disorders or the 36 environmental stressors considered to cause PTSD or acute stress reactions reflects denial within the mental health profession that racism can cause stress and trauma (Carter, 2007; Scurfield & Mackey, 2001). While counterarguments emphasize the subjectivity of experiences of racial discrimination, research on both generic and racial stressors clearly indicates that it is the individual’s perception of an event as stressful, rather than an “objective” measure of the inherent stressfulness of events that influences its impact on mental health.

Carter (2007) proposes that a broader definition of traumatic stress, such as that presented in Carlson’s (1997) model of traumatic stress, should be used in the conceptualization of psychological injury resulting from racism. Carlson’s model does not rely on physical danger or threats to one’s life as its core criteria as is the
case with PTSD. According to Carlson, traumatic stress results from experiences that are extremely negative (emotionally painful), sudden, and uncontrollable. For an encounter to be traumatic, the person must have symptoms of intrusion, avoidance, and arousal consistent with those associated with a PTSD diagnosis, but one may express these reactions emotionally, physiologically, cognitively, and behaviorally or in combination. She also argues that trauma may be exhibited through anxiety, anger, rage, depression, shame, or guilt. In contrast to Carlson’s conceptualization, the diagnosis of PTSD is limited by the fact that the person’s subjective perceptions are not part of the criteria, and the event that triggers the reactions can only be a physical threat to life. Furthermore, the use of PTSD or other stress-related diagnoses implies that the target of racism is judged to be mentally disordered; whereas, it is probable that the target of racism is distressed and made ill by racial encounters and incidents.

Furthermore, Carter (2007) argues that the notion of disorder in and of itself may be limited for assessing race-related psychological outcomes. He posits that it might be more effective to consider the effects of racism as psychological injury or harm rather than as a mental disorder, as the effects of racism arise from environmental stressors rather than from an abnormality that resides within the individual. Currently, when a person who has been affected by racism makes a legal claim, files an organizational complaint, or presents for mental health treatment, her or his case is substantiated through the diagnosis of a psychiatric disorder. This is a situation that many people of color would not welcome because it establishes a stigma and could compromise any claim for redress by implying a history of mental instability or vulnerability, both of which might therefore make healing and treatment difficult. In treating targets of racism, it may be more important that the person understand how his or her experience may have caused psychiatrically significant emotional and psychological harm.

The use of injury as opposed to disorder requires consideration of the target’s personal history as well as the power of racism to produce stress and trauma. It could also serve to change how a person’s experience is discussed clinically and how all parties understand it. Most people of color would not welcome being told that they were suffering from a mental disorder arising from an encounter with racism. From their perspective, they were treated in an aversive or hostile and unfair way, and that treatment caused tremendous hardship, emotional pain, and personal humiliation. The use of injury recognizes that a person had or is having a racial experience(s) that has produced psychiatric impairment, that his or her rights were violated unfairly, and that there is an option to seek redress. This conceptualization could make it easier for members of racial groups that have historically been pathologized by the mental health fields to accept impairment, work towards healing, and establish a claim for legal or administrative redress. These elements are not considered when PTSD or other DSM diagnoses are used. As a result, general psychiatric diagnoses have limited value in capturing the full scope of the target’s phenomenological experience and may hamper efforts for legal redress and healing.

The Intersection of the Law and Mental Health

A target of racism can live with the pain of his or her experience, retain legal counsel, file a complaint, or seek the services of a mental health professional for
relief. If a lawyer is consulted, he or she may want a mental health professional to be involved, particularly if the case will include claims of psychological or emotional distress. Thus, the avenues for relief and redress clearly involve psychiatry, social work, psychology, or other mental health professionals. It is imperative that mental health professionals understand that the law and related avenues of redress today can also be another source of emotional and psychological distress for a person of color because of the burden of proof placed on plaintiffs who claim they have been the target of racism or racial discrimination (legally defined) and have suffered emotional distress as a result. Thus, in the majority of cases mental health professionals may be the only source of relief if legal redress is blocked or burdensome.

Psychiatrists, mental health professionals, and lawyers face significant barriers and obstacles as they try to address, litigate, understand, or assess experiences of race-related stress or race-based traumatic stress that may arise from exposure to racism (Butts, 2002; Feagin & McKinney, 2003). The landscape of legal relief and redress has been an important pathway in efforts to reduce the effects of different forms of discrimination directed at various protected groups. At the same time, however, the law has been and is a barrier of its own that is an additional source of stress, distress, and psychological harm for people of color who seek administrative recourse, legal remedy, and emotional relief.

The laws and legislative acts (three constitutional amendments and seven federal Civil Rights Acts) that have been directed at race and racism in the United States, pre-date laws that focus on other protected groups (i.e., women or the disabled), yet today more progress has been made with respect to, for example, sexual discrimination and harassment than with racial discrimination (Bell, 2000). Racially hostile environments were first recognized by the courts in 1972, and sexually hostile environments were not recognized until 1982 (Buff, 1995). Progress with respect to sexual discrimination and harassment is evidenced by the large volume of and widely distributed research and information, both in the law and social sciences, about what constitutes sexual harassment (Simon, 1996). Most organizations have policies that distinguish between sexual harassment and discrimination, as well as specific procedures for filing complaints. In contrast, few organizations have explicit policies and procedures for filing complaints of racial harassment or racial discrimination, and these types of experiences are neither well-defined nor treated as distinct events by the law. More importantly, claims and complaints regarding the impact and effects of racism, as currently structured in laws and administrative organizational procedures, do not consider systematic or structural impacts or outcomes of racism, nor is there a way to assess emotional distress that can be effectively used by mental health professionals (Green, 2003).

It is even more difficult to establish that one was psychologically harmed or experienced emotional distress in racial discrimination cases because there are not well-defined ways to connect emotional distress reactions of targets to specific types of acts associated with racial discrimination as defined in the law. In order to receive compensatory damages for acts of discrimination, one must generally link severe and pervasive emotional responses (i.e., emotional distress) to the incident (Griffith & Griffith, 1986). According to tort law and civil law, emotional distress “includes all highly unpleasant mental reactions, such as fright, horror, grief, shame, humiliation, embarrassment, anger, chagrin, disappointment,
worry, and nausea. . . . so severe that no reasonable man (or women) could be expected to endure it,” and both “the intensity and the duration of the distress can be considered in determining its severity” (Restatement, 1965, comment j). The law provides no indication of what sort of evidence a psychologist, psychiatrist, or mental health professional could provide to show that the emotional distress experienced was severe. Although virtually no published articles in the mental health literature provide guidance for establishing a legal claim of severe emotional distress in cases of racial discrimination, forensic psychologists have noted that in sexual harassment litigation, diagnosable psychiatric disorders are preferred (Simon, 1996).

The tort of infliction of emotional distress demands further that the incident fulfill four requirements: (1) that the act was outrageous, (2) that it was carried out intentionally, and that it (3) is the cause, (4) of extreme or severe emotional distress [Restatement (Second) of Tort § 46]. The burden of proving intent and meeting other conditions remains so difficult that few can partake of this remedy unless the racism is overt and physical or unless there is a way to connect the experience of racism with specific symptoms that reflect a traumatic stress reaction. We contend that the use of mental disorders to assess the impact of racism does not capture all aspects of the encounter with racism and that through its primary focus on the target, it fails to address the power of the experience to produce emotional harm. Efforts to establish claims for emotional distress are further complicated by the fact that little is written in the legal or mental health assessment literature that is specifically focused on describing the direct and specific psychological effects of racism (Butts, 2002; Green, 2003; Johnson, 1993) and that the assessment criteria used by mental health professionals are not specific to the racial aspect of the experience. These difficulties are exemplified by the fact that in 2005, of the 26,740 claims of discrimination filed, 68% were dismissed by the Equal Employment Opportunity Commission because investigation found that they did not meet the requirements necessary to seek legal remedy.

Although the bodies of research on race-related stress, discrimination, and PTSD provide evidence that racism impacts peoples’ mental health, it is hard to know what specific aspects of racism impact people and whether the stress of such experiences can produce a traumatic reaction. The varied terminology used in research and in the law makes it difficult to connect particular types of racist experiences to specific mental health effects; therefore, the purpose of the present study is to determine whether it would be possible to connect experiences of discrimination and harassment, as defined by Carter (2007), to particular emotional and psychological reactions or symptoms. Additionally, the study seeks to determine whether one type of experience was associated with more severe psychological harm or injury than the other. The present study used the distinction between harassment and discrimination to capture the types of critical racial incidents that people of color reported. It also used the notion of psychological injury, which reflects the more intense emotional reactions specified in the legal definition of emotional distress, or no-injury, which reflects less severe reactions, to analyze any possible differences between the two types of racism.
Method

Participants

A total of 352 people visited the survey’s website, out of which 228 completed the survey. Of the 228 participants, 11% (n = 29) reported that they had not experienced racial discrimination, and 89% (n = 228) indicated that they had experienced racial discrimination. The remaining demographic information will be presented only for those participants who indicated they had an experience of discrimination because they were the focus of the analysis. Of the 228 participants, 72.6% (n = 164) were female, 26.5% (n = 60) were male, and .9% (n = 2) did not identify their gender or provide other demographic information leaving a sample of 226 with detailed information. The participants ranged in age from 17 to 63 (M = 35.4).

The socioeconomic status of the participants was as follows: 2.2% lower class (n = 5), 19.7% working class (n = 45), 57.5% middle class (n = 131), 18.4% upper middle class (n = 42), 1.3% upper class (n = 3), and < 1% did not respond (n = 2). The racial composition of the sample was 51.3% Black (n = 117), 18.4% Hispanic/Latino (n = 42), 14.5% Asian (n = 33), and 9.6% Biracial (n = 22), .4% Native American (n = 1), and 5.3% didn’t identify their race (n = 12). In general, the participants were well-educated: 49% held a graduate degree (n = 111); 18% had some graduate education (n = 41); 18.6% held a college degree (n = 42); 11.9% had some college education (n = 27); and 2.9% held a high school diploma or some high school education (n = 5).

Instruments

Personal Data Form. The Personal Data Form asked participants to indicate their age, gender, race, ethnicity, place of birth, religion, socioeconomic status, occupation, years in job, and education level.

Racial Discrimination Experiences Questionnaire. The Racial Discrimination Experiences Questionnaire (Carter et al., 2005) employed a qualitative approach to investigate participants’ experiences with racism. It consisted of two yes-or-no, and five open-ended questions about experiences with racism: (1) Have you ever had an experience of racial discrimination?; (2) If yes, please indicate whether the experience was a single episode or a recurring event; (3) When did the experience occur?; (4) Where did the experience occur (e.g., work, shopping, social event, etc.)?; (5) What happened? Please describe; be specific; (6) Were there any lasting effects associated with this experience (e.g., emotional reactions, dreams, etc.)? (yes or no); and (7) If yes, what were those effects? Please describe; be specific.

Procedure

Recruiting Participants

Participants were solicited through e-mail announcements to listserves of various organizations throughout the country and through attendance at conferences where they received a flyer. The announcement provided potential participants with a web address at which they could access the study and asked participants to forward information about the study to others in order to create a “snowball
effect.” The first page included a consent form informing the participants of their right to withdraw from the study at any time should they deem it necessary. Once the subjects agreed to participate in the study, they were directed to the survey, which was comprised of the Personal Data Form; the Racial Discrimination Experiences Questionnaire; and a debriefing form, which included resources for those participants who wanted more information about ways to address their experiences.

**Development of Themes**

Using a phenomenological content-based coding procedure (Creswell, 2003), the primary investigator developed descriptive categories from the participants’ critical incident narrative responses to the open-ended questions that described their experiences with racism and its effects. This method of coding is inductive as opposed to deductive in that a theoretical position was not imposed on the narrative responses; rather, the categories were developed directly from the participants’ descriptions of their experiences. Because preconceived categories were not imposed on the data, some of the responses were idiosyncratic and did not fit within any of the categories—these were coded as Other. From the responses describing incidents of discrimination, ten initial categories were derived. For the types of lasting psychological and emotional effects, nine initial categories were created.

The ten initial categories for types of critical incidents were as follows:

1. Verbal Assault (called names or racial slurs, subjected to racial jokes)
2. Denied Access or Service (ignored, made to wait, refused access to opportunity because assumed to have less ability)
3. Profiled (followed in a store, accused or suspected of theft, stopped by the police)
4. Treated on the Basis of Stereotype (assumed to have or lack particular qualities or qualifications as a result of racial group membership)
5. Violated Racial Rules (admonished through direct or indirect means for violating stereotypes about one’s racial group or crossing racial boundaries)
6. Physical Assaults (beaten or otherwise physically threatened)
7. Own Group Discrimination (mistreated due to physical appearance by members of one’s own racial group)
8. Hostile Work Environment (any type of racist incident in the work environment)
9. Multiple Experiences (combination of more than one event)
10. Other

An 11th category, Vicarious Experiences (participant witnessed or was told about the experience of a relative or friend), was added during inter-rater coding. It is important to note that although profiling generally occurs as the result of being stereotyped, the category of Profiled captured only specific acts that implied suspicion of wrongdoing. Similarly, while stereotyping plays a role in Violated Racial Rules, the category includes only those events in which a message was conveyed to the participant that his or her behavior fell outside of a racial norm. In contrast, the Treated on the Basis of Stereotype category captures general and often more subtle behaviors and attitudes.
The nine initial categories that were generated for psychological or emotional effects were as follows:

1. Extreme Emotional Distress (intense or complex single emotions, or combination of more than one emotion)
2. Hyper-Vigilance or Arousal (exaggerated self-consciousness, hypersensitivity, or awareness)
3. Mild Emotional Distress (single mild emotion)
4. Avoidance (behavioral or emotional withdrawal)
5. Intrusion (recurring memories, thoughts, dreams)
6. Distrust (difficulty trusting others)
7. Lower Self-Worth (doubt about choices, loss of faith in ability)
8. Positive Outcome (positive emotions, adaptive coping)
9. Other

A 10th category, Physiological Effects (physical symptoms), was added during the inter-rater coding process.

Coding Procedure

Three trained raters independently coded the participants’ responses utilizing the categories initially derived by the primary investigator to ensure that they were valid and verifiable. Cohen’s Kappa was used to calculate inter-rater reliability (Fleiss, 1971). Prior to coding, a baseline level of agreement for both critical incidents and psychological and emotional effects was reached on two subsets of the participants’ responses. The Kappa for the first baseline round of coding was .72 for critical incidents and .73 for psychological effects (see Fleiss, 1971 for Kappa calculations). After discussing areas of disagreement, the coding manual was refined, and a second set of sample responses was coded. The baseline Kappa for the second round was .89 for both critical incidents and psychological and emotional effects.

The entire sample of open-ended and descriptive responses of critical incidents was then divided into three subsets, and the descriptive responses of the psychological and emotional effects were divided into two subsets. After each subset was independently coded, the raters calculated Kappa, discussed discrepancies, and came to consensus regarding the appropriate final category for each item. The mean Kappa coefficient for the coding was .79 for critical incidents and .85 for psychological and emotional effects.

Discrimination v. Harassment and Psychological Injury v. No Psychological Injury

Once the critical incidents had been coded, they were grouped as either aversive or hostile acts using Carter’s (2007) definitions of discrimination and harassment. As noted earlier, the essence of racial harassment involves acts of hostility communicated in various ways and includes an element of threat either to one’s safety, well-being, or livelihood. The following types of critical incidents were, therefore, categorized as harassment: Verbal Assault, Hostile Work Environment, Profiled, Violated Racial Rules, and Physical Assault. As noted previously, racial discrimination pertains to experiences that involve avoidance of nondominant racial group members. Avoidance can take on both overt and covert forms, so the
following types of critical incidents were classified as discrimination: Denied Access or Service, Treated on the Basis of a Stereotype, and Own Group Discrimination (see Table 1). We excluded from this group some critical incidents in the category of Multiple Experiences, which could not be categorized as either discrimination or harassment (n = 3). The Multiple Experiences that involved multiple incidents of only discrimination or harassment were categorized accordingly. We also excluded Vicarious Experiences (n = 1) and Other Events (n = 6 or 9).

The participants’ coded descriptive reports of their emotional effects were grouped as either constituting psychological injury or no psychological injury. Our conceptualization of injury was based on the definition of emotional distress used in legal cases and Carlson’s (1997) model of traumatic stress, which involves the reactions of intrusion (recurring memories, dreams, inability to concentrate); avoidance (withdrawal from situations that provoke memories); and arousal (hyper-vigilance, anxiety, inability to sleep, or physiological reactions). Using these reactions as guides, we grouped the emotional effects categories that might reflect psychological injury as follows: Extreme Emotional Distress, Hyper-vigilance/Arousal, Avoidance, Intrusion, and Physiological Effects (See Table 2). The categories of emotional effects that reflected no psychological injury included the following: Moderate Emotional Distress, Distrust, Positive Outcome, and Lower Self-Worth (See Table 2). Participants who indicated that they did not experience any lasting effects as a result of their experience with racism were also placed in the No Injury group. Moderate Emotional Distress was not considered to be injurious because it involved only one mild emotion and seemed to reflect a less intense emotional reaction, and Lower Self-Worth was included in the No Injury group because it was not clear what the extent of the harm might have been. The Other category was excluded from both groups.

Table 1. Categories of Discrimination and Harassment (n = 183)

<table>
<thead>
<tr>
<th>Racial Discrimination (n = 58)</th>
<th>Racial Harassment (n = 127)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denied Access or Service (n = 27)</td>
<td>Verbal Assault (n = 25)</td>
</tr>
<tr>
<td>Treated on Basis of Stereotype (n = 15)</td>
<td>Hostile Work Environment (n = 40)</td>
</tr>
<tr>
<td>Own Group Discrimination (n = 2)</td>
<td>Profiled (n = 19)</td>
</tr>
<tr>
<td>Multiple Experiences (n = 14)</td>
<td>Physical Assault (n = 9)</td>
</tr>
<tr>
<td></td>
<td>Violated Racial Rules (n = 13)</td>
</tr>
<tr>
<td></td>
<td>Multiple Experiences (n = 21)</td>
</tr>
</tbody>
</table>

Note: Vicarious Experiences (n = 1), Other Events (n = 6), and a portion of Multiple Experiences (n = 3) could not be coded as constituting either racial discrimination or racial harassment.

Table 2. Categories of Injury and No Injury (n = 185)

<table>
<thead>
<tr>
<th>Injury (n = 108)</th>
<th>No Injury (n = 77)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme Emotional Distress (n = 69)</td>
<td>Moderate Emotional Distress (n = 5)</td>
</tr>
<tr>
<td>Hyper-Vigilance/Arousal (n = 21)</td>
<td>Distrust (n = 10)</td>
</tr>
<tr>
<td>Avoidance (n = 11)</td>
<td>Positive Outcome (n = 5)</td>
</tr>
<tr>
<td>Intrusion (n = 6)</td>
<td>Lower Self-Worth (n = 8)</td>
</tr>
<tr>
<td>Physiological Effects (n = 1)</td>
<td>No Effect (n = 49)</td>
</tr>
</tbody>
</table>

Note: Psychological and Emotional Effects coded as Other (n = 20) were excluded from this analysis.
From the total number of participants (n = 228), 42 responses could not be grouped as either discrimination or harassment or as psychological injury vs. no psychological injury, thus leaving a subtotal of (185) respondents’ reports that could be included in the analysis. The frequencies of racial discrimination and harassment for the 188 participants were discrimination (n = 58) and harassment (n = 127). The frequencies for the participants grouped as psychological injury or no injury were injury (n = 108) and no injury (n = 77).

Results

The following statistical analyses were conducted only with the participants (n = 188) whose experiences were grouped as constituting racial discrimination or racial harassment and whose emotional and psychological effects were grouped as reflecting either psychological injury or no psychological injury.

To determine whether there were racial differences in experiences of racial discrimination or harassment and psychological injury or no psychological injury, we conducted a Chi Square analysis. Chi Square analysis was used because all four of the variables being tested are categorical. The results were not significant and were as follows: race by discrimination and harassment (n = 185, $X^2 = 5.29$, df = 3, $p = .15$) (see Table 3); and race by psychological injury vs. no psychological injury (n = 185, $X^2 = 3.35$, df = 3, $p = .34$) (see Table 4). These findings indicate that for this sample, the participants who identified as Black, Asian, Latino, and Biracial did not experience incidents of racial discrimination and harassment with different rates of frequency.

<table>
<thead>
<tr>
<th>Race</th>
<th>Discrimination</th>
<th>Harassment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>33</td>
<td>68</td>
<td>101</td>
</tr>
<tr>
<td>Latino</td>
<td>16</td>
<td>22</td>
<td>38</td>
</tr>
<tr>
<td>Asian</td>
<td>5</td>
<td>24</td>
<td>29</td>
</tr>
<tr>
<td>Biracial</td>
<td>13</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>58</td>
<td>127</td>
<td>185</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Injury</th>
<th>No Injury</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>55</td>
<td>46</td>
<td>101</td>
</tr>
<tr>
<td>Latino</td>
<td>27</td>
<td>11</td>
<td>38</td>
</tr>
<tr>
<td>Asian</td>
<td>17</td>
<td>12</td>
<td>29</td>
</tr>
<tr>
<td>Biracial</td>
<td>9</td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>108</td>
<td>77</td>
<td>185</td>
</tr>
</tbody>
</table>

To determine whether there were differences by gender and socioeconomic status in experiences of racial harassment or discrimination and injury or no injury, a series of four Chi Square analyses were performed. Note that in these analyses, some participants could not be included due to missing data. The results of these analyses were not significant and were as follows: gender by discrimination vs. harassment (n = 183, $X^2 = 2.26$, df = 1, $p = .18$) (see Table 5); gender by psychological injury vs. no
psychological injury \((n = 183, \chi^2 = 2.26, df = 1, p = .13)\) (see Table 6); socioeconomic status by discrimination vs. harassment \((n = 185, \chi^2 = .276, df = 2, p = .87)\) (see Table 7); and socioeconomic status by psychological injury vs. no psychological injury \((n = 185, \chi^2 = .55, df = 2, p = .76)\) (see Table 8). These findings indicate that for this sample, participants from different genders and socioeconomic status did not experience incidents of racial discrimination vs. harassment nor psychological injury vs. no psychological injury with different rates of frequency.

Table 5. Gender by Racial Discrimination vs. Harassment \((n = 185)\)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Discrimination</th>
<th>Harassment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>16</td>
<td>38</td>
<td>54</td>
</tr>
<tr>
<td>Female</td>
<td>41</td>
<td>88</td>
<td>129</td>
</tr>
<tr>
<td>Total</td>
<td>57</td>
<td>126</td>
<td>183</td>
</tr>
</tbody>
</table>

Table 6. Gender by Psychological Injury vs. No Psychological Injury \((n = 185)\)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Injury</th>
<th>No Injury</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>27</td>
<td>27</td>
<td>54</td>
</tr>
<tr>
<td>Female</td>
<td>80</td>
<td>49</td>
<td>129</td>
</tr>
<tr>
<td>Total</td>
<td>107</td>
<td>74</td>
<td>183</td>
</tr>
</tbody>
</table>

Table 7. SES by Discrimination vs. Harassment \((n = 1857)\)

<table>
<thead>
<tr>
<th>SES</th>
<th>Discrimination</th>
<th>Harassment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower/Working Class</td>
<td>14</td>
<td>27</td>
<td>41</td>
</tr>
<tr>
<td>Middle Class</td>
<td>34</td>
<td>75</td>
<td>109</td>
</tr>
<tr>
<td>Upper Middle/Upper Class</td>
<td>10</td>
<td>25</td>
<td>35</td>
</tr>
<tr>
<td>Total</td>
<td>58</td>
<td>127</td>
<td>185</td>
</tr>
</tbody>
</table>

Table 8. SES by Injury vs. No Injury \((n = 185)\)

<table>
<thead>
<tr>
<th>SES</th>
<th>Injury</th>
<th>No Injury</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower/Working Class</td>
<td>26</td>
<td>15</td>
<td>41</td>
</tr>
<tr>
<td>Middle Class</td>
<td>62</td>
<td>47</td>
<td>109</td>
</tr>
<tr>
<td>Upper Middle/Upper Class</td>
<td>20</td>
<td>15</td>
<td>35</td>
</tr>
<tr>
<td>Total</td>
<td>108</td>
<td>77</td>
<td>185</td>
</tr>
</tbody>
</table>

It should be noted that because the analyses with gender involved 2 \(\times\) 2 contingency tables, Yate’s correction was applied to the significance test. According to Field (2005), Yate’s correction provides a more stringent level of significance for Chi square analyses involving 2 \(\times\) 2 contingency tables, thus guarding against Type 1 error. Also, for the analyses involving socioeconomic status, the previously stated levels listed in the participant section (Lower Class, Working Class, Middle Class, Upper Middle Class, and Upper Class) were collapsed into the following three categories to increase the frequencies of some of the cell sizes: (1) Lower/Working Class, (2) Middle Class, and (3) Upper Middle/Upper Class. Because no significant differences were found on discrimination vs. harassment and psychological injury
vs. no injury by gender, race, and socioeconomic status, this provided justification for using all participants for the primary analysis.

To determine whether an experience of racial harassment was more likely than racial discrimination to result in psychological injury vs. no psychological injury, a logistic regression was performed (see Table 9). Powers and Xie (2000) recommend the use of logistic regression to determine whether a categorical independent variable is a significant predictor of a categorical dependent variable. In this analysis, psychological injury vs. no psychological injury was entered as the dependent variable and discrimination vs. harassment was entered as the categorical covariate or independent variable. The results were significant \( (n = 185, df = 1, \text{ Wald } = 6.87, p = .01) \), meaning that discrimination, as a set of acts that reflect avoidance vs. harassment as a set of acts that reflect hostility, was a significant predictor of psychological injury vs. no psychological injury. To understand the meaning of this relationship, the Exp (B) statistic or odds ratio of 2.41 was interpreted (see Field, 2005). This means that the participants who were racially harassed were 2.24 times more likely to experience psychological and emotional effects that constituted psychological injury than were the participants who experienced racial discrimination.

### Table 9. Racial Discrimination vs. Harassment by Psychological Injury and No Psychological Injury (n = 185)

<table>
<thead>
<tr>
<th>Injury</th>
<th>No Injury</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discrimination</td>
<td>26</td>
<td>32</td>
</tr>
<tr>
<td>Harassment</td>
<td>82</td>
<td>45</td>
</tr>
<tr>
<td>Total</td>
<td>108</td>
<td>77</td>
</tr>
</tbody>
</table>

### Discussion

There were several objectives for the present study. We wanted to know whether participants reported any lasting psychological effects or emotional harm or injury as a result of specific reported critical incidents of racism. We also wanted to determine whether the classes of types of racism defined as racial harassment and racial discrimination would differentially predict psychological harm or injury. In general, we found that the majority (89%) of the participants reported having an encounter with racism and that the frequency of experiences was consistent with other studies that have reported prevalence rates of between 60% and 90% (Klonoff & Landrine, 1999; Landrine & Klonoff, 1996; Pak et al., 1991; Sanders Thompson, 2002; Schneider et al., 2000; Utsey et al., 2002). We also found that participants who reported a critical incident of racism and indicated that they had lasting emotional effects did not differ by race, gender, or socioeconomic status.

The high frequency of encounters with racial discrimination or racism could be due to the fact that people who completed the survey did so because they had such experiences and were therefore self-selected. It should be noted, however, that over 90 people logged on but did not complete the survey. This could indicate that some of the people who visited the web-survey were perhaps not willing to complete a study survey, did not have an experience, were not willing to revisit any encounters they may have had, or did not complete the survey for other reasons. We have no way to know.
Although close to 90% who did complete the survey reported critical incidents of racism, over 25% were not emotionally affected by their experience. This data suggests that perhaps there was sufficient variation in the participant group that captured a good range of experiences. Moreover, in many previous research studies, participants were mostly Black Americans; our study included a wider range of racial group members such as Biracial, Black, Latino, and Asian Americans, and we did not find significant differences between racial groups in the types of incidents of racism they reported or in the emotional impact of racism that we studied.

We tested, through statistical analyses, the psychological impact or effect of specific types of racism as proposed by Carter (2007). We found that for the participants in this study, racial harassment was more likely to contribute to or predict psychological injury. The types of emotional experiences captured by the conceptualization of psychological injury used in this investigation (i.e., extreme emotional distress, hyper-vigilance, intrusion, and avoidance) were similar to the symptoms associated with the traumatic stress reactions presented by Carlson’s (1997) and reflect the notions of race-based traumatic stress as presented by Carter (2007). Thus, it is possible that different types of acts of racism result in more or less severe reactions. Our results indicated that it is possible that acts of hostility leave more lasting effects and mental health outcomes than acts of racism that are associated with avoidance. These findings are preliminary at best and provide some evidence that might support the value of the conceptual approach for which we advocate. At the same time, it is possible that people reported critical incidents that were related to strong reactions, and as such, we confirmed that reality. Further investigations are needed to explore these relationships and to provide additional support for the conceptualizations of racism and psychological harm tested in this study.

Implications for Psychiatry, Psychology, and the Law

In light of the results reported above, we believe that the distinction between racial discrimination and harassment proposed by Carter (2007) has the potential to help targets and professionals to clarify race-based experiences, and could assist in reducing the ambiguity associated with some aspects of experiences with racism. Moreover, recognition that race-related actions (e.g., profiling) are hostile rather than hate-based, biased, or unintentional might serve to aid in the process of connecting the racial incident to the resulting affective impact. This is especially important considering that in order for individuals to receive compensatory damages for claims of discrimination in general, psychiatrists, social workers, other mental health professionals, and lawyers must be able to link the emotional response to the incident (Green, 2003; Griffith & Griffith, 1986). Mental health professionals and lawyers who can establish this connection could help substantiate legal cases involving racial harassment or racial discrimination and emotional distress.

We contend that the conceptualization of psychological harm as an act that violates one’s rights, may serve as a mechanism to further efforts to seek relief both in terms of one’s mental health and through the legal channels. The impact of racism has been difficult to establish, particularly in the courts, because the DSM-IV-TR, (APA, 2000), which continues to be the primary diagnostic tool does not include the impact of race-related stress or racism as a stressor that can, in interaction with one’s personality organization and cognitive appraisal, lead to psychological symptoms or traumatic stress reactions.
Even if an individual’s experience of racism and the resulting effects are congruent with the etiology and symptom manifestation of PTSD, we do not believe that this diagnosis is necessarily appropriate given the fact that it locates the problem as a disposition of the individual. The notion of a mental disorder encourages clinicians to make dispositional attributions, which in the case of the effects of racism, is essentially labeling it as a “Black person’s or person’s of color problem.” Like all Americans, mental health professionals and lawyers are subject to racial socialization, which encourages them to accept negative assumptions about various groups in the racial hierarchy of the United States. In this way, mental health professionals and lawyers will continue to face significant barriers and obstacles in addressing, litigating, or understanding the experiences of race-based traumatic stress that arise from exposure to racism (Butts, 2002; Feagin & McKinney, 2003).

Many may assume that all people of color have been or are exposed to some form of racism by virtue of living in this country; however, 11% of the participants in our study reported that they did not have an experience of discrimination, and 24% had no lasting emotional effects. Considerable variation within the group is apparent. One way to understand the within-group variation is to consider historical factors and the influence of racial identity (e.g., an individual’s psychological orientation to his or her racial group membership) on one’s perception and experience of racism (Carter & Gesmer, 1997; Thompson & Carter, 1997).

In studies examining perceptions of racial discrimination, institutional racism, and endorsement of racism, researchers have found that people’s perception of discrimination and institutional racism varied as a function of their racial identity (e.g., Carter, 1995; Carter, Helms, & Juby, 2004; Sellers & Shelton, 2003; Watts & Carter, 1991). Thus, targets’ racial identity status (i.e., psychological orientation to their group membership) would be an important consideration in the assessment of racial trauma or race-based traumatic stress. Similarly, researchers have found that both the ability of White therapists and therapists of color to recognize and assess racial encounters may also be associated with their racial identity status. For instance, Carter, Helms, and Juby (2004) found that Whites’ endorsement of racist attitudes varied as a function of their distinct racial identity profiles. Thus, the racial identity status of Whites and people of color who work in the legal and psychological professions will undoubtedly impact their perceptions of and ability to effectively assess and make decisions regarding legal and psychological remedy involving claims and treatment related to racial discrimination and harassment.

The current investigation is intended to provide mental health professionals with strategies and conceptual models that can be used to identify the specific types of racism that a person may encounter and to assess the persons’ emotional and psychological reactions, harm, or injury to that event. This investigation, as well as continued research using this conceptualization, may begin to provide clinicians and legal professionals with a taxonomy of the types of psychological and emotional responses that are commonly associated with specific types of racist or racial experiences. Such a taxonomy might further assist in developing an etiology of specific race-related mental health outcomes, which would assist in the creation of effective clinical interventions that are informed by research and which might provide a more specific base of research to back up legal claims of racial discrimination. In so doing, we hope to facilitate professionals’ ability to accurately assess, treat, and report in court or administrative hearings how targets of racism may have been affected by their experiences.
Study Limitations

Our study has limitations that should be considered. We used a mixed methods design, and because our data was categorical, we were not able to employ more elaborate statistical procedures; thus, our results should be understood in relation to these limits. We relied on self-report and retrospective accounts of encounters with racism, and these are subject to possible personal biases and distortions. Also for some racial groups (e.g., Biracial and Asians), the number of participants was small, so caution is needed when generalizing the findings for those groups. Our sample was highly educated, so the results may not generalize to people with more varied educational backgrounds. The study was web-based, and therefore, we did not have control over participation or over the quality of the information provided by participants.

Nevertheless, there are indications that our findings, with the limitations noted, may reveal important information about the respondents' encounters with racism and the effects of those experiences. First, our findings seem to be consistent with previously published investigations examining the impact of racial discrimination. Second, a study comparing web-based research with traditional data collection found that several concerns regarding the effectiveness of web-based studies were not always supported (Gosling, Vazire, Srivastava, & John, 2004). According to Azar (2000), one of the main criticisms of online experiments is that participants are self-selected and thus lack control and random assignment. For example, in our study, we had no control over who participated, whether they were honest, or even the people to whom participants forwarded the survey. According to Krantz and Dalal (2000), however, while online studies lack experimental control, true random samples are also rarely achieved in traditional experiments, and online studies have the potential to have more diverse samples compared to the more common sample of college sophomores. Moreover, Krantz and Dalal state that the results obtained by online samples compared to traditional results gathered from college students are equally valid. Lastly, we believe the web-based approach may have given our participants more comfort to share their experiences than they would have experienced with traditional data collection methods. We think that the web-based approach to data collection allows for a certain degree of anonymity not available in direct data collection that might provide a level of privacy and ease important for participants who are reflecting upon and sharing experiences of racial discrimination and harassment.

In light of these possible strengths and limitations, we recommend that the study be replicated with more diverse samples using direct data collection procedures and perhaps survey methods. Furthermore, we recommend that future researchers address the indirect psychological and emotional effects of racism. For example, in our study, we discussed how perceptions of discrimination may result in psychological effects, but we did not explore how racial discrimination may be impacted by the targets’ social, educational, or home environments, which may in turn indirectly result in psychological effects. Therefore, future researchers should extend our investigation perhaps by looking at how environments created through racial disparities and bias may produce psychological effects on individuals and groups. Scholars and researchers should also seek to develop instruments that are specifically designed to assess race-based traumatic stress as well as the specific types of racism we presented. It would be of value to discover the utility of the
proposed distinctions in court cases or administrative hearings, particularly when mental health professionals are involved.

Conclusion

This article has discussed the significant barriers that mental health professionals and lawyers encounter when trying to understand experiences of race-based traumatic stress or race-based stress based on the fact that little is written in the existing legal and psychological literature (Butts, 2002; Feagin & McKinney, 2003). Thus, due to the gap in the literature, this investigation attempted to incorporate both direct and indirect evidence about the relationship between racism and its mental health effects. While the connection is complex, we delineated empirical support that directly links exposure to racism to stress reactions. Furthermore, we discussed the importance of using a broader definition of traumatic stress that incorporates events that include emotional pain resulting from racism. Since we found that racial hostility or racial harassment may have a more powerful or harmful mental health effect than racial discrimination or acts of avoidance, we contend that our conceptualization will be potentially more useful where legal redress and mental health relief is sought.

Note: The authors presented portions of this article in a symposium at the annual convention of the American Psychological Association in Honolulu, Hawaii, in August of 2004.

References


Restatement of Torts (2nd) § 46 (1965).


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