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The Effects of Racial Discrimination on Black, Indigenous, and People of Color (BIPOC)
Students' Mental Health

An Honors Thesis submitted in partial fulfillment of the requirements for Honors in the
Psychology Department

By
Alana Hall

Under the mentorship of Dr. Jessica Brooks

Abstract

Racial discrimination and its relationship with mental health outcomes in BIPOC students, specifically psychological distress, the focus of this study. This was deemed important because these students may have responded by using certain coping strategies that could be harmful to their mental health and overall health, in the long term. It is already known that racism has been a problem in the world, but has morphed over the years to that of subtle, and often more harmful, forms of racism (e.g. microaggressions). The goal of this study was to examine the discriminatory experiences of BIPOC students at a predominantly white institution. Data was collected on coping mechanisms students use in relation to racial discrimination and psychological distress. A cross-sectional methodology consisting of administration of an online survey via Qualtrics (including Racism and Life Experiences Scale, Racism-Related Coping Scale, and Mental Health Inventory) was employed. It was hypothesized that the frequency and distress associated with the experienced discrimination would be predictive of overall psychological distress, and that avoidant coping mechanisms would add predictive validity to this model. It was found that the more racial discrimination that is experienced, the more consequences that can be expected in the future as far as mental health is concerned. Through the coping mechanisms used, it was also found that active coping can actually increase microstress.

Key words: Racial discrimination, coping strategies, mental health, minority students

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The Effects of Racial Discrimination on Black, Indigenous, and People of Color (BIPOC) Students' Mental Health

Racial discrimination is not something new, and although racism has come a long way since the Civil Rights Movement, it is still something many black, indigenous, and people of color (BIPOC) have to deal with regularly. For instance, African American college students at predominantly white institutions unfortunately suffer with discrimination and have unique ways of coping with the matter at hand (Morales, 2020). For example, utilizing religious practices, finding support within family and peers, the use of drugs and alcohol, attempting to educate the perpetrator on how the situation is racist, or not responding at all. The chronic exposure to racism has contributed to the adverse health consequences of BIPOC (Greer & Spalding, 2017). Although overt acts have decreased over time, subtle forms of racism and discrimination, such as microaggressions, are still present and often places the blame on the victim. These acts send degrading messages to BIPOC and make coping challenging because of the regularity and how often these types of exchanges occur (Almeida et al., 2010). Exploring this topic is imperative because these experiences and the ways in which people cope can have an effect on mental health outcomes. The negative effects of discrimination on mental health can interfere with academic performance, feelings of safety on the campus, and overall experiences while in college.

A Review of Theories of Racial Discrimination and Psychological Well-being

While the overall focus of this study is on BIPOC, much of the literature reviewed will focus on experiences of Black and African American individuals. Individuals within the African American community tend to avoid seeking psychological help, even when there is a great need to do so. With the assistance from theories of racial socialization, influences of social networks,

and the “Strong Black Woman ” gender and race schema (which is also applicable to men), an understanding of this hesitancy toward seeking help can be better understood and studied. In this section, each of these theories will be discussed in turn.

Hunter and Watson (2015) found those who conformed to the “Strong Black Woman” schema, which views Black women as strongholds in their families and communities, had significant increases in anxiety and depression, perhaps because they try their best to uphold cultural expectations of strength and self-reliance even when they are struggling. This cultural factor originated from slavery and has persisted thus far because of the hardships that are still experienced by these women, such as, racism, sexism, financial hardships, caring for their children.

Racial socialization, according to Boykin and Toms (1985), Spencer (1983), and Stevenson (1994), is something used in the African American community to acknowledge the fact that race exists and that they are the minority in society. The issue of racism is taught in direct and indirect ways. Individuals are taught about ancestral history, culture, and the harsh realities faced today because of it.

Some suggestions of how to cope with racial discrimination are given as well. In response to these discrimination situations, a theory for help seeking is through social networks of the family and peers (Alegria et al., 1998; Boyer & Pescosolido, 1999; Cortes & Rogler, 1993). The author explains that these networks play an integrative part in young adolescent lives when it comes to help-seeking as it pertains to ill health (Bone et al., 2006). In the research, the author describes that the paths to care are structured by the type of problem being experienced and the support given. Most of the time, these social networks are used as a resource to guide one to the path of formal help.

A Review of Literature on the Effects of Discrimination on Psychological Well-being

Psychological health (e.g., the experience of anxiety, depression), help-seeking attitudes, and processes of racial socialization are well-studied concepts as it relates to the impact of discrimination.

“Psychological stress” is defined as the interpretation of an event or thing deemed as stressful or burdensome, in some manner, and psychological distress is the degree to which that person may be suffering from that stress or psychopathology. With the inclusion of racism, the mental health of minorities is important because it is one of the main precursors for health problems in the community (Best et al., 2007). Racial discrimination is a stressor that it meant to negatively impact BIPOC, specifically African Americans (Bernard et al., 2019). These types of events can trigger negative psychological responses such as stress and increase anxiety symptoms.

Cultural expectations have been linked to mental health outcomes. For instance, increases in psychological distress may be due to adherence to cultural expectations. Hunter and Watson (2015) found those who conformed to the “Strong Black Woman” schema, which views Black women as strongholds in their families and communities, had significant increases in anxiety and depression, perhaps because they try their best to uphold cultural expectations of strength and self-reliance even when they are struggling. This act of impression management has been shown to put physical and mental strain on the body in the form of headaches, bodily aches, depressive symptoms, and emotional instability (Hunter & Watson, 2015).

A potential buffer against the negative effects of racism is racial socialization and the positive message of strength to BIPOC children at a young age (Best et al., 2007). Through this process, children are taught about their heritage and are expected to take pride in their culture,

which has positive psychological health and self-esteem benefits for children. Furthermore, religion and spirituality as part of the racial socialization process seem to positively affect psychological health in the face of high levels of racism (Best et al., 2007). These strategies interact with this process because it is a part of the cultural history that is taught. Research has found that young minority college students experience lower levels of depression, paranoid ideation, and psychoticism (Spencer et al. 2003). Some negative coping responses include passive strategies, such as, substance use of drugs and alcohol and work-slowng strategies, while active strategies consist of intimidation (Carter & Forsyth, 2012).

In order to preserve psychological health, mental health treatment is strongly suggested, but Cheng et al. (2013) explains those of minority status often do not seek or receive mental health treatment. Through research it has been found that primarily African Americans and those of Latin descent have more negative attitudes towards seeking professional mental health treatment. In the African American community, it is not deemed as having that much cultural and ethnic value. According to Leong and Obasi (2009), service providers should be aware of the service underutilization and the poor outcomes that are endured. Some members of this community do not seek help until they see fit that they need help or in other words, their clinical status. Sheu and Sedlacek (2004) found African American college students are more opened to seeking treatment for impersonal issues and have a more positive attitude towards it.

Purpose of Current Study

The purpose of this study was to examine the experiences of BIPOC students at a predominantly white institution. Data was collected on different coping mechanisms students engaged in specifically when experiencing discrimination and their overall mental health.

The primary aim was to examine how minority students cope to racial discrimination at an institution situated in the Southeast region of the United States, and the relationship between racial discrimination and mental health and functioning. Informed by theories, such as the Strong Black Woman schema whereby cultural expectations demand strength and perseverance, it was expected that BIPOC students would report use of primarily avoidant coping strategies (e.g., attempts to ignore the discrimination), and avoidant methods of coping would be predictive of higher levels of psychological distress. Specifically, it was hypothesized that increased frequency of experiences with racial discrimination and greater distress associated with these experiences would be predictive of psychological distress in BIPOC students. Moreover, racially-oriented coping strategies, particularly those involving suppressing racial discrimination (e.g. Constrained Resistance and Bargaining), would add significant predictive utility in accounting for psychological distress above and beyond a model including racial experiences alone.

Method

Participants

A total of 110 participants completed an online survey, but 45 participants were excluded from final analyses due to insufficient response completion (i.e., below 41%) or failure to meet inclusion criteria (i.e., identifying White; $N = 5$). The final dataset used in the current analysis contained responses from 65 ($M_{\text{age}} = 19.95$; $SD = 3.311$) undergraduate BIPOC students from all majors across Georgia Southern University's three campuses. Ethnically, the majority of the participants identified as Black/African American ($N = 55$), followed by Biracial/multiracial ($N = 3$), Asian American ($N = 1$), Native American/Alaskan Native ($N = 1$), and other ($N = 2$). There were 12 male and 50 female participants, with 59 of them identifying as single and two as in a committed relationship. A majority of participants identified as heterosexual ($N = 51$), seven as lesbian, two as bisexual, one as asexual, and another one as "other." There were 33 freshmen, 14 sophomores, seven juniors, and eight senior participants in all.

IRB approval was received from the institution and participants were recruited for the study via flyers, email messaging through a number of multicultural organization student listservs, and more specifically soliciting leaders of campus organizations to send email requests to their members. No identifying information was collected (e.g., name, student ID), thereby protecting their confidentiality. To be eligible to complete the study, a participant had to be 18 years of age or older and identify as a BIPOC student. Those who met criteria and volunteered to complete the study had a chance to enter a drawing for a prize (i.e., one of three \$25 Amazon gift cards). Participants were also recruited through the Psychology Department's SONA system, an online research recruitment tool that students enrolled in Psychology classes use to sign up for research experience as part of their educational training. For those who did not wish to complete

research, alternative assignments were provided by the instructor. Those that were interested in participating in this study through SONA were granted 1.5 points of credit as compensation for their time.

Research Design

This study employed a non-experimental, cross-sectional design consisting of the collection of quantitative data. The dependent variable was the Psychological Distress subscale of the MHI. The independent variables of interest included subscales of the RLES (i.e., frequency and microstress), as well as adequately reliable subscales of the RRCS (i.e., Racial Consciousness, Empowered Action, Confrontation, Hypervigilance, and Spiritual Coping).

Measures

Demographic Information

To assess sample characteristics, all participants were asked information pertaining to their age, year of schooling, ethnicity, and gender identification.

Responses to Discrimination

Responses to discrimination and racism was assessed using the Racism and Life Experiences Scale (RLES; Harrell, 1997a, 1997b). This nine item self-report measure assesses frequency of discrimination (RLES Frequency subscale) and the impact of past experiences of racial discrimination (e.g., “Overall how much do you think racial discrimination affects individuals of the same ethnic group?”; RLES Microstress subscale). Participants rated each item on a five-point likert-type scale ranging from 0, which indicated that the participant had never experienced discrimination, to 5, which indicated that it happened to them quite frequently and then again to indicate how much distress each event caused. In previous research, the RLES has demonstrated adequate internal reliability (Cronbach $\alpha = .70$; Best et al., 2007), and within the

conducted study, it maintained reliability with both Frequency (Cronbach $\alpha = .947$) and Microstress (Cronbach $\alpha = .942$).

Coping Mechanisms

Coping mechanisms, specifically in response to experiences of discrimination, was assessed using the Racism-Related Coping Scale (RRCS; Forsyth & Carter, 2011). The RRCS is a 56-item self-report measure assessing different coping behaviors participants use to deal or resist racism. The RRCS uses a four-point Likert-type scale ranging from 0, which indicates no use of that behavior at all, to 3, which indicates excessive use of the behavior. A sum score is calculated, and higher scores indicate the type of coping strategy that is primarily used.

This measure has eight subscales that include: Bargaining, Hypervigilance, Social Support, Confrontation, Empowered Action, Spiritual, Racial Consciousness, and Constrained Resistance. “Bargaining” is a cognitive strategy to make sense of the situations happening to the individual involved, and then try to examine themselves so responsibility can be taken, along with changing the behavior to bring about positive perception. “Hypervigilance” is brought about by caution and sensitivity in interactions with others who are not African American and using avoidant strategies to control racial situations. “Social Support” is characterized as strategies that aid in helping oneself and others around. “Confrontation” is the explicit display of anger and communication towards the perpetrator. “Empowered Action” involves the use of community and legal sources to hold those accountable for their actions. “Spiritual Strategies” include seeking support from religious figures and engaging in spiritual practices such as meditation, praying, and singing. “Racially Conscious Action” is the effort to explain to someone their cultural heritage and history as an act of action against racism. Lastly, “Constrained Resistance” consists of passive and active efforts to cope with racism.

The RRCS has demonstrated adequate internal reliability across subscales in previous research: Bargaining ($\alpha = .56$), Hypervigilance ($\alpha = .90$), Social Support ($\alpha = .87$), Confrontation ($\alpha = .87$), Empowered Action ($\alpha = .87$), Spiritual ($\alpha = .85$), Racial Consciousness ($\alpha = .85$) and Constrained Resistance ($\alpha = .49$) (Carter & Forsyth, 2012). In the current study, adequate reliability was established in the following subscales: Racially Conscious Action ($\alpha = .78$), Empowered Action ($\alpha = .79$), Confrontation ($\alpha = .83$), Hypervigilance ($\alpha = .87$) and Spiritual Coping ($\alpha = .85$). The following subscales produced inadequate reliability scores within this sample and were removed from all statistical analyses: Bargaining ($\alpha = .53$), Constrained Resistance ($\alpha = .49$), and Anger ($\alpha = .58$).

Mental Health Functioning

To assess mental health functioning, participants completed an abbreviated version of Mental Health Inventory questionnaire (MHI; Veit & Ware, 1983). The original MHI is a 38-item self-report containing two indices: Psychological Distress and Psychological Well-being; the current version included a total of 27 items for brevity (Psychological Distress: 18 items; Psychological Well-being: 9 items). The inventory assesses feelings of happiness or enjoyment when engaging in daily activities, the sense of emotional stability, and feelings about life in a general sense. Participants scored these items on a six-point Likert-type scale where ‘1’ indicates “none of the time” and ‘6’ indicates “all of the time”. The MHI has demonstrated adequate internal reliability in previous research: Psychological Distress ($\alpha = .94$) and Psychological Well-being ($\alpha = .92$) (Veit & Ware, 1983). In the conducted study, the reliability was adequate for Psychological Distress ($\alpha = .83$).

Procedures

Participants completed a battery of questionnaires in an online survey via Qualtrics. The measures were counterbalanced to account for ordering effects. Prior to engaging in the study, informed consent was provided and those who consented completed a series of quantitative and qualitative measures that took approximately 60 minutes to complete; of note, for the purposes of this study, only quantitative data was analyzed.

Statistical Analyses Plan

Preliminary analyses, including correlational analyses, assessed relationships among key variables in the study. A hierarchical multiple regression was conducted to investigate the predictive utility of racism/discrimination and reliable coping subscales as it relates to self-reported psychological distress.

Results

Preliminary Analyses

A bivariate Pearson's correlation analysis was conducted to assess relationships between experiences of racial discrimination, as measured by the RLES, racially-oriented coping strategies, as measured by the RRCS, and psychological distress, as measured by the MHI.

Results of the correlational analysis revealed a number of significant relationships. Specifically, a significant positive association between the frequency of racial discrimination and racial microstress was revealed, ($r(65) = .75, p < .001$). Psychological distress was positively and significantly related to frequency of racial discrimination, ($r(65) = .38, p < .01$), racial microstress ($r(65) = .48, p < .001$), as well as the following racial coping strategies: Racially Conscious Action, ($r(65) = .37, p < .001$), Confrontation, ($r(65) = .24, p < .01$), and Hypervigilance, ($r(65) = .52, p < .001$). Full results of the correlation analysis are presented in Table 1.

Table 1

Measure	M	SD	1	2	3	4	5	6	7	8
1. RLES_frequency	49.64	22.18	-							
2. RLES_microstress	60.30	26.50	.75**	-						
3. RRCS_action	53.15	12.44	.50**	.56**	-					
4. RRCS_empower	30.53	10.54	.17	.30*	.54**	-				
5. RRCS_confront	26.37	11.73	.25	.38**	.43**	.55*	-			
6. RRCS_vigilance	49.8	15.75	.55**	.64**	.63**	.25*	.32**	-		
7. RRCS_spiritual	37.68	11.99	.18	.04	.35**	.15	-.05	.29**	-	
8. MHI_distress	57.63	13.78	.38*	.48**	.37**	.20	.24*	.52**	.04	-

Means, standard deviations, and Pearson correlation matrix for continuous variables.

Note: * $p < .01$, ** $p < .001$

Predicting psychological distress in BIPOC students at predominantly white institutions

To test the primary hypotheses, a hierarchical multiple regression analysis (MRA) was conducted to determine the extent to which coping strategies uniquely predict psychological distress and overall wellbeing for BIPOC students attending predominantly white institutions.

On step 1 of the hierarchical MRA, daily racism experiences in terms of frequency and self-reported microstress, as measured by the two subscales of the RLES, accounted for 22.5% of the variance in psychological distress, $R^2=.23$, $F(2, 55) = 7.97$, $p = .001$. On step 2, five RRCS subscales were added to the regression equation, and accounted for an additional 10.2% of the variance in psychological distress, $\Delta R^2 = .10$, $\Delta F(5, 50) = 1.52$, $p = .201$. In combination, the seven predictors explained 33% of the variance in psychological distress, $R^2 = .33$, adjusted $R^2 = .23$, $F(7, 50) = 3.47$, $p = .004$. By Cohen's (1988) conventions, a combined effect of this magnitude can be considered "medium" ($f^2 = .49$).

Unstandardized (B) and standardized (β) regression coefficients, as well as squared semi-partial correlations (sr^2) for each predictor on each step of the hierarchical MRA are reported in Table 2.

Table 2

Unstandardized (B) and Standardized (β) Regression Coefficients and Squared Semi-Partial Correlations (sr^2) for Each Predictor in Regression Model Predicting Psychological Distress

Variable	B [95% CI]	β	sr^2
Step 1			
RLES_frequency	.04 [-.19, .26]	.06	.00
RLES_microstress	.23 [.04, .42]*	.43	.08
Step 2			
RLES_frequency	.02 [-.22, .25]	.03	.00
RLES_microstress	.11 [-.11, .32]	.20	.01
RRCS_action	-.01 [-.42, .41]	-.01	.00
RRCS_empower	-.04 [-.46, .38]	.03	.00
RRCS_confront	.03 [-.31, .37]	.03	.00
RRCS_vigilance	.40 [.09, .70]*	.43	.09
RRCS_spiritual	-.12 [-.44, .21]	-.10	.01

Note. CI = confidence interval.

* $p < .05$

Discussion

The problem at hand is racial discrimination on campuses of predominantly white institutions. It is important to address such issues because it can have a negative effect on minority students mentally and psychologically. Existing research and evidence show that racism-based stress, depending upon the severity of the situation, can have a lasting impact on a person's psychological and even physiological health (Katsiaficas et al., 2021). Since racism is based upon privilege and power and those that are a part of those privileged have the advantage to experience such resources, it leaves a lack of resources for marginalized groups. This leads to institutional racism, where different policies and practices are integrated into systems where certain racial groups are disadvantaged. Because this affects the system on a consistent basis, it can become a form of chronic stress for BIPOC people of color because of the potential repeated offenses of microaggressions, discrimination, and the like, and cause harmful or somatic consequences (Greer et al., 2019). The main purpose of this study was to look at the mental health outcomes of BIPOC students when confronted with racial discrimination, and to examine what type of coping mechanisms are practiced when encountered with such behavior.

As anticipated, the mental health outcome of psychological distress was positively related to self-reported frequency of racial discrimination and perceived microstress. Essentially, the more one experiences racial discrimination, the more psychological distress the victim goes through. Similarly, as frequency with discrimination experiences increase so do the ratings of microstress. This suggests that microstress related to racial discrimination could have a larger impact on overall mental health. Also consistent with expectations, higher levels of psychological distress were moderately directly related to the increased frequency of discrimination and

microstress were labeled as distressing. These findings are consistent with literature on the relationship between mental health and discrimination (Banks et al., 2006).

Although formal hypotheses regarding active coping strategies were not made at the onset of the study, it would be reasonable to expect active strategies to be predictive of lower levels of distress, given the wealth of evidence from literature on positive mental health outcomes related to active coping methods (e.g., Anglin et al., 2016). The current findings, however, provide contradictory evidence. Three of the racially-based coping mechanisms were positively associated with higher levels of psychological distress: racially conscious action, confrontation, and hypervigilance. This suggests that these certain strategies may not be helpful to a person's mental health, especially in the long term. Lazarus and Folkman (1984) theorized with their transactional model of appraisal and coping that dispositional traits and appraisals of situations predicted the use of certain coping strategies. It was found that certain strategies, such as stress-reducing compensatory behavior, mitigated the psychological health and brought on health consequences (i.e. increased risk of heart disease, cancer, and psychoses). In the current study, however, such compensatory behaviors -- like empowerment and conscious action -- do not seem to predict lower levels of negative health consequences, like distress, as one might expect based on previous research. While more work in this area needs to be conducted, these findings suggest that not all active coping strategies are equal in their benefits.

The primary aim of this study was to determine the extent to which psychological distress in BIPOC students can be predicted by the frequency of experienced racism, as well as the way in which they cope with racist experiences, on a predominantly white campus. Because the avoidance coping strategies were found to have inadequate reliability, the initial hypotheses were not able to be tested with confidence; however, all subscales involving active coping strategies

were sufficiently reliable and thus the regression was still conducted. Results of the hierarchical multiple regression found that while both models were successful in predicting a significant amount of variance in BIPOC psychological distress scores, the first model including only frequency of and perceived stress as a result of racial discrimination was the most effective (capturing 22.5% of the variance). Adding coping strategies to the regression only accounted for an additional 10% of the variance, and when looking at individual predictors, Hypervigilance was the only significant coping strategy, accounting for 9% of the variance alone. This could be because hypervigilance is specifically related to trauma and the heightened level of responsiveness to any element of that specific stressor (Forté, 2017). It is linked to overall mental health because of its relation to trauma, and with racial trauma taking place, it has the potential to cause psychological distress.

It stands to reason that the more someone encounters racial discrimination, the less well-off they are going to be in the future. It also appears that some of the more active coping mechanisms are not effective to decrease the microstress. As an example, the *Strong Black Woman* schema, while relatively good in theory, can take a negative toll on individuals. For example, in response to racial microaggressions, students sometimes try to educate others and in return they wind up facing racial battle fatigue because of the depleted time and energy that BIPOC students experience (Morales, 2018).

Limitations

Several limitations occurred during the development and implementation of the study that are noteworthy. First, collecting data in person, rather than online, may have decreased the amount of incomplete surveys that were received, thereby reducing the number of data excluded from analysis. Second, the current version of this study did not include attention check items to,

detect, and ultimately eliminate, responses from participants who were not answering honestly or who were randomly responding to items in order to receive the incentives. Third, explanations of certain terms (i.e., microaggression, coping mechanism) should have been included to avoid potential confusion. Another limitation is the cross-sectional nature of the study, rather than longitudinal. A fourth limitation has to do with design choice. A cross-sectional design does not allow for causation to be determined and it therefore limits conclusions that can be drawn. Lastly, due to a smaller than ideal sample size (i.e., a minimum of 110 participants) it is arguable that the study lacks sufficient statistical power to avoid making a Type I error.

Conclusions and Future Directions

This study ultimately reveals the persistence of racial discrimination in predominantly white institutions and highlights the importance of racial discrimination and its relationship to the mental health of BIPOC students. The findings of this study also yielded interesting, and potentially concerning, results related to coping strategies used by BIPOC to counteract microstress related to racial discrimination. That is, some mechanisms assumed to be useful--like empowerment and conscious action--may or may not benefit a person in the long term.

Going forward, future research should investigate administrative responses to discrimination on campuses of predominantly white institutions, and the long-term consequences of racial discrimination on BIPOC students. For example, how the administration's process of handling such situations with students and what kind of support they can provide minority students that do experience discrimination on campus. This would be important information to know because it is imperative for minority students to know that they are supported by their administrative leaders. In addition to this, incorporating qualitative research and even obtaining personal accounts from current students could be helpful when targeting helpful vs. unhelpful

coping strategies because the measures used related to coping are perhaps insufficient. Such information would be important to report to ensure that students know their concerns are heard and that they are made a priority.

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