The Impact of Poorly Facilitated Anti-racist Conversations

Brandon Kirkwood
Antioch University of New England

Follow this and additional works at: https://aura.antioch.edu/etds

Part of the Clinical Psychology Commons

Recommended Citation

This Dissertation is brought to you for free and open access by the Antioch University Dissertations and Theses at AURA - Antioch University Repository and Archive. It has been accepted for inclusion in Antioch University Full-Text Dissertations & Theses by an authorized administrator of AURA - Antioch University Repository and Archive. For more information, please contact hhale@antioch.edu.
THE IMPACT OF POORLY FACILITATED ANTI-RACIST CONVERSATIONS

A Dissertation

Presented to the Faculty of
Antioch University New England

In partial fulfillment for the degree of
DOCTOR OF PSYCHOLOGY

by

Brandon Xavier Kirkwood

ORCID Scholar No. 0000-0003-3557-9051

August 2021
THE IMPACT OF POORLY FACILITATED ANTI-RACIST CONVERSATIONS

This dissertation, by Brandon Xavier Kirkwood, has been approved by the committee members signed below who recommend that it be accepted by the faculty of Antioch University New England in partial fulfillment of requirements for the degree of 

DOCTOR OF PSYCHOLOGY

Dissertation Committee:

Martha Straus, PhD, Chairperson

Denzel Jones, PhD, LMFT, AAMFT

Katherine Evarts Rice, PsyD
ABSTRACT

THE IMPACT OF POORLY FACILITATED ANTI-RACIST CONVERSATIONS

Brandon Xavier Kirkwood

Antioch University New England

Keene, NH

It is well established that the graduate school experience is significantly different for students of color; on top of a rigorous training program, they face additional distinct challenges including racism, discrimination, and feelings of isolation. Insidious Trauma Theory provides the framework for this quantitative exploration assessing the impact of poorly facilitated anti-racist conversations on the physical and emotional wellbeing of clinical psychology graduate students of color. George Floyd’s murder, among many other incidents of racial injustice, was a powerful catalyst that propelled academic institutions into action. Anti-racist dialogue became the intentional focus of graduate classes almost overnight. Well-meaning but insufficiently-prepared professors dared to facilitate cross-racial dialogues. This dissertation addresses a knowledge gap, assessing whether anti-racist conversations currently do more harm than good for students of color in predominantly White programs. A survey research design was used to examine how students of color rate their program’s overall facilitation of anti-racist conversations in the following domains: (a) emotional safety, (b) identifying and addressing microaggressions, (c) cultural competence, (d) cultural sensitivity, and (e) racial representation of facilitators. The survey further examined physical and emotional symptoms of distress, as well as positive and negative emotions experienced during and immediately following anti-racist dialogue. The findings revealed that the average participant was neither satisfied nor unsatisfied with their...
graduate program’s overall facilitation of anti-racist conversations. When asked to reflect on their most memorable negative anti-racist conversation, the average participant recalled feeling quite a bit upset and distressed; levels of negative emotions lessened immediately afterwards. Finally, increases in the frequency of negative conversations was correlated with increases in the emotional and physical symptoms of distress. Results are discussed and recommendations are provided with the intention of reinforcing the importance of diversity, equity, and inclusion as a prerequisite for productive, meaningful, and culturally sensitive anti-racist dialogue. This dissertation is available in open access at AURA (https://aura.antioch.edu) and OhioLINK ETD Center (https://etd.ohiolink.edu).

Keywords: minority stress, racial diversity, discrimination, microaggressions, racial injustice, anti-racism, equity, inclusion
Acknowledgements

To the individuals who took the time to participate in this study, thank you for your willingness to be vulnerable and share openly about your experiences of engaging in anti-racist conversations. To Dr. Martha Straus, thank you for helping me grow professionally and personally throughout graduate school, as well as for your guidance, feedback, and phenomenal editing skills. To Dr. Kate Evarts Rice, thank you for helping me to deepen my understanding of my work and for always being available to encourage me when I needed it most. To Dr. Denzel Jones, thank you for contributing your expert knowledge on racial trauma as an expert scholar. As a Black man, I am particularly grateful for your friendship and mentorship. To my wife, thank you for your endless support and love throughout this journey. To my parents, Gretchen and Levon, thank you for every opportunity you have provided me to thrive in life. To my younger brother, Bruce, thank you for the countless hours of brainstorming and general support you have generously contributed. Lastly, I would like to give a special thanks to Dr. Robert T. Carter for granting me permission to use the Race-Based Traumatic Stress Scale Symptom Scale as an integral component of this study.
# Table of Contents

Abstract .................................................................................................................................................. iv  
Acknowledgements ................................................................................................................................. vi  
CHAPTER I: INTRODUCTION .................................................................................................................. 1  
Context of the Problem ............................................................................................................................. 2  
Key Terms ............................................................................................................................................... 3  
Theoretical Framework ............................................................................................................................. 4  
  Evidentiary Support of the Insidious Trauma Framework ................................................................. 5  
  Insidious Trauma Framework From a Social Justice Lens .............................................................. 5  
  Insidious Trauma Framework From a Pragmatic/Applied Lens..................................................... 6  
CHAPTER II: LITERATURE REVIEW ...................................................................................................... 7  
Impact of Minority Stress on Graduate Students of Color ................................................................. 7  
  Isolation and Lack of Integration ......................................................................................................... 7  
    Adverse Health Outcomes ................................................................................................................... 8  
  Intersection of Racial Minority Stress With Other Critical Topics ................................................. 8  
    Social Justice ..................................................................................................................................... 8  
    Diversity ........................................................................................................................................... 10  
    Ethics ............................................................................................................................................... 11  
    Society ............................................................................................................................................ 11  
The Privileged Identity Exploration Model ......................................................................................... 12  
  Recognizing Privileged Identity ........................................................................................................ 13  
  Contemplating Privileged Identity ....................................................................................................... 13  
  Addressing Privileged Identity ........................................................................................................... 14  
Collateral Damage ................................................................................................................................. 15  
Research Questions ............................................................................................................................... 15  
CHAPTER III: METHOD ........................................................................................................................... 18  
Quantitative Design ............................................................................................................................... 18  
  Participants ......................................................................................................................................... 18  
  Survey Sample ................................................................................................................................... 20  
  Procedure .......................................................................................................................................... 20
Confidentiality and Privacy ................................................................. 22
Incentive ............................................................................................. 22
Ethical Considerations ....................................................................... 22
Data Cleaning ..................................................................................... 23
Measures ............................................................................................ 23
  Program Evaluation Questionnaire .................................................. 23
  Race-Based Traumatic Stress Symptom Scale ................................... 24
  Positive and Negative Affect Schedule (PANAS) .............................. 26
Data Analysis ..................................................................................... 26
CHAPTER IV: RESULTS ........................................................................ 28
Facilitation of Anti-Racist Conversations .......................................... 28
Associations Between Anti-Racist Conversations and Emotional and Physical Wellbeing .............. 28
  Emotional Distress ........................................................................ 29
  Physical Distress .......................................................................... 30
Emotional Responses of Students of Color During Anti-Racist Conversations ......................... 30
Emotional Responses of Students of Color Immediately Following Anti-Racist Conversations 31
CHAPTER V: DISCUSSION ................................................................... 32
Personal Bias ..................................................................................... 32
Summary and Discussion of Findings ............................................... 33
  Facilitation of Anti-Racist Conversations ....................................... 33
    Indifference as a Form of Social Survival .................................... 35
    The Race of Facilitators is Undeniably Important ......................... 36
The Domains are Interconnected ....................................................... 38
Anti-Racist Conversations and Emotional and Physical Wellbeing of Students of Color in Graduate Programs ................................................................. 38
Emotional Response of Students of Color During and Immediately Following Anti-Racist Conversations ............................................................................. 39
Challenges / Limitations .................................................................... 41
Attrition ............................................................................................ 41
Survey Design .................................................................................... 42
Memory Recall................................................................. 42
Generalizability ........................................................................ 44
A Roadmap for Navigating Racial Dialogue ................................ 45
Make the Invisible Visible ...................................................... 46
Disarm the Microaggression ................................................... 47
Educate When Necessary ...................................................... 48
Seek External Support .......................................................... 48
The Importance of Context .................................................... 49
Recommendations for Clinical Training Programs ..................... 50
Commit to Taking Action ........................................................ 50
Provide Routine Check-ins .................................................... 51
Decolonize Curriculum .......................................................... 51
Be Proactive About Racial Diversity ........................................ 53
Let Your Money Reflect Your Values ...................................... 53
Require Ongoing Anti-racism Training .................................... 54
Self-Work ............................................................................. 55
Exceed the Status Quo .......................................................... 56
Future Directions .................................................................... 57
Evidence-Based Practices ....................................................... 57
Population-specific Research .................................................. 59
Intersectionality ..................................................................... 59
Qualitative Research ............................................................. 60
Conclusion ............................................................................ 60
References ............................................................................ 63
APPENDIX A: PROGRAM EVALUATION QUESTIONNAIRE ............ 70
APPENDIX B: POSITIVE AND NEGATIVE AFFECT SCHEDULE (PANAS) ........... 71
APPENDIX C: INVITATION TO PARTICIPATE ................................ 72
APPENDIX D: INFORMED CONSENT ........................................ 73
APPENDIX E: REQUEST FOR PERMISSION .................................... 75
APPENDIX F: DEMOGRAPHIC DATA .......................................... 76
APPENDIX G: TABLES ................................................................. 77
APPENDIX H: FIGURES ............................................................... 82
CHAPTER I: INTRODUCTION

While racial minority stress can be experienced in various settings, students of color in clinical training programs are among those most deeply affected. Research clearly shows that the graduate school experience is significantly different for students of color; on top of a rigorous training program, they face additional distinct challenges including racism, discrimination, and feelings of isolation (Brunsma et al., 2016). Given that the United States has become increasingly diverse over time, more people of color are entering graduate programs, and they will be needed to provide critical services once they graduate. The percent of racial minority students entering psychology graduate programs has been increasing. For example, in 2003, 23% of clinical graduate students were non-White; this marks a dramatic increase from just 11% in 1989 (Maton et al., 2006). Despite these notable shifts in student population, academic spaces continue to remain traditional in their way of serving students, placing unique burdens on students of color in the form of minority stress. Minority stress can be described as a relationship between minority and dominant values, resulting in conflict and stress in the social environment for minority group members (Meyer, 1995). Although minority stress was initially researched in sexual minority populations in 2003, the theory has since been expanded and adapted to address the stress experienced by a broad variety of marginalized groups (Meyer, 2003).

Researchers have identified three assumptions about minority stress: (a) it is experienced in addition to general stressors that all people experience; therefore, stigmatized individuals are required to exert significantly more effort in order to adapt than individuals who are not stigmatized; (b) it is related to relatively static underlying social and cultural structures; (c) it stems from institutions, processes, and structures independent of the individual, as opposed to the
individuals’ circumstances that characterize general stressors (Meyer, 2003). There are countless individuals with various types of oppressed identities that directly experience minority stress. Amelioration of minority stress is increasingly salient to graduate training. Given the recent resurgence in Ally Culture—White individuals and institutions actively working to end racism and systems of oppression (Reason et al., 2005)—it is more pertinent than ever to examine the imperceptible and gradual degradation of the mind and body that racial minority stress causes graduate students of color (Brown & American Psychological Association, 2008). In addition, White allyship seems to shift based on public media, with it receding following the media shift away from BLM; thus, continuing to encourage White allies to engage in learning and training around racial justice remains imperative.

**Context of the Problem**

Although psychologists are ethically and professionally recommended to attend to and appropriately engage in matters that pertain to inequitable treatment based on race, there are no explicit guidelines mandating engagement in racial justice advocacy (APA, 2002). This is particularly problematic given the abundance of research that highlights the pathogenic nature of race-related stressors and the importance of providing specialized support to students of color in clinical training programs (Brunsma et al., 2016). Furthermore, given the current sociopolitical climate, the need for addressing the unique, chronic, and socially-based stressors that students of color face is greater than ever. Thus, the purpose of the present study is to better understand the experience of racial minority stress among students of color in graduate psychology training programs by examining its impact on students’ mental health and physical wellbeing.
Key Terms

Race and ethnicity are two terms that commonly appear in multicultural literature.

Explanations that range from biological to genetic have been created to define race, all of which reflect socio-politically constructed hierarchies (Rushton, 1995). Given the variability of individuals within racial groups and the mutually exclusive manner in which these classifications are often used, many researchers argue that race is a social construct (Rushton, 1995). Phinney (2000) stated that ethnicity is “a construct that points to one’s identity in relation to a subgroup that claims a common ancestry within a larger context and that shares culture, race, religion, language, kinship, or place of origin” (p. 254). Given that the relationship between race and ethnicity is controversial and frequently debated (Rushton, 1995), race will be defined as a social construction in which individuals are categorized and ranked based on their skin color, language, and physical features (Carter et al., 2013). All these terms are interrelated and important in the conceptualization of racial minority stress.

Racial microaggressions are the “everyday slights, insults, putdowns, invalidations, and offensive behaviors that people of color experience in daily interactions with generally well-intentioned White Americans who may be unaware that they have engaged in racially demeaning ways toward target groups” (Sue et al., 2007, p. 129). According to microaggression theory, these discrete forms of discriminatory behavior can be categorized as microassaults, microinsults, and microinvalidations that vary on a spectrum from being overt and intentional to subtle and implicit (Sue et al., 2007). For the purposes of this dissertation, the term microaggressions will be used as an overarching term to describe these three discrete discriminatory behaviors.
The terms discrimination, bias, and prejudice are important to define and differentiate from one another. *Racial discrimination* refers to negative differential behaviors and actions directed toward racial minorities (Pearlin et al., 2005). Although bias and prejudice are commonly used interchangeably, it is important to define them individually. Izumi (2017) defines *bias* as the automatic association of stereotypes and attitudes with individuals from particular social groups that may produce discriminatory responses. Allport (2008) defines *prejudice* as a hostile attitude or feeling toward a person simply because they belong to a social group to which one has attributed objectionable qualities. Furthermore, Allport (2008) emphasizes that this hostile attitude is not merely a rash prejudgment before one gathers the facts; rather it is a judgment that defies facts and disregards honesty and truth.

**Theoretical Framework**

Insidious trauma, commonly known as microaggressions, is a conceptual framework for understanding the trauma of racial minorities in a culturally competent manner. Insidious trauma refers to “the repeated devaluations endured by a person who belongs to, or is perceived to belong to, a social identity group other than the dominant groups that hold power in society” (Arnett et al., 2019, p. 476). Racial minorities are frequently members of target groups whose daily lives are rife with reminders of the possibility for traumatization and the absence of safety (Sue et al., 2009). Such reminders can manifest in common ways such as being the target of ridicule or when one’s minority group is consistently being stereotypically portrayed in media. Although to some, such experiences may not reach the threshold of causing trauma for an individual, they can be traumatic in the sense that they are constant reminders of the threat of violence that underlies bias (Sue et al., 2009). In essence, when racial minorities are exposed to
cumulative microaggressions, they experience a continual and oftentimes indiscernible erosion of the psyche (Brown & American Psychological Association [APA], 2008).

**Evidentiary Support of the Insidious Trauma Framework**

Research on insidious trauma provides explicit evidence that racial microaggressions can have substantial adverse consequences on global wellbeing (U.S. Department of Health and Human Services et al., 2000): (a) they assault the mental health of recipients; (b) create hostile and invalidating learning environments; (c) perpetuate stereotype threat; (d) cause physical health problems; (e) and decrease productivity and fluid reasoning skills (Sue et al., 2009). Furthermore, a study conducted by Spanierman et al. (2006) revealed that a perpetrator’s ongoing use of microaggressions gradually diminishes their empathic ability, reduces perceptual awareness, perpetuates false illusions, and minimizes their compassion for others. This evidence highlights that racial microaggressions not only harm recipients of color, but also have a deleterious impact on White perpetrators. Thus, it is in the interest of all races to recognize and effectively address insidious trauma.

**Insidious Trauma Framework From a Social Justice Lens**

Given that 86% of teachers in the United States are White, they often do not understand the worldview or lived experiences of ethnic minorities (Sue et al., 2009). Although educators are typically knowledgeable about race-related issues, they are commonly ill-equipped to manage the potentially fiery and divisive nature of racial interactions; furthermore, they often fail to recognize racial microaggressions as they occur, feel uneasy with race-related discussion, and lack skills to effectively facilitate such dialogue (Sue et al., 2009). The lack of competence or comfortability of educators with identifying and addressing insidious trauma has too often
resulted in harmful consequences for students of color. Not only does this rise to the level of a social justice issue, it also points to the essential need for ongoing specialized multicultural training for all educators.

**Insidious Trauma Framework From a Pragmatic/Applied Lens**

The pragmatic application of the Insidious Trauma Framework is particularly relevant to the common practice of difficult dialogues in academia. Watt (2007) defines a difficult dialogue as a “verbal or written exchange of ideas or opinions between citizens within a community that centers on an awakening of potentially conflicting views, beliefs, or values about social or political issues” (p. 116). When poorly facilitated, racial dialogues often result in White students feeling attacked and feeling a need to defend themselves or their views (Watt, 2007). Since racial dialogues are so essential for critical consciousness, it is imperative that facilitators anticipate and be adept at addressing microaggressions. Educators who are cognizant of insidious trauma and who recognize their role in addressing microaggressions committed by themselves and others are better equipped to facilitate racial dialogues (Young, 2003). Such individuals are free from the guardedness involved in denying their biases. Additionally, they model openness and demonstrate courage by sharing with students their limitations and challenges; as a result, they inspire their students to approach such topics with honesty and vulnerability (Young, 2003).
CHAPTER II: LITERATURE REVIEW

Impact of Minority Stress on Graduate Students of Color

Multicultural literature makes it abundantly clear that students of color experience racism, discrimination, and daily microaggressions in their graduate programs. Clark et al. (2012) performed a study that compared the academic, social, and emotional experiences of 400 minority and majority graduate psychology students. The central element among these experiences was microaggressions. Considering the unusually heightened racial tension prevalent in current society, it is particularly relevant to note the increased minority stress that graduate students of color are experiencing in addition to the general stresses of personal life and clinical training. Statistically, students of color struggle with microaggressions and other race-related stressors to such a degree that they ultimately leave their graduate programs (Brunsma et al., 2016). For example, Nettles and Millette (2006) found that the United States graduate school attrition rate for students of color is 20% higher than the national average across all disciplines. This is partially due to the unique race-related challenges that students of color experience in their training process (Brunsma et al., 2016).

Isolation and Lack of Integration

Students of color are disproportionately susceptible to feeling isolated and a lack of supportive integration in their clinical training programs. Additionally, it is not uncommon for students of color to feel as though their presence, experiences, and ideas do not belong (Gay, 2004). Solorzano (1998) found that minority graduate students describe feeling out of place, invisible, or like an outsider in predominantly-White educational environments. Exposure to daily microaggressions, as well as feelings of alienation and powerlessness, can take an
incredible mental toll that ultimately impedes a student’s ability to exert the mental and physical effort necessary to fully engage in their program (Clark et al., 2012).

**Adverse Health Outcomes**

Although students of color may or may not experience overt racism (e.g., racial slurs, hate speech, blatant racial discrimination) in their training programs, racial microaggressions can be equally harmful resulting in a myriad of physical health issues (Clark et al., 2012; U.S. Department of Health & Human Services, 2000). Torres et al. (2010) examined the impact of microaggressions on racial minority doctoral students and discovered that regular exposure to microaggressions resulted in increased depressive symptoms and poorer mental health. Furthermore, higher levels of exposure to microaggressions correlated with increased emotional distress and diminished sense of belonging (Torres et al., 2010). Some of the most compelling data linking discrimination to health has emerged over the past decade. Studies have found prospective associations between reports of discrimination and a variety of clinical disease outcomes, including mortality, hypertension, breast cancer, and asthma (Lewis et al., 2015). Reports of discrimination have also been linked to other “silent” indicators of poor health such as premature aging (Brody et al., 2014).

**Intersection of Racial Minority Stress With Other Critical Topics**

**Social Justice**

An important aim of clinical training programs is to prepare students to be effective clinicians working in various settings populated with individuals from a broad range of ethnic, social, political, and racial backgrounds (Watt, 2007). While graduate students in general are increasingly being exposed to racial diversity (Coomes & DeBard, 2004), it is unlikely that they
have thoroughly explored their own racial identity (Watt, 2007), particularly in relation to their interactions with peers of color. For that reason, training programs aim to not only educate students regarding race-related topics, but to also engage them in difficult dialogues that encourage the careful examination of their privileged identity as it relates to race. However, such dialogues are commonly aimed at increasing the multicultural learning of White students. Although this was more or less understandable in times past when people of color rarely engaged at the graduate level (Maton et al., 2006), it is unacceptable that pedagogy has failed to shift with the recent influx of non-White students (Lin et al., 2018). At best, students of color engage in very rudimentary learning that fails to meet their needs in growth; more commonly, students of color become targets for White students’ learning opportunities (Sue et al., 2019). To foster the personal and professional development of all students, graduate programs need to focus more purposefully on anti-racist curriculum.

To this end, Earwick (2008) argued that implementing anti-racist curriculum requires the presentation of material created by and for people of color. Too often, White educators promote the thoughts, theories, and beliefs of mainstream White heroes at the expense of authentic heroes of color who are often hidden figures (Earwick, 2008). In psychology, for example, the pantheon of influential theorists are overwhelmingly White men. A shift toward equitable and inclusive curriculum can be accomplished by contemplating on a regular basis the implicit and explicit messages sent to students of color through the primary curriculum materials (Earwick, 2008). This serves to expose and reject the trauma inflicted by White Scholars on communities of color through the reproduction of racially and culturally insensitive curriculum.
Diversity

The APA has acknowledged the need for racial diversity within the field of psychology for many years. However, progress has been slow; the APA’s 2016 demographic survey found that 81% of active psychologists in academia were White and only 17% were racial minorities (Lin et al., 2018). Notably, this limited diversity constitutes progress; the number of active racial minority psychologists increased by 92% between 2007 and 2016. Nonetheless, these data highlight the enduring critical need for increased racial minority representation in clinical psychology training programs (Lin et al., 2018).

The APA deemed the recruitment, retention, and training of ethnic minorities in psychology as one of the association’s highest priorities (El-Ghoroury et al., 2000). Guzman (1991) argued that the primary way to integrate racial diversity into the overall operation of clinical training programs is to recruit a critical mass of minority students and faculty. Increased minority recruitment of faculty is especially necessary given the severely limited pool of ethnic minority faculty for hire. However, it may be counterproductive to hire ethnic minority faculty without first fostering a safe, inclusive, and supportive environment. A failure to do so can prove detrimental. Turner and colleagues (2008) found that faculty of color often feel as though their research interests, pedagogical approaches, and theoretical frameworks are undervalued; dissatisfaction with their professorial roles commonly occurs as a result of challenges to their competence and intellect in the classroom. Furthermore, isolation, perceived biases in the hiring process, unrealistic expectations of representing their racial group, and accent discrimination are merely a few of the factors that lead to an adverse outcome when an anti-racist culture is not ensured (Turner et al., 2008). It is likely that when faculty of color feel a greater sense of
support, respect, and belonging, they can in turn create a similar environment for the students of color they serve. Training programs must not only increase minority student recruitment, but also actively encourage them to pursue academic careers in clinical psychology. In order to retain students of color and foster a sense of belonging and integration throughout their academic career, clinical training programs should not only hire more faculty of color but also provide culturally-relevant research opportunities and ensure diverse social, academic, and professional activities (Felder et al., 2014).

**Ethics**

The APA code of ethics professionally recommends that clinical psychologists engage in social justice advocacy; however, there are no explicit guidelines for doing so (APA, 2002). Clinical training programs have an ethical responsibility to provide specialized support to students of color who are not only plagued by implicit racism in their everyday lives but also burdened with the responsibility of navigating microaggressions in their training programs.

**Society**

Racism is a socially-constructed concept that is used by those in power for the purposes of sustaining their position and privilege (Gergen, 2015). The underlying assumption of racism is the belief that certain races possess distinct characteristics that distinguish them as inferior or superior to others (George, 2012). Gergen (2015) argued that what we take to be the truth about the world importantly depends on the social relationships of which we are a part; whether or not it is true that racial minorities are inferior to the White race is merely a matter of social agreement. For centuries, people of color have risked their lives to combat racial inequality in a society that had socially agreed upon their inferiority. However, it appears that a radical shift in
societal discourse is occurring that affirms the value and worth of Black and Brown lives. The unlawful killing of George Floyd triggered widespread rage and frustration resulting in demonstrations and protests all over the globe. Public figures, community leaders, everyday citizens—and university leaders—have broken the silence and have begun to openly communicate support for social justice movements such as Black Lives Matter. Now, more than ever, people are calling for the disarming and dismantling of racism and racially-oppressive systems by means of a new social construct that promotes inclusivity and unity—anti-racism. To this end, it is important to consider the ways in which racial identity impacts one’s ability to embody anti-racism.

**The Privileged Identity Exploration Model**

The Privileged Identity Exploration model (PIE; Watt, 2007) elucidates challenges commonly present in racial dialogue that arise as a result of exploring one’s privileged identity. While the examination of White privileged identity is crucially important for the development of critical consciousness, it is also important to note the deleterious, emotional impact that this process can have on students of color. The PIE model offers a rationale that may explain why many students of color report experiences of racial microaggressions stemming from negative experiences of racial dialogues (Sue et al., 2009). This concern rises to the level of a social justice issue, given that students of color are disproportionately at risk of experiencing insidious trauma during multicultural training.

Watt (2007) defines privileged identity as “an identity that is historically linked to social or political advantages in society” (p. 118). The PIE model posits that “defenses are displayed to protect the ego when one has a provoking experience that puts one's conception of the self into
question” (Watt, 2009, p. 118). The PIE model presents eight commonly-occurring reactions involved in reflecting on one’s social position in society; these reactions fall into three categories: Recognizing, Contemplating, and Addressing one’s privileged identity.

**Recognizing Privileged Identity**

When recognizing the privilege inherent in White identity, anxiety-provoking stimuli often compel students to react with *denial, deflection, or rationalization* (Watt, 2007). A student reacting with denial might find it unnecessary to examine their White privilege because they do not believe it actually exists (Watt, 2007). A student may avoid coming to terms with the reality of their White privilege by deflecting the focus toward a less threatening target (Watt, 2007). For instance, instead of acknowledging one’s guilt of being a recipient of White privilege, a student might blame the education system for failing to educate them on the matter. Students may engage in rationalization by providing a logical response as to why racial injustices occur as a means of avoiding their own dissonant feelings (Watt, 2007).

**Contemplating Privileged Identity**

When students begin to think more intently about their White identity and how they may inadvertently contribute to racism or discriminatory beliefs, they commonly react with *intellectualization, principium, or false envy* defenses. Intellectualization may be demonstrated as a way of avoiding emotional dissonance by focusing on intellectual aspects of racial dialogue (Watt, 2007). For example, a White peer may respond to a student of color’s personal experience of institutionalized racism stating that the situation could be better understood as an issue of economic disparity. Students may also engage in principium, which is the avoidance of exploration based on a religious or personal principle (Watt, 2007). A student using this defense
might say, “I think it is wrong to use derogatory terms in general, but if Black people use a word, everyone should be able to use it.” False envy is a behavior that is commonly demonstrated by displaying affection for a person or a feature of a person in an effort to disregard the complexity of their identity (Watt, 2007). A student of color might express frustration with being discriminated against based on the color of their skin. An example of false envy would be, “I wish I had beautiful dark skin! Why would anyone discriminate against it?”

**Addressing Privileged Identity**

Addressing privileged identity occurs when students begin to actively and consciously engage with their dissonant feelings by taking action to resolve the issue. Defenses during this process may manifest as *benevolence* or *minimization* (Watt, 2007). Benevolence is a defensive behavior that displays an excessively sensitive attitude toward a social issue based on a belief that one is being charitable (Watt, 2007). For instance, a student might say, “As a White woman, I never have to worry about being a victim of racism, so the least I can do is take the time to listen to and sympathize with the daily hardships of my fellow Black classmates.” Minimization can be viewed as statements that reduce the complexity of a racial issue down to simple facts (Watt, 2007). A professor might demonstrate this defense by saying, “Racial dialogue is difficult and we will all make mistakes. As long as your heart is in the right place, everything will be okay.” This response shifts the emphasis away from grappling with the inherent complexities of racial dialogue and toward tips on how to overcome fear of committing microaggressions (Watt, 2007).
Collateral Damage

Although less frequently discussed, it is relevant to discuss extents to which students of color go to compensate for their lack of privilege by attempting to increase their perceived proxy privileges. In doing so, students of color may endorse behaviors that accommodate White students (i.e., system-justifying or legitimizing beliefs; Liu, 2017). For instance, as part of the acculturation and learning process of how to survive in predominantly White spaces, students of color may have developed emotional and behavioral skills that “take care” of White people’s feelings. These accommodating behaviors help to reduce the discomfort that White students have around people of color but likely increase the demands and expectations on students of color to shield White students from racially-distressing discourse or incidents (Liu, 2017).

While it is important to create a non-shaming environment for White students to freely explore their privileged identity, it is equally important to take measures to ensure the emotional safety of students of color. These data are not presented to suggest that anti-racist dialogue or privileged identity exploration is contraindicated. Instead, the findings point to the need for clinical training programs to promote the use of developmentally-sound anti-racism procedures, policies, and strategies. Only then can programs effectively recognize and address the natural and normal defensiveness, confusion, and disruption of world view prevalent in anti-racist dialogue that naturally emerge as a result of self-reflection and exploration of one’s values and beliefs.

Research Questions

Although a large body of literature has identified numerous strategies for dealing with the general stress of graduate school, there is a paucity of research on how students of color cope
with racial minority stress experienced during anti-racist conversations in predominantly White clinical training programs (Sue et al., 2019). This is particularly problematic given the abundance of research that highlights the pathogenic nature of race-related stressors and the heightened degree to which students of color are both vulnerable and susceptible to microaggressions and racial trauma (Brunsma et al., 2016).

Clinical training programs have the unique opportunity of being at the forefront of a social revolution by means of intentionally attending to the unique experiences of students of color and by critically reevaluating their approach to multicultural training, particularly in their capacity to lead and support anti-racist conversations. Ideally, this process will result in increased implementation of anti-racism policies and procedures geared toward fostering a greater sense of inclusivity and belonging among graduate students of color (Guzman, 1991; Sue et al., 2019).

The purpose of this study is to better understand the experience of racial minority stress among students of color in graduate psychology training programs. More specifically, the study sought to determine the impact that poorly-facilitated anti-racist dialogue has on physical and emotional wellbeing. The knowledge gained from this study may be used to encourage increased implementation of anti-racism policies and procedures geared toward fostering a greater sense of inclusivity and belonging among graduate students of color in predominantly-White graduate programs. In order to meet these goals, the following four research questions were explored:

1. How do students of color rate their program’s overall ability to facilitate anti-racist conversations?
2. What are the associations between the frequency of anti-racist conversations and emotional and physical wellbeing of students of color in graduate programs?

3. What is the emotional response of students of colors during anti-racist conversations?

4. What is the emotional response of students of colors after anti-racist conversations?
CHAPTER III: METHOD

Quantitative Design

A survey design was used to explore the effects of anti-racist conversations on students of color in clinical psychology graduate programs. Data were collected through a demographic questionnaire and the following self-report measures: Program Evaluation Questionnaire, Race-Based Traumatic Stress Symptoms Scale (RBTSSS; Carter et al., 2013), and Positive and Negative Affect Schedule (PANAS; Watson et al., 1988). The demographics questionnaire was utilized to collect identifying data about each participant; the Program Evaluation questionnaire was used to measure how students of color rate their graduate program’s facilitation of anti-racist conversations; the RBTSSS was used to capture the subjective experience of students of color during anti-racist conversations; and the PANAS was used to learn how students of color feel during and after such conversations.

Participants

The present study explored the impact of anti-racist conversations on the physical and emotional wellbeing of students of color in clinical psychology graduate programs. Participants were invited to complete a three-part survey that inquired about their satisfaction with their program’s attention to anti-racism, emotional and physical distress experienced as a result of their most memorable negative anti-racism conversation, and the emotions experienced during and immediately following the event. One hundred-twelve participants were recruited who met the following inclusion criteria: (a) must be currently enrolled in a clinical psychology graduate program, (b) must self-identify as a person of color or other preferred terms used to describe a non-White racial identity, and (c) must have had at least one experience of engaging in an
anti-racist conversation in their graduate program. Of the 112 participants who met the research criteria and responded to the survey, 21 were removed from the final sample due to survey attrition. Thus, the final sample for this study included the responses of 94 participants. Missing data were handled using pairwise deletion (Pigott, 2001) methods; thus, data analyses have varying samples ranging from 51 to 94 protocols. Due to the relationship between cross-cultural anti-racist conversations and symptoms of insidious trauma, racial demographics of students were a key factor for sample selection (Sue et al., 2009).

The following demographics were gathered for each participant: race, gender, income, religious affiliation, and highest level of education. The survey sample consisted of Black (27.5%), Hispanic or Latino (20.9%), Asian or Asian American (34.1%), Bi-racial (9.9%), and other racial identities (7.7%). In regard to gender, the majority of participants identified as female (87.8%). The minority of participants identified as male (10%), transgender (1%), and non-binary (1%). In terms of income, there was great variability between the lowest and highest earning participants (less than $20,000 to more than $150,000). The majority of participants earned less than $35,000 (73.6%) with a small minority earning more than $150,000 (3.3%). In terms of religious affiliation, the following groups were represented in the sample: Catholic (11.2%), Christian (33.7%), Jewish (1.1%), Muslim (5.6%), Hindu (2.2%), Agnostic (18%), Atheist (4.5%), and other (23.6%). Regarding educational attainment, all participants had at least a bachelor’s degree; additionally, 61.5% reported having a graduate level degree (see Appendix G).
**Survey Sample**

Participants were selected purposefully using established criteria to produce a fairly homogeneous sample that offered insight into the specific phenomena under investigation (Mertens, 2015). A sample size of at least 36 participants was necessary to detect a medium effect at $p = 0.05$ (Cohen, 1992). However, in order to account for factors such as attrition and invalid surveys, the recruitment goal was set at 50 participants.

Participants were recruited by identifying and reaching out to select individuals or groups of individuals that were especially knowledgeable about or experienced with the phenomenon of interest (e.g., the Northern California Society for Psychoanalytic Psychology [NCSPP] Counsel of Students of Color, APA Division 45, PsyD program listservs) with an email invitation requesting that they disseminate the electronic recruitment flyer. The recruitment flyers briefly described the nature of the study, the criteria for participation, and a direct link to the research survey. Additionally, recruitment flyers were posted on online virtual community and forum webpages (e.g., Facebook, LinkedIn, Instagram, Reddit). Personal and collegial contacts—classmates, PsyD students, and professors—were invited to either participate or disseminate the recruitment flyer.

**Procedure**

Potential participants received a recruitment email or flyer describing the project (Appendix D). This project description was also uploaded to targeted social media sites (e.g., Facebook, LinkedIn, Instagram, Reddit). If interested, participants then clicked on a link to Survey Monkey, which brought them to the consent form. The Informed Consent form (see Appendix E) fully informed all prospective participants of the purpose of the study and the
sensitive nature of the research topic. The potential for minimal psychological harm existed because the study asked graduate student participants to recall distressing experiences of race-related stressors and potential experiences of insidious trauma. Participants were informed of their rights to terminate their participation, for any reason, in the study if they were became emotionally overwhelmed during the process. Participants were encouraged to call a mental health hotline or seek support from a local mental health professional if their distress was too high or not manageable.

The Informed Consent form explained the purpose of the study, benefits of participation (e.g., the opportunity to share experiences, improve graduate training for non-White doctoral students), the potential risks (e.g., potential discomfort recalling painful events, embarrassment or shame discussing racial trauma), and how information would be collected, stored, and potentially distributed. The Informed Consent also notified participants of a raffle in which they could enter to win a $100 gift card for their participation in the study and the opportunity to get a summary of the analyzed data by sending me their email address.

After reading the information on the Informed Consent, participants were prompted to provide their consent to participate. Upon consenting, they clicked to the next page—the demographic questionnaire—which was followed by the self-report measures. The Informed Consent, demographic questionnaire, and self-report measures took less than 30 minutes for the participants to complete. The online survey remained open and recruitment for participants continued until 112 participants were collected and time had elapsed without additional interest.
Confidentiality and Privacy

All participants were assured of their confidentiality and privacy. Participants could reserve the right to be anonymous. Documents containing contact information along with their assigned codes and signed consent forms were kept separately in a locked file drawer. Participants were informed that their responses were assigned a number and aggregated for data analysis. Per federal regulations, the data will be destroyed after a minimum of three years using a drive-wiping software designed to remove all data from the storage device and to ensure that they cannot be recovered.

Incentive

After the participant completed the demographic section, they were prompted to send me an email with the subject line “raffle” to enter into a raffle for a $100 virtual gift card to www.Amazon.com, and/or to receive a copy of the results when they are available. This was not required on the online survey; thus, participants were not required to provide their email address. By separately sending me an email, email addresses were kept in a safe and separate location (password-protected Excel spreadsheet). Emails were deleted after securely storing participants’ email addresses. This allowed the participants to remain anonymous if they so desired.

Ethical Considerations

In addition to signed Informed Consent forms, institutional approval was obtained from the Antioch University New England Institutional Review Board (IRB) prior to beginning the study. Racial minority stress is a sensitive and rather highly complex topic. Therefore, it was
important to remain mindful of potential risks and concerns when conducting research with this population.

**Data Cleaning**

In order clean up the data, survey submissions that failed to complete at least one full questionnaire were removed. Minor adjustments were made to the demographic data to account for outliers. In terms of race, some participants identified as Other; however, they clarified that they identified with a particular racial group that was listed in the survey. For example, a participant identified as “South Asian” but did not choose Asian American or Asian racial group. The participant was thus coded as Asian American or Asian. In terms of gender, some participants clarified that they identified as male or female but chose Other from the offered list. Such participants were coded to the gender identity that they had specified. In regard to education, three participants endorsed having a high school degree or equivalent, some college but no degree, and an associate’s degree, respectively. Upon further examining their data responses, it was clear that they had not correctly described their educational attainment. Given that a bachelor’s degree is a minimum requirement for a doctoral degree (and all participants were enrolled in doctoral programs), the demographic data was coded to indicate they had bachelor’s degrees. This alteration reflected my understanding of their degree status and maintained a more homogeneous sample of psychology graduate students.

**Measures**

**Program Evaluation Questionnaire**

A questionnaire was designed to assess each participant’s evaluation of their program’s overall commitment to racial justice and that program’s ability to facilitate anti-racist
conversations. Questions addressed topics such as the availability of skilled, culturally-sensitive facilitators and assessed their ability to identify and appropriately address micro-aggressive behaviors. Participants were asked to indicate to what extent they were satisfied on a 5-point scale (1 = very Unsatisfied, 2 = Unsatisfied, 3 = neutral, 4 = Satisfied, 5 = Very Satisfied; see Appendix A).

**Race-Based Traumatic Stress Symptom Scale**

Participants were asked to respond to the RBTSSS (Carter et al., 2013) in order to assess their physiological and emotional stress reactions to racism and racial discrimination during anti-racist conversations. Scale items were derived from existing measures of race-related stress and models of trauma and were tested on a 330 racially heterogeneous (e.g., Blacks, White, Asian, and Hispanic) adult sample. Exploratory Factor Analyses with oblique rotations revealed a 52-item measure consisting of seven scales; Depression ($\alpha = .90$), Anger ($\alpha = .90$), Physical Reactions ($\alpha = .86$), Avoidance ($\alpha = .66$), Intrusion ($\alpha = .90$), Hypervigilance/Arousal ($\alpha = .90$), and Low Self-Esteem ($\alpha = .85$). The findings are consistent with symptom clusters associated with the conceptual model of race-based traumatic stress (Carter et al., 2013).

For the purpose of the present study, the RBTSSS was modified in order to measure psychological and emotional stress reactions to racism and racial discrimination during anti-racist conversations. The word “racism” was replaced with the phrase “during an anti-racist conversation” in each question. For example, “As a consequence of the memorable encounter I had with racism, I found myself getting upset rather easily,” was changed to “As a consequence of the memorable encounter I had during an anti-racist conversation, I found myself getting upset rather easily.”
The protocol began with an open-ended section in which participants were asked to describe in their own words one to two of the most memorable events of an anti-racist conversation. Although these narratives were not thematically analyzed for this study, they offered context for the subjective experiences of each participant. With a reference to the participant’s most memorable event of an anti-racist conversation, participants were asked to answer three yes/no questions: Was the most memorable incident (1) negative (i.e., emotionally painful), (2) beyond your control, and (3) sudden in its occurrence.

Following the yes/no questions, the next section asked participants to use the same memorable event and report their emotional reactions to it. The instructions were as follows: “Below is a list of reactions or feelings that people sometimes have after an upsetting event. Read each reaction carefully and circle the number that best describes your reactions or feelings right after the event.” The list of reactions included the following stem for each item: “As a consequence of the memorable encounter I had with an anti-racist conversation…” and alternatives such as “… I felt sad” or “… I experienced tiredness and lack of energy.” Respondents indicated the presence and intensity of the reaction using a 5-point Likert-type scale. The response anchor originally ranged from 0 (does not describe my reaction) to 4 (this reaction would not go away); however, given that this study seeks to determine type of emotional reactions rather than frequency, the response anchor was changed to (1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly agree; see Appendix B).
Positive and Negative Affect Schedule (PANAS)

Participants were asked to respond to the Positive and Negative Affect Schedule (PANAS; Watson et al., 1988) to determine their emotional response during and after anti-racist conversations. The 10-item Positive Affect (PA) and Negative Affect (NA) scales comprise the 20-item PANAS. Participants were asked to indicate to what extent they felt each of the 20 terms on a 5-point scale (1 = very slightly or not at all, 2 = a little, 3 = moderately, 4 = quite a bit, 5 = extremely). PA includes, for example, “enthusiastic” and “inspired.” NA includes, for example, “jittery” and “upset.” For the purposes of this study, participants were asked to what extent they felt a certain way either: (a) "during the conversation” or (b) “immediately following the conversation” (Watson et al., 1988; see Appendix C).

Data Analysis

All data were analyzed in SPSS-IBM 27 (IBM Corp., 2020). Skewness and kurtosis was assessed to determine how non-normality in the distribution of the data would be handled; a skewness greater than 2 and kurtosis greater than 7 presented severely non-normal data (Finney & Distefano, 2006; Kline, 2011).

RQ1. An analysis of frequency and descriptive statistics (mean, minimum, maximum, and standard deviation) was examined to determine how students of color rated their program’s overall ability to facilitate anti-racist conversations.

RQ2. A bivariate correlate with a significance value of 0.05 was conducted to examine the associations between the frequency of negative anti-racist conversations and emotional and physical wellbeing of students of color in graduate programs.
RQ3. An analysis of frequency and descriptive statistics (mean and standard deviation) was performed to examine the emotional response of students of color during anti-racist conversations.

RQ4. An analysis of frequency and descriptive statistics (mean and standard deviation) was performed to examine the emotional response of students of color after anti-racist conversations.
CHAPTER IV: RESULTS

Facilitation of Anti-Racist Conversations

Descriptive statistics were analyzed in order to examine how participants rated their program in the aforementioned domains. Means, minimums, maximums, and standard deviations were used to evaluate their program’s facilitation of anti-racist conversations.

Despite variability, the majority of participants felt neither satisfied nor unsatisfied across four of the domains (3 = neither unsatisfied nor satisfied). Participants felt neither unsatisfied nor satisfied with their program’s ability to create emotional safety ($M = 3.00, SD = 1.18$), ability to identify and address microaggressions ($M = 2.58, SD = 1.19$), cultural competency ($M = 3.07, SD = 1.14$), and cultural sensitivity ($M = 3.12, SD = 1.09$). However, on average, participants felt unsatisfied with their program’s racial representation of facilitators ($M = 2.32, SD = 1.19$; see Table G1 for means, minimums, maximums, and standard deviations).

In order to assess the relationship between the participants’ level of satisfaction with any two of the five domains, a Pearson Coefficient Correlations with a significance value of 0.05 was computed. A strong positive relationship among the five variables was found to be statistically significant. This suggests that increases in student satisfaction in any given domain were correlated with increases in satisfaction in all other domains (see Table G5 for Correlation Coefficients and Significance Values).

Associations Between Anti-Racist Conversations and Emotional and Physical Wellbeing

Participants were asked to respond to the Race-Based Traumatic Stress Symptom Scale (RBTSSS) which inquiries about symptoms of physical and emotional distress experienced as a result of the participants’ most memorable anti-racist conversation. Fifty-seven participants
completed this questionnaire in entirety. Mean scores from the 52 questions of the RBTSSS were computed for the following seven subscales: depression, anger, physical, avoidance, hypervigilance, intrusion, and low self-esteem. The seven subscales were then transformed into two variables: emotional distress and physical distress. The physical distress variable is comprised of the physical subscale; emotional distress is measured by the remaining six subscales. Examples of emotional distress items are: “As a consequence of the memorable encounter I had with an anti-racist conversation I felt that I had nothing to look forward to,” and “I find myself thinking about what happened even when I don't want to.” Examples of physical distress items are: “As a consequence of the memorable encounter I had with an anti-racist conversation I experience more headaches and stomach aches since the event,” and “I feel as though my heart is beating hard and fast, as if it might pop out of my chest.” Descriptive statistics (means, minimums, maximums, and standard deviations) were used to assess the degree to which the participants endorsed experiencing various emotional and physical symptoms of distress as a result of their most memorable negative anti-racist conversation. Responses ranged from strongly disagree (1) to strongly agree (5). See Table G2 for a summary of these results.

**Emotional Distress**

In order to assess the relationship between the frequency of negative anti-racist conversations and participants’ endorsement of emotional distress, a Pearson coefficient correlation with a significance value of 0.05 was computed. The relationship between the two variables was found to be statistically significant, \( r(59) = .23, p < .01 \). A scatterplot was created to assess for outliers. The boxplot identified no outliers (see Figure H1). This finding suggests
that increases in the frequency of negative conversations was correlated with increases in the emotional distress of students of color.

**Physical Distress**

In order to assess the relationship between the frequency of negative anti-racist conversations and participants’ endorsement of physical distress, a Pearson coefficient correlation with a significance value of 0.05 was computed. The relationship between the two variables was found to be statistically significant ($r = .36, p < .01$). A scatterplot was created to assess for outliers. The boxplot identified no outliers (see Figure H2). This finding suggests that increases in the frequency of negative conversations was also correlated with increases in the physical distress of students of color.

**Emotional Responses of Students of Color During Anti-Racist Conversations**

Participants were provided a list of positive and negative emotions and were instructed to select the emotions they experienced during their most memorable negative anti-racist conversation. Descriptive statistics were analyzed in order to assess the extent to which participants experienced the following positive and negative emotions: distressed, upset, interested, strong, irritable, alert, nervous, determined, attentive, excited, guilty, scared, hostile, enthusiastic, proud, ashamed, jittery, active, and afraid. The intensity of emotion was measured from not at all (1) to extremely (5).

During the event, the average score of participants indicated that they felt quite a bit (4) distressed and upset. Furthermore, the average score indicated that they also felt moderately (3) interested, strong, irritable, alert, nervous, determined, and attentive. The average score also indicated that participants felt a little (2) excited, guilty, scared, hostile, enthusiastic, proud,
ashamed, jittery, active, and afraid. These data suggest that negative experiences of anti-racist conversations heightens negative emotions such as upset and distress (see Table G3 for means, minimums, maximums, and standard deviations).

**Emotional Responses of Students of Color Immediately Following Anti-Racist Conversations**

In addition to selecting the emotions participants experienced during their most memorable negative anti-racist conversation, they were also instructed to select the emotions they experienced immediately following the conversation. Descriptive statistics were analyzed in order to measure the extent to which participants experienced the same positive and negative emotions. The average score of participants indicated that, following a memorable negative anti-racist conversation, they felt moderately (3) distressed, upset, irritable, alert, determined, and attentive. The average score also indicated that participants felt a little (2) strong, guilty, scared, hostile, enthusiastic, proud, ashamed, nervous, jittery, active, and afraid. The average score of participants did not at all indicate feelings of excitement. In general, the average score of participants indicated higher levels of negative emotions during anti-racist conversations than immediately afterwards (see Table G4 for means, minimums, maximums, and standard deviations).
CHAPTER V: DISCUSSION

Personal Bias

The questions explored in this research project emerge so directly from my own lived experience; thus, I need to begin the discussion with a brief exploration of the personal bias that inevitably shaped my understanding and interpretation of the data. My values, worldview, challenges, and attitudes inform the lens through which I see the world and therefore interpreted the research findings. I acknowledge that my intersecting identities as an African-American, male, clinical psychology graduate student have an undeniable influence on this research.

The murder of George Floyd and countless other incidents of racially motivated violence inspired me to embark on this journey. Previous to these events, I was already frustrated and dissatisfied with the lack of anti-racist procedures and polices within academia, including in my own program. George Floyd’s murder was a powerful catalyst that propelled businesses and religious organizations as well as academic institutions into action. Indeed, anti-racist dialogue became the intentional focus of graduate classes almost overnight. Well-intentioned, if insufficiently prepared professors diligently led a room of mostly White students in multiple awkward explorations.

I have seldom found these anti-racist dialogues in my training program to be enriching or fruitful. Indeed, more often than not, I leave classrooms feeling frustrated, overwhelmed, and occasionally angry. Based on personal experiences and those of numerous students of color I have encountered, I worry that increasing the frequency of racial dialogue without requiring additional facilitation training and implementation of university mandated anti-racist procedures does more harm than good for everyone involved, especially students of color.
My research questions emerged from a deeper curiosity of what I had heard and experienced. I speculated that students of color would express general dissatisfaction with their clinical program’s facilitation of anti-racist conversations, report significant emotional and physical symptoms of distress, and endorse feeling strong emotions such as upset, distress, and anger both during and immediately following anti-racist classroom conversations. In spite of my expectations about what the data would reveal, I endeavored to be open to the range of possible findings.

**Summary and Discussion of Findings**

**Facilitation of Anti-Racist Conversations**

Findings from the current study suggest that, despite variability, the majority of graduate students felt neither satisfied nor unsatisfied with their program’s ability to create emotional safety, their program’s ability to identify and address microaggressions, cultural competency within the program, or cultural sensitivity during anti-racist conversations. However, in terms of racial representation of facilitators, participants, on average, were unsatisfied. These findings align with Fordham’s (1988) assertion that students of color consciously and unconsciously sense that they must give up aspects of their racial identities in order to achieve academic success in predominantly White institutions. Their resulting social selves are embodied in the notion of racelessness. Oftentimes, the organizational structure of academic institutions rewards racelessness in students and therefore reinforce the belief that it is a characteristic necessary for success in the greater society. Consequently, students are led to unconsciously conceptualize racism and discrimination as a practice of individuals rather than a result of institutionally sanctioned social policies (Fordham, 1988). While clinical psychology graduate students of color
may consciously value their racial identity and know that racism is a systemic issue, Fordham highlights the subtle and imperceptible forces that fosters unconscious racelessness and ambivalence toward institutional anti-racism efforts.

Dissatisfaction with the racial representation of facilitators is also supported by literature. Students of color are disproportionately susceptible to feeling isolated and a lack of supportive integration in their clinical training programs. According to Gay (2004), in programs that lack racial diversity of faculty, it is not uncommon for students of color to feel as though their presence, experiences, and ideas do not belong. Solorzano (1998) found that minority graduate students describe feeling out of place, invisible, or like an outsider in predominantly-White educational environments. While racelessness may be portrayed as a necessary quality for academic success, a sense of belonging may be necessary for personal wellbeing. Therefore, the overwhelming lack of racial diversity among predominantly-White programs likely contribute to the dissatisfaction endorsed by the participants.

There are multiple possible explanations that might help explain this response. According to the racial minority stress framework, minority groups have contradictory motivations with regard to perceiving discrimination events: They are motivated by self-protection to detect discrimination but also by the wish to avoid situations that can disrupt social relations and undermine life satisfaction. Concealing one’s stigma is a common way of coping with stigma and avoiding negative regard, yet it takes a heavy toll on the person using this coping strategy (Meyer, 2003) Particularly, it is likely that students of color have developed strategies for social survival during graduate training, precluding expression of strong feelings and emotions.
Indifference as a Form of Social Survival

Given the degree to which systemic racism plagues our nation and academic institutions, it was surprising that the responses of students of color reflected significant neutrality. Such neutrality might also be interpreted as ambivalence and may be indicative of an attempt to cope with overwhelming social stressors (Jovanović, 2016). In other words, if students of color indeed harbored deep-seated resentment regarding the lack of anti-racist efforts in their program, perhaps it would be easier to suppress strong negative feelings than to push against a system of power that oppresses them. For instance, a Black woman expressing anger may fear being viewed as an “angry Black woman.” A Black man assertively opposing injustices and inequities may fear being viewed as “violent or aggressive.” There is a long list of stereotypes and preconceived notions that society has created for different racial minority groups that makes it difficult for them to fully give voice to their experience. Thus, it is possible that these responses may not directly indicate passivity. Despite the fear of being stereotyped, many courageous students of color dare to speak up and express their challenges and frustrations in hopes of bringing about systemic change. However, after failed attempts to effect change, it is also understandable that these students might disconnect and instead express indifference or ambivalence.

In support of this interpretation, Jovanović (2016) argues that ambivalence is precisely an effect and a coping mechanism in a social environment where people are dependent on what they want to eliminate and escape. It may be possible that students of color do not want to “bite the hand that feeds them.” For example, students of color may worry about upsetting or offending White professors who hold a substantial amount of power over them (grading, evaluations,
letters of recommendation, etc.). Thus, it may be adaptive to suppress one’s emotions or minimize the impact of racial injustice, particularly when fitting in, befriending, and maintaining the status quo fosters social survival (Krill & Platek, 2009). As a result, it is not uncommon to hear students of color put it simply: “My school is trying, but they have a long way to go.”

The ambivalence in this finding may actually be an adaptive response. In terms of social survival/desirability, students of color are incentivized to refrain from “rocking the boat”; however, they must also be careful to not overly ally with or completely ignore racial inequities. Doing so might result in both self-disrespect and social exclusion from other students of color. Research shows that students of color are more distressed and their brains respond with greater activation when they are excluded by students whom they are more likely to share group membership with (Krill & Platek, 2009). In essence, expressing “too much” dissatisfaction with the status quo threatens exclusion by the dominant out-group, but expressing approval of or “not enough” dissatisfaction with the status quo threatens exclusion by the minority in-group. This perspective offers a plausible explanation as to why students of color might find themselves confined to a delicate balancing act that reveals itself as neutrality or ambivalence.

The Race of Facilitators is Undeniably Important

By contrast, students of color had strong feelings about the need for racial representation among facilitators. Indeed, this domain of program satisfaction is clear, consistent, and undeniable. The four other domains are more subjective and may be open to debate and equivocation. However, when it comes to the racial diversity of facilitators, it either exists or it does not exist. It is likely that dissatisfaction with a more concrete and visible deficit is more easily identified and justified.
Notably, too, lack of racial representation during anti-racism dialogue also has a powerful impact on the other domains—experience of emotional safety, emotional sensitivity, cultural competence, and whether a microaggression was adequately identified and addressed, are all unarguably affected by the quality of the facilitation. Faculty of color often share similar lived experiences as students of color and are likely to have also been the victim of racial trauma or microaggressions; consequently, they are more likely to engage in anti-racism dialogue with cultural competence and sensitivity, adequately identify and address microaggressions, and intentionally prioritize the emotional safety of students of color (Kohli, 2009). Furthermore, students of color are likely to experience a greater degree of emotional safety, inclusion, and honest engagement with a facilitator of color as opposed to a White facilitator (Sue et al., 2010). Certainly, a racial minority status does not guarantee increased facilitation effectiveness; however, it could potentially serve to rectify power imbalances during anti-racism dialogue.

Further, anti-racist dialogue facilitated by White faculty without specialized training is somewhat analogous to a dermatologist performing a heart transplant. Although the doctor is likely extremely competent and capable in their area of expertise, they would surely be “operating” outside of the parameters of their training. They are unlikely to have the necessary skill and finesse to handle the surgery. The patient might survive, but it is a risky and reckless practice. In other words, many White professors, though highly acclaimed in their area of expertise, may be simply insufficiently trained in facilitating anti-racist conversations (Sue et al., 2019). Their willingness to “operate” in that classroom is problematic and likely to lead to disadvantageous outcomes for everyone involved.
The Domains are Interconnected

Results from the present study suggest that increases in student satisfaction in any given domain were correlated with increases in satisfaction in all other domains. For example, an increased ability of facilitators to identify and address microaggressions correlates with increased feelings of emotional safety among students of color (Sue et al., 2019). While this may appear obvious, it suggests a powerful key to understanding and improving anti-racism deficits that cannot objectively be measured. Racial representation of facilitators is a concrete, measurable reference point that could lead to increased levels of program satisfaction in all other domains when properly addressed (Kohli, 2009).

It is worth mentioning that a strong positive correlation was found among all domains of program satisfaction even though the average participant was neither satisfied nor satisfied in four of the five domains. This could be interpreted to mean that a positive shift in any one domain could potentially result in a positive shift in all other domains. However, given that representation of facilitators was on the only domain in which participants expressed explicit dissatisfaction, it remains the clearest finding and most effective point of intervention from the program evaluation questionnaire.

Anti-Racist Conversations and Emotional and Physical Wellbeing of Students of Color in Graduate Programs

Findings from the present study indicate that an increase in the frequency of negative conversations are correlated with increases in emotional and physical symptoms of distress among students of color. These results serve to bolster the body of literature that reveals that anti-racist dialogue is more emotionally taxing for students of color (Liu, 2017), and also
highlight the cumulative adverse impact that poorly-facilitated dialogue can have on emotional and physical wellbeing (Sue et al., 2009). This is particularly important because exposure to racial minority stress in the form of microaggressions and discrimination is associated with increased depression, poorer overall mental health, a myriad of physical health issues (Clark et al., 2012; U.S. Department of Health & Human Services, 2000), and a variety of clinical disease outcomes, including mortality, hypertension, breast cancer, and asthma (Lewis et al., 2015).

Further, these findings point to the necessity of increasing the multicultural effectiveness of faculty while also creating innovative solutions geared toward promoting and protecting the wellbeing of students of color. Although students of color tend to be strong, resourceful, and resilient (Gazley & Campbell, 2020), their emotional and psychological capabilities ought not be a justification for inaction nor be interpreted as a sign that they are well-adjusted in their clinical training programs.

**Emotional Response of Students of Color During and Immediately Following Anti-Racist Conversations**

The emotional experience of students of color during and immediately following anti-racist conversations is commonly overlooked or underemphasized. The present study specifically inquired about emotional experience in attempt to foster accountability among clinical psychology graduate programs. Generally, participants in the present study reported experiencing higher levels of negative emotions during anti-racist conversations than immediately afterwards. Findings suggest that graduate students of color often feel a bit less upset and distress immediately following anti-racists conversations than they do during anti-racist conversations. However, the intensity level of feeling irritable, alert, determined, and
attentive remained moderate. According to Ben-Ze'ev (1996), *relevance* is a key component of emotional impact. The more relevant an event is, the greater the emotional intensity. He argues that events that are closer in time are more emotionally relevant, and thus experienced more intensely.

It is important that training programs understand emotional toll that anti-racist conversations have on the wellbeing of students of color. As long as students of color feel intimidated, disincentivized, or reluctant to speak out about their emotional distress, training programs cannot be held accountable for the pain and suffering that poorly facilitated anti-racist conversations cause. This study attempts to shatter the silence by providing students of color the opportunity to share their emotional experience without fear of backlash or negative repercussions.

Although the questionnaire captured emotions such as upset or distressed, these words poorly conveyed the depth of emotion that students of color experience during poorly facilitated conversations. For example, I vividly remember participating in an anti-racist conversation in which I became so flooded with emotion that my body began to shake convulsively. I remember thanking God that classes were virtual due to COVID-19 because I would have been embarrassed or humiliated by my inability to regulate my body. Furthermore, I recall the deep sense of rage and injustice I felt as a result of being expected to be a participant in my own torture. Although the emotions listed in the questionnaire pale in comparison to the actual lived experience of students of color, it serves as a starting point for training programs to exercise curiosity about the lived experience of their students of color.
Unfortunately, microaggressions in training programs remain a daily reality for many students of color—especially during anti-racist conversations. At vulnerable stages in their education, these negative encounters may leave students with a sense of “otherness.” Moreover, students of color are tasked with building resiliency and maintaining wellness in an environment that not only fails to evolve with them but provides repeated insults to their self-worth (Young et al., 2020). This is significant when considering negative impact that chronic stress has on one’s capacity for creativity, focus, and learning (Krugers et al., 2010; Moreira et al., 2016).

**Challenges / Limitations**

**Attrition**

The findings of the present study should be viewed in the context of a few limitations of this research project. First, this study had a particularly high attrition rate. Initial recruitment strategy were very effective; collecting data from 112 respondents who met the study inclusion criteria in just the first couple of weeks survey availability. However, of these 112 who began to fill out the survey, only 51 participants completed all four measures included in the survey. It is difficult to ascertain whether the attrition rate was due to survey design, participant ambivalence, or responder fatigue. Notably, approximately 53 participants discontinued when asked to respond to the RBTSS assessing their physical and emotional stress reactions to racism and racial discrimination experienced during anti-racist conversations.

Given that the majority of participants did not feel strongly satisfied nor dissatisfied with their program, it is also possible that some of the students that dropped out did not have a salient negative experience to reflect on. Additionally, it is worth considering the potential for cognitive dissonance: participants were asked to reflect on a negative event after they had generally taken a
non-committal stance about whether they were satisfied with their programs. Although the sample size was sufficient for data analysis, more robust participation would have allowed for a greater effect size and a potentially more nuanced dataset. While academic institutions provided special accommodations and financial support to help students cope with the devastating effects of the global pandemic, such measures were not taken for students of color who struggled to cope with institutionally-sanctioned racism and racialized violence that threatened their very existence. Lastly, it is possible that participants made the decision not to be reminded of the painful realities of what it means to be non-White in America.

**Survey Design**

Another potential limitation of the study is related to survey design. The first measure asked participants to rate their program in five unique domains: (a) ability to create emotional safety, (b) ability to identify and address microaggressions, (c) cultural competence, (d) cultural sensitivity, and (e) racial representation of facilitators. In retrospect, the ability to identify and address microaggressions could be considered two unique abilities of a facilitator. Given that identifying microaggressions is considered an internal cognitive process, students can only indirectly rate a facilitator’s ability to identify microaggressions based on how well they address them.

**Memory Recall**

Leading research on memory indicate that memory is not an image that one produces by mentally returning to the original event; instead, the image that is formulated when remembering is a reconstruction of the last recall of the original memory (Bridge & Paller, 2012). Consequently, the image becomes increasingly distorted and less precise with each recall, even
to the extent of becoming completely false (Bridge & Paller, 2012). Given that the present study did not control for the date that each participant’s most memorable anti-racist conversation occurred, it is impossible to know if any of the memories reported had become distorted over time.

Memory for emotionally-salient or traumatic events is even more vulnerable to distortion over time. The final two research questions explored the emotions endorsed by students of color during and immediately following a negative anti-racist conversation. It was assumed that participants would endorse emotions that reflected their experience of the conversation as they remembered it. For example, if a student remembered being mildly reprimanded, they might endorse feeling anger; however, if the student remembered being invalidated, they might endorse feeling a more intense emotion such as rage. There is no way of knowing whether the emotions reported by students of color reflect the actual experience, a curated interpretation of the experience, or the reconstructed experience from a distant memory.

This limitation may be more noteworthy because the memories involved were distressing, if not traumatic. In this light, Vasterling and Brewin (2005) argue that traumatic and non-traumatic memories are stored differently in the brain; typical or non-traumatic memories are recalled autobiographically, whereas traumatic memories can be recalled as both clear and vivid, but also disorganized and fragmented. When taking into consideration dissociation as a flight from traumatic emotional vulnerability, repressed emotion, and fragmented/disorganized memories (Cates, 2014), it is still impossible to know the full extent to which students of color have been impacted by negative anti-racist conversations. In other words, even if a student of
color does not explicitly report or recall being significantly impacted by racial trauma, they are still likely to carry the experience in their hearts and bodies (van der Kolk, 2014).

**Generalizability**

All studies have limitations due to the data collection strategy. I sought to conduct a rigorous quantitative study; however, I lost out on qualitative depth that would have been helpful for interpretation of findings. Each participant had negative experiences that varied in content, intensity, and nature. A thematic analysis could have provided an additional layer of nuance and richness to the findings. For example, the data revealed that increases in frequency of negative anti-racist dialogue correlates with increases in physical and emotional symptoms of distress. However, without thematically analyzing the responses, it is difficult to determine which aspects of the racial dialogue resulted in the greatest amount of distress (i.e., cultural insensitivity, gaslighting, invalidation, etc.). Given that one methodology cannot add to the understanding of a phenomenon and the body of literature without the other, rather than a limitation, this may reflect the limited strength of quantitative research.

Despite my best attempt to create a sufficiently large and inclusive sample that captured the experience of most students of color, I may have underemphasized the additional challenges that students of color with multiple marginalized identities face while participating in anti-racist conversations. In this endeavor, I may have added to the incomplete body of research drawing broad, monolithic conclusions about racial minority groups without sufficient attention to intersectionality. Although my intention was to amplify the voices of all students of color, it is possible that the power and weight of my research findings may be lessened by this attempt to create a diverse and inclusive sample. Nonetheless, as an exploratory study, I believe this
research succeeded in describing the stress of psychology students of color at this time in history. I sought to examine how participants both experience their programs and how they have been emotionally and physically impacted by well-meaning but ultimately harmful anti-racist conversations. Now that the problem has been identified, I can suggest several clear avenues for remediation and healing.

A Roadmap for Navigating Racial Dialogue

It is imperative that facilitators and administrators in clinical training programs take a leading role in the disrupting, dismantling, and disarming of the relentless assault of microaggressions that frequently arise in the course of anti-racist dialogue. There is a notable disconnect between the centrality of developing multicultural competence in clinical psychologists and the immeasurable harm students of color have endured by way of racialized trauma during misguided anti-racist conversations. “What can we do?” is one of the most commonly asked questions among White individuals upon being presented with issues relating to racism. Many students yearn to develop skills to increase their cross-cultural competence. In this vein, I highly recommend the microintervention framework by Sue et al. (2019), which can be implemented in training programs that goes beyond coping and survival to concrete, actionable steps that can be performed by students of color, White peers, and faculty members. While I certainly believe that it is time that White students and faculty begin to use their power and privilege to dismantle racism, I also believe that it is important that students of color be equipped to stand up for themselves when no one else does.

Sue et al. (2019) defined microinterventions as everyday words or behaviors, intentional or inadvertent, that communicate the following to targets of microaggressions: “(a) validation of
their experiential reality, (b) value as a person, (c) affirmation of their racial or group identity, (d) support and encouragement, and (e) reassurance that they are not alone” (p. 134). The strategic goals of microinterventions are to make the invisible visible, disarm the microaggression, educate the offender about the metacommunications they send, and encourage targets to seek external support when needed (Sue et al., 2019). The hope is that the implementation of these interventions might serve as a catalyst for a radical shift from passive to active dismantling of microaggressions during ant-racist conversations.

**Make the Invisible Visible**

Oftentimes it is much easier to identify and deal with explicit racial microaggressions because they are obvious; however, the majority of microaggressions possess both a deliberate communication and a meta-communication that exists beyond the level of awareness (Sue et al., 2019). Consistent with the research of Jones (1997), I note that when my peers make a statement that I find offensive or problematic, they, instead, often find their actions to be free of bias and prejudice. Their perceived innocence makes it very challenging for them to see a need to critically reevaluate their words. For example, a White peer witnessed a micro-aggression occur but failed to intervene. When asked about it they replied, “I was so afraid to say the wrong thing that I thought it was better not to say anything at all.” While one could accept this response at face value, it is important to critically examine the meta-communication or underlying message. Although the student’s intention was to avoid making the situation worse, they were unaware of the harmful impact of their silence. Furthermore, the student made an assumption that it was preferable to remain silent than to speak up and potentially make a mistake. Thus, microinterventions are designed to address such challenges by undermining the
meta-communication, making the meta-communication explicit, challenging the stereotype, broadening the ascribed trait to a universal human behavior, or asking for clarification (Sue et al., 2019). Similarly, Paulo Freire (2018) argued that the very first step to achieving liberation and empowerment is naming the oppression so that it ceases to hold power over the marginalized.

**Disarm the Microaggression**

Disarming is a more confrontive approach that may be deemed necessary when a microaggression takes on a more injurious, immediate nature. This tactic disarms perpetrators in numerous ways, such as interrupting the comments or behaviors, bringing attention to what is happening, voicing disagreement, and highlighting its injurious impact (Sue et al., 2019). Sometimes microaggressions are committed by a professor inherently holding power over a student, resulting in a power differential. Oftentimes, these are very destabilizing situations in which students struggle to find the right words to express their disappointment and frustration in a respectful manner. A student once shared a story about how their professor mockingly imitated an accent related to her racial identity. The student expressed how shocked she was that it happened but was even more disappointed that she could not think of a single word to say. I shared with her that the use of the exclamation “Ouch!” is especially recommended by researchers because it explicitly communicates to the offender that their words were offensive, and it forces them to contemplate the impact and meaning of their behavior; additionally, it potentially makes way for a more enlightened discussion and exploration of the person’s biases (Aguilar, 2006). In response, she said that it had never occurred to her to have a short and simple statement prepared that communicated her disapproval while simultaneously giving her time to gather her thoughts.
**Educate When Necessary**

While I certainly believe that it is not the responsibility of students of color to educate their White peers, providing information is always preferable to lashing out from a place of disappointment and frustration. Given that clinical psychology graduate students of color commit to a four-year program with their cohort members, they may find it beneficial in the long-term to occasionally educate their classmates. The overarching goal is to connect with and educate classmates when they micro-aggress by inviting them to engage in meaningful dialogue about the implications of their offensive behavior, and encourage them to consider the worldview of marginalized group members (Goodman, 2011). Such tactics might include: emphasizing the commonality, appealing to the offender’s values and principles, distinguishing between intent and impact, and promoting empathy.

In the context of an anti-racist conversation, helping a classmate or professor distinguish between positive intent and harmful impact is one of the most effective educational tactics. When perpetrators are called out, they commonly react with defensiveness and shift the emphasis from action to intention (Sue et al., 2019). For that reason, it is recommended to refocus the conversation to address impact rather than intent. Although brief encounters rarely provide opportunities for meaningful conversations, microinterventions plant seeds of change that may bloom in the future.

**Seek External Support**

While it is of paramount importance to teach students about microinterventions and encourage them to utilize them during anti-racist conversations, it is equally important that they know when individual responses to microaggressions may be contraindicated. The lived
experiences of students of color may be trivialized by claims that they misread situations and are oversensitive or paranoid (Sue, 2017). For example, during one of my courses, a fellow classmate of color passionately expressed her disappointment regarding the lack of engagement on the part of her White peers during a discussion relating to multiculturalism. Several students scrambled to defend themselves and even dared to speak on behalf of other White students. The professor admitted that she was unsure of how to handle the situation or proceed, leaving the student unsupported and at odds with her classmates. This situation highlights the extremely exhausting—and demoralizing—nature of anti-racism work for non-White students and demonstrates why it is vital that they have a safe, supportive, and culturally sensitive person they can seek out for support as an integral element of self-care (Sue et al., 2019).

The Importance of Context

It is important for non-White students to take into consideration the importance of contextual factors when engaging in anti-racism strategies (Sue et al., 2019). First, for the sake of self-preservation and personal safety, it is wise to determine which transgressions merit action and effort (Sue et al., 2019). Second, it is important to consider the appropriateness of the time and place for a conversation with the offender; doing so in public might have counterproductive consequences that ultimately increase defensiveness and the likelihood of additional microaggressions. Third, if an offensive comment is made out of ignorance, Sue and colleagues (2019) recommended that the person addressing the microaggression focus as much on education as confrontation. A collaborative tone leads to reduced defensiveness which enables the perpetrator to consider alternative viewpoints. Lastly, when there is a strong power differential between the perpetrator and the target—e.g., professor and non-White student—it is essential to
consider the potential adverse consequences of intervening (Sue et al., 2019). Merely teaching these skills is not sufficient to provoke action among students; active and deliberate interventions will only occur when these skills are regularly practiced and rehearsed across classrooms in clinical training programs (Sue et al., 2019).

**Recommendations for Clinical Training Programs**

Many researchers have dedicated many years of their lives to anti-racism long before it became a buzzword. In fact, Derald Sue, a racial minority researcher, on whose work I have heavily relied, continues to pave the way for vital anti-racism research. Unfortunately, many of his foundational principles and recommendations have yet to be fully realized in clinical psychology graduate programs. To his microintervention framework, I add these recommendations that stem from my findings and are specific to improving graduate training.

**Commit to Taking Action**

The study findings revealed that students of color felt neither satisfied nor unsatisfied with their program’s attention to anti-racism, with the exception of racial representation of facilitators. While ambivalence or indifference does not reflect failure or inadequacy, it certainly does not represent anything to be proud of either. For that reason, I recommend that programs have honest and transparent conversations with students of color about what the program can do to provide a more favorable multicultural training experience. I believe that students of color would truly feel seen, heard, and valued when their needs and desires are taken seriously. While programs often profess a strong commitment to anti-racism and social justice, they do not always do a great job of taking committed action to address issues or challenges expressed by students of color.
**Provide Routine Check-ins**

Given that anti-racist conversations are often emotionally charged, requiring excessive amounts of energy and mental stamina, programs could demonstrate additional concern for the emotional wellbeing of students by implementing routine check-ins with the group and individuals during and after conversations. It is important to remember that although students may not explicitly report feeling overwhelmed or triggered, this lack of expressed emotion does not mean that they are feeling regulated at given moment. Just as trauma therapists frequently pause to check in with their clients or encourage them to ground and breathe when the therapist suspects that the client may feel overwhelmed, graduate students may benefit from a similar process during anti-racist conversations. It is important to support students sufficiently so that they do not leave these conversations flooded with emotion.

**Decolonize Curriculum**

Pedagogy regarding the decolonization and decentering of Whiteness in curriculum is an important way to increase the critical consciousness of students and therefore improve cross-cultural dialogue. While all accredited clinical psychology programs must have some form of diversity course, it represents only a fraction of the curriculum. When students are required to learn from racial minority authors about multiculturalism and other important clinical issues, their perspectives become expanded, providing them with necessary tools and resources to engage more effectively in anti-racist dialogue. However, assigning just enough multicultural readings to check off a box is neither equality nor equity. Equity means seeking to showcase the work of racial minority researchers whenever possible, especially given that the majority of course content highlight the work of White scholars whose work seldom reflect a multicultural
perspective. Whiteness and White scholars remain the default authorities within the field of psychology. For that reason, it is vitally important to integrate underrepresented voices into syllabi and conversation. Decolonizing the curriculum will reduce the harm caused by homogenous schools of thought that only serve to perpetuate White supremacy.

Create an Inclusive Campus Culture

According to the participants’ responses, the lack of racial representation of facilitators was by far the greatest cause for dissatisfaction. In order to create more racial diversity among faculty, it is necessary to increase hiring efforts. Racial minority faculty are commonly hired to be the spokesperson for diversity, spearhead all diversity-related programs and projects, and facilitate a process of healing and reconciliation among faculty. This is particularly problematic because candidates of color who do not have a specific interest in racial diversity may be viewed as less desirable. However, before inviting a faculty of color into the program, and with an eye to retention and full engagement, efforts should be made to create an inclusive and critically conscious campus culture.

Such inclusivity requires that programs be intentional about understanding the day-to-day experience of students of color. What do the paintings on the wall or music in the background say about the program’s target audience? What courses or electives exist that would be of particular interest to students of color? What institutional efforts are implemented to ensure that a zero-tolerance policy for racial microaggressions is in place? How often do faculty members refer to prominent researchers or clinicians of color outside of the context of multicultural training? Inclusivity isn’t a destination, but an ongoing commitment to sensitivity and intentionality. When a program is truly inclusive, racial minorities can attest to it. Indeed,
programs would do well to begin simply by asking students of color what might help them feel a greater sense of belonging.

**Be Proactive About Racial Diversity**

Creating an inclusive culture is the prerequisite for racial diversity. For example, many faculty of color do not want to work at a school where there is little to no racial diversity among students. Considering that psychologists of color, particularly Black psychologists, are extremely underrepresented in the field of psychology, faculty of color seek employment where they can be a part of the solution through mentorship. This creates a dilemma. Students of color avoid predominantly White programs and faculty of color avoid programs that do not have students of color. These issues are often viewed as interdependent. However, many organizations have achieved racial diversity and inclusivity. Instead of focusing on why it is difficult to recruit and retain students and faculty of color, programs should invest more time learning about what they would need to feel a sense of belonging.

**Let Your Money Reflect Your Values**

My program is located in a small town called Keene, New Hampshire. It is 92.73% White and the student and faculty population is predominantly White as well. Why would any student or faculty of color willingly study or work there when other more diverse and inclusive programs exist? More importantly, what would it take for them to fall in love with the program? While the answer likely varies from person to person, I believe that most people want to be a part of an organization whose financial allocations reflect their communicated values. For example, I often hear faculty say, “We can’t get faculty of color to apply. They don’t want to live in a mostly White town and work with a bunch of White people.” When I suggested offering more
competitive salaries, the usual response is, “We can’t afford it.” Similarly, programs desire to recruit more students of color but are not willing or capable to offer competitive scholarships that reflect their professed commitment and dedication to racial diversity. The tragedy is that the conversation ends at “We can’t afford it.” I personally believe that if programs are truly committed to social justice and racial diversity, they cannot afford not to make the necessary investments to increase diversity.

It is not surprising that anti-racist conversations are being poorly facilitated; without racial representation among students and faculty, the conversations are significantly susceptible to group think. This is particularly problematic because White students, despite their best efforts, often have views and perspectives that reflect the White supremacist society in which they were acculturated. It is only through the critical examination and gentle challenging of these views and perspectives that rich and meaningful anti-racist dialogue can take place. Having a racially diverse group of students and faculty serve to provide this necessary balance.

**Require Ongoing Anti-racism Training**

An awkward dynamic that I have recognized in my experience as a doctoral student is how my White peers respond when we discuss topics of race that they have already heard before. I have noticed the occasional eye roll or heavy exhale of, “Here we go again.” I have never gotten the impression that my peers found these topics unimportant; instead, I hear them say, we covered this extensively in undergrad, then again in Human Diversity class. I get the sense that my peers felt as though the program was “beating a dead horse” by reinforcing ideas or topics that they had already covered. However, other topics are covered numerous times. For example, it seems as though the common factors of therapeutic change, attachment theory, and trauma
theory can never be overly-emphasized. And in fact, students often take multiple courses on a
similar topic to deepen their knowledge of topics they are passionate about. It may be that White
students view anti-racism training as separate from White allyship; being an ally requires
continual learning and critical self-examination of one’s biases, beliefs, and worldview.

Therefore, I am skeptical about my classmates’ reluctance to engage in anti-racist
conversations repeatedly over time and class content. It is the programs’ responsibility to
demonstrate that ongoing discussions are necessary and relevant to the professional goals and
objectives of both faculty and students. Sufficiently skilled facilitators of anti-racist
conversations would not only make the experience dynamic, meaningful, and worthwhile but
they would also help reluctant White students understand how they are situated within the larger
discourse of resistance to racial dialogue (Johnson et al., 2008).

**Self-Work**

It is important for White facilitators to continue to do their own self-work with their
values, beliefs, experiences, etc., as a cultural being in relation to other cultural beings, i.e.,
students. For educators to become comfortable with discussing issues of race and racism, it is
clear that education and training must exceed the intellectual and cognitive level of training.
Comfort in facilitating racial dialogues requires a significant experiential component that cannot
be simply accomplished through formal training or classroom experience. Achieving this goal
requires “lived reality,” or experiences outside of the classroom involving interaction and
dialogue with people who differ in race, culture, and ethnicity, and in real-life settings and
situations (Sue, 2003). Said differently, education and training must provide opportunities for
genuine interracial interactions that often induce discomfort in educators (Bell, 2002).
Furthermore, professors comfortable with acknowledging that they are products of cultural conditioning and have inherited biases and fears about other racial groups have a positive impact on facilitating difficult dialogues on race because it frees facilitators from the constant guardedness and vigilance exercised in denying racism, sexism, and other biases and models truthfulness, openness, and honesty to students on conversations on race. This level of comfort can also be achieved through processes such as personal therapy and critical self-examination of one’s racial identity (Helms, 1990).

**Exceed the Status Quo**

It is problematic that psychologists today might graduate from a doctoral program with a single diversity course on their transcripts. They are then supposed to be sufficiently competent and qualified to treat racial minorities who not only carry complex intersecting identities, but are also oppressed by multiple sociopolitical factors that adversely impact their daily lives. I would argue that it is necessary for psychologists to have a thorough understanding of racial identity development and the impact that systemic oppression has on the day-to-day experiences of racial minorities. In my opinion, to gain such a level of insight and understanding would require on-going training and reflection, well beyond the APA standards for graduate school coursework.

Further, it is understandable that some White faculty feel ill-equipped to facilitate conversations about race when they have yet to fully explore themselves as racial beings. For that reason, I strongly recommend that clinical psychology programs require faculty to model the importance of engaging in self-exploration as a racial being and self-education by participating in on-going anti-racist training. As a result, faculty would not only feel more confident and
competent when facilitating racial dialogue, but they would also have meaningful reflections to offer from their own learning process.

**Future Directions**

**Evidence-Based Practices**

Scholars conducting future research may choose to begin addressing the quality and effectiveness of anti-racism dialogue in clinical psychology training programs. The simple act of talking about race should not be confused with anti-racism. The goal of anti-racism is to challenge racism and actively change the policies, behaviors, and beliefs that perpetuate racist ideas and actions (Kendi, 2019). Therefore, it is necessary to ascertain to what degree racial dialogue in clinical training programs are informed by anti-racist procedures and policies. The current literature would not only benefit from more concrete recommendations for how training programs can more effectively engage in racial dialogue, but also from evidence-based practices (EBP). In such practices, this would involve integrating the best available evidence with clinical knowledge and expertise, while simultaneously prioritizing unique needs and personal preferences of students of color (APA Presidential Task Force on Evidence-Based Practice, 2006). If done consistently, optimal outcomes are likely to be attained during anti-racist dialogue.

Sue (2016) offers 12 effective requirements and suggestions for effective racial dialogue: (a) understanding the dynamics and characteristics of race talk; (b) being knowledgeable of the ground rules that hinder open discussions of topics on race, racism, Whiteness, and White privilege; (c) anticipating and being able to deconstruct the clash of racial realities among different groups; (d) being cognizant of how race talk is embedded in the larger sociopolitical
system and influenced by it; (e) being aware and nonjudgmental about communication style differences; (f) understanding White and people-of-color fears about engaging in racial conversations; and (g) having knowledge of racial/cultural identity development. (p. 235)

Sue’s recommendations, along with the valuable contributions of other researchers, could be synthesized in order to inform the development of evidence-based practices for facilitation of racial dialogue. While anti-racist conversations are much more dynamic and challenging than simply learning skills and performing them, evidence-based practices would provide a system of accountability that is severely lacking. Since there are no governing rules or standards as to how racial dialogue should be facilitated, students of color may struggle to articulate the intricate ways in which they have been let down or oppressed during an anti-racist conversation.

Assessment Tools

Although the present study has confirmed that poorly facilitated anti-racist conversations are positively correlated with symptoms of emotional and physical distress, adequate assessment tools need to be created to effectively determine what aspects of anti-racist conversations are most harmful and what adjustments can be made to reduce possibility for harm. While I hypothesize that factors such as cultural humility, cultural competency, cultural sensitivity, adequately identifying and addressing microaggressions, and racial diversity among facilitators might be among the most protective factors, more research is warranted. Although there are several useful race-related stress and discrimination measures, such as the Perceived Ethnic Discrimination Questionnaire (PEDQ; Brondolo et al., 2005), the Color-Blind Racial Attitude Scale (COBRAS; Neville et al., 2000), the Index of Race Related Stress (IRRS; Utsey & Ponterotto, 1996), and the Schedule of Racist Events (SRE; Klonoff & Landrine, 1999), none of
these is directly aimed at identifying the primary protective and risk factors involved in anti-racist dialogue (Sue et al., 2007, p. 284). Additionally, an assessment uniquely designed for objectively measuring anti-racist dialogue would be crucial for the development of evidence-based practices.

**Population-specific Research**

Just as students of color experience graduate school significantly different than their White counterparts (Brunsma et al., 2016), racial minorities have unique and distinct lived experiences that vary based on a myriad of socio-cultural and political factors. For example, while students of color are collectively prone to experiencing microaggressions during racial dialogue, Black students may be significantly more likely to be the victim of such transgressions (Sue et al., 2007). Thus, there is a dire need for the voices of Black students to be both amplified and utilized for the enhancement of anti-racist procedures and policies. The intention is not to minimize the racial trauma of non-Black students, but rather to reinforce the reality that students of color experience racism in distinct ways and to varying degrees (Sue et al., 2007). For that reason, scholars conducting research on the impact of anti-racism on emotional and physical wellbeing may be well served by focusing on a specific racial group or creating a study that performs an in-depth cross-analysis that meticulously assesses the experiences of multiple racial groups.

**Intersectionality**

In the same way that different racial minorities groups experience anti-racist conversations differently, two members of the same racial group, participating in the same racial dialogue, may also experience it differently depending upon their intersecting identities. Apart
from the lack of research on the impact of anti-racist conversation on wellbeing of students of color, there is a dearth of literature on the interplay of intersecting identities and experience of students of color engaging in anti-racist conversations. I wonder about the degree to which privileged (e.g., male, able-bodied, cisgender, heterosexual) identities among racial minorities serve as buffers against the harmful impacts of poorly facilitated racial dialogue? Conversely, to what degree do marginalized identities (e.g., female, disabled, queer, non-binary) serve to further disadvantage students of color during anti-racist dialogue?

**Qualitative Research**

While the present exploratory study provides rich quantitative data, it would also benefit from expanding upon participants’ unique lived experiences in their respective clinical psychology training programs. Future researchers could address this gap by conducting semi-structured interviews exploring the unique perspectives of each participant. Furthermore, it would be advantageous to ask the participants about what they need; a qualitative analysis could also help determine how to best support students of color and most effectively create best practices moving forward.

**Conclusion**

The overarching purpose of this research study was to develop a platform to amplify the voices and experiences of students of color who too often suffer in silence or isolation. Despite my best efforts, I struggle to find the appropriate words to describe the profound pain and agony that I have experienced at the hand of poorly facilitated anti-racist conversations. Someone who has never experienced this themselves may question whether I am exaggerating to gain sympathy or to produce a dramatic effect. However, I take comfort in knowing that I am not alone;
countless students of color all over the country can relate to my experience of being hijacked by my own body as my heart races, my chest tightens, and my body shakes uncontrollably. My saving grace over this past year has been the physical distance that online classes provide, rendering my physical symptoms imperceptible to others.

While the global pandemic has caused immense stress, fear, and heartache for people all over the world, for me and other non-White students, it also provided a blessing in disguise. Virtual classes have been a much-needed lifeline during a year of horrific racial injustice and social upheaval. Although I was often overwhelmed by the excessive cautiousness of White professors and the frequent unsolicited check-ins regarding my emotional wellbeing, the physical distance of remote learning offered an unexpected relief. In moments in which I felt too emotionally exhausted to engage in discussion, I could simply turn off my camera and take care of myself without creating cause for concern. Yes, it is wonderful that I was able to take advantage of the unexpected benefits of remote learning, but what if the pandemic did not happen? I cannot imagine what it would have been like to attend classes in-person while simultaneously struggling to cope with social injustices and racialized violence. With the support of family and friends, I managed to overcome this very challenging period of life.

I consider it a privilege to have the opportunity to share my personal experiences, but more importantly, to bear witness to the pain and suffering of fellow students of color from all over the country has been a sacred experience. It is my sincere hope that this study might serve as a catalyst for institutional action and a launching pad for further research. Perhaps programs could once honestly say, “I had no idea that students of color felt this way.” However, everyone who encounters this study becomes accountable for what they have learned. I also hope that any
pain or discomfort that participants experienced in rehashing their negative experiences of anti-racist conversations will not be in vain. Now is the right time for clinical psychology graduate schools across the nation commit to doing the work of becoming truly anti-racist programs that embody diversity, equity, and inclusion in everything they do.
References


IBM Corp. (2020). *IBM SPSS Statistics for Windows, Version 27.0*.


APPENDIX A: PROGRAM EVALUATION QUESTIONNAIRE

Please consider your overall experience of participating in anti-racist conversations at your graduate program. On a scale of 1 to 5 (1 = very Unsatisfied, 2 = Unsatisfied, 3 = neutral, 4 = Satisfied, 5 = Very Satisfied), please indicate the extent to which you are satisfied with your program’s attention to anti-racism in the following domains:

Definitions

Cultural competence is the ability to understand, communicate with and effectively interact with people across cultures.

Cultural sensitivity is the knowledge, skills, attitudes, and beliefs that enable people to work well with, respond effectively to, and be supportive of people in cross-cultural settings.

Ability to create emotional safety

Ability to identify and address microaggressions

Cultural Competency

Cultural Sensitivity

Racial representation of facilitators
APPENDIX B: POSITIVE AND NEGATIVE AFFECT SCHEDULE (PANAS)

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you have experienced the following emotions during and in the following days your most memorable anti-racist conversation reported above. Use the following scale to record your answers.

1 = very slightly or not a little at all
2 = moderately
3 = quite a bit
4 = extremely

______ interested
______ distressed
______ excited
______ upset
______ strong
______ guilty
______ scared
______ hostile
______ enthusiastic
______ proud

______ irritable
______ alert
______ ashamed
______ inspired
______ nervous
______ determined
______ attentive
______ jittery
______ active
______ afraid
APPENDIX C: INVITATION TO PARTICIPATE

Study on Students of Color and Their Experience of Anti-Racist Conversations

Dear [Head of Organization],

My name is Brandon Kirkwood and I am a doctoral candidate in Clinical Psychology at Antioch University New England.

I am conducting a research study in which I am inviting students of color to speak about their experiences of engaging in anti-racist conversations.

I am writing to ask whether [Organization Name] might be a resource in helping me recruit participants for the study by posting or sending out the attached information. This study has been approved by the Institutional Review Board at Antioch University New England.

You do not have to respond if you are not interested in sharing this study. If you do not respond, no one will contact you by phone, but you may receive a follow up email. If you are interested, please feel free to pass along or post the attached flyer and eligibility survey link.

Thank you for your time and consideration. If you have any questions or thoughts, please do not hesitate to contact me (student@antioch.edu). I look forward to hearing from you.

Sincerely,
Brandon Kirkwood, M.S.
PsyD Candidate
Antioch University New England
Keene, NH

Pronouns: he/him/his
APPENDIX D: INFORMED CONSENT

The Impact of Anti-racist Conversations on Graduate Students of Color

Welcome to my research study!

Purpose of the study: The purpose of this research is to gain a basic understanding of (1) the impact of anti-racist conversations on physical and emotional wellbeing; (2) how students rate their program’s facilitation of these conversations; (3) the emotional response of students during and after anti-racist conversations.

Eligibility

1. Are you currently enrolled in a clinical psychology graduate program?
2. Do you self-describe as a person of color or use other preferred terms used to describe your non-White racial identity?
3. Have you had at least one experience of engaging in an anti-racist conversation in your graduate program?

If you answered Yes to all three of these questions, you are eligible to participate in this study.

Study procedures: This study involves an online survey using Survey Monkey that should take about 30 minutes to complete. I will ask you to fill out a short demographic questionnaire and a couple of measures to find out about your perceptions and experiences of anti-racist conversations.

Please note that SurveyMonkey surveys are optimized for just about any mobile device (including iPhone, iPad, and iPod touch, as well as Android devices, Kindle, and Nook eReaders).

Anticipated risks or discomforts: As you complete this online survey, you may experience distress from answering questions about your life experiences as a racial-ethnic minority. You are not required to complete any question items you feel uncomfortable with, and you can withdraw from the survey at any time. Although very unlikely, in the event that you experience a response that requires immediate assistance, you can contact 911, the National Suicide Prevention Lifeline (1-800-273-8255 or visit https://suicidepreventionlifeline.org/) or the Crisis Text Line (Text CONNECT to 741-741). Each of these services is available 24/7. Additionally, Psychology Today (www.psychologytoday.com) may be used to locate a therapist in your area.
If you have any complaints or concerns regarding this study, you may also contact Antioch University New Englands’s provost (provost@antioch.edu) or the Institutional Review Board (irb@antioch.edu).

Anticipated benefits: These data will be used to advance what is known about the relationship between anti-racist conversations and physical and emotional wellbeing among psychology graduate students of color. Findings from this study will be used to encouraged increased implementation of anti-racism policies and procedures geared toward fostering a greater sense of inclusivity and belonging among graduate students of color in predominantly White graduate programs.

You will also be given the opportunity to enter a raffle for a $100 virtual gift card to www.amazon.com, and/or to receive a copy of the results when they are available.

Extent of confidentiality: No personally identifying information is collected through this survey; all responses will remain confidential and data will be kept on a password protected computer. Should you choose to email me, your name and email address will not be linked with your responses.

Terms of participation: I understand this project is for dissertation research, and that my participation is voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating without explanation, penalty, or prejudice.

By clicking the button below, I acknowledge that my participation in the study is voluntary and that I am are aware that I may choose to terminate participation in the study at any time and for any reason.

- I consent to begin the study
- I do not consent and do not wish to participate
APPENDIX E: REQUEST FOR PERMISSION

November, 2020

Brandon Kirkwood

Antioch University New England
40 Avon St, Keene NH 03431

RE: The Race-Based Traumatic Stress Symptom Scale (RBTSSS)

This letter, signed by all necessary parties, documents the permission granted by Robert T. Carter, Ph.D., the developer of The Race-Based Traumatic Stress Symptom Scale (RBTSSS), to Brandon Kirkwood, under the supervision of Martha B. Straus, Ph.D. for the use of The Race-Based Traumatic Stress Symptom Scale (RBTSSS) for the sole purpose of the student's doctoral dissertation research study. Additionally, it has been agreed that Brandon Kirkwood will provide the data and personal data information of participants that he collects immediately following data collection likely by the summer of 2022 to the scale's developer, Robert T. Carter, Ph.D. and not at the completion of his dissertation.

Please sign both copies of the letter and return one to the scale developer.

Robert T. Carter, Ph.D. 10/17/2020

Brandon Kirkwood 11/9/2020

Martha B. Straus, Ph.D. 11/9/20
APPENDIX F: DEMOGRAPHIC DATA

Participants' Demographic Statistics (n = 94)

<table>
<thead>
<tr>
<th>Variables</th>
<th>M or %</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>28.68</td>
<td>6.89</td>
<td>18 - 74</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>10.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>87.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transgender</td>
<td>1.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Binary</td>
<td>1.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnic-Racial Background</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td>27.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>20.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian or Asian American</td>
<td>34.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bi-racial</td>
<td>9.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>7.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $20,000</td>
<td>47.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$20,000 to $34,999</td>
<td>26.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$35,000 to $49,999</td>
<td>7.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$50,000 to $74,999</td>
<td>8.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$75,000 to $99,999</td>
<td>4.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$100,000 to $149,999</td>
<td>2.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$150,000 or More</td>
<td>3.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor Degree</td>
<td>38.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate Degree</td>
<td>61.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious Affiliation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic</td>
<td>11.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christian</td>
<td>33.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jewish</td>
<td>1.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muslim</td>
<td>5.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hinduism</td>
<td>2.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agnostic</td>
<td>18.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atheist</td>
<td>4.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>23.6%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX G: TABLES

Table G1

Means, Minimums, Maximums, and Standard Deviations of Student Satisfaction With Anti-Racist Conversation Facilitation (N = 91)

<table>
<thead>
<tr>
<th>Student Satisfaction</th>
<th>M</th>
<th>SD</th>
<th>Minimum</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to Create Emotional Safety</td>
<td>3</td>
<td>1.18</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Ability to Identify &amp; Address Microaggressions</td>
<td>2.58</td>
<td>1.19</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>3.07</td>
<td>1.14</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Cultural Sensitivity</td>
<td>3.12</td>
<td>1.09</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Racial Representation of Facilitators</td>
<td>2.32</td>
<td>1.19</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

**Range from 1 "Very Unsatisfied" to 5 "Very Satisfied"
Table G2

*Pearson Correlation Coefficient and Significance Values for the Relationship Between How Participants Rated Each Element of Their Program (N = 59)*

<table>
<thead>
<tr>
<th></th>
<th>Ability to create emotional safety</th>
<th>Ability to identify &amp; address microaggressions</th>
<th>Cultural Competency</th>
<th>Cultural Sensitivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to create emotional safety</td>
<td>Pearson Correlation</td>
<td></td>
<td>.693**</td>
<td>.700**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>&lt;.001</td>
<td></td>
<td>.695**</td>
<td>.410**</td>
</tr>
<tr>
<td>N</td>
<td>91</td>
<td>91</td>
<td>91</td>
<td>91</td>
</tr>
<tr>
<td>Ability to identify and address microaggressions</td>
<td>Pearson Correlation</td>
<td>.693**</td>
<td>1</td>
<td>.690**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>&lt;.001</td>
<td></td>
<td>&lt;.001</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>N</td>
<td>91</td>
<td>91</td>
<td>91</td>
<td>91</td>
</tr>
<tr>
<td>Cultural Competency</td>
<td>Pearson Correlation</td>
<td>.700**</td>
<td>.690**</td>
<td>.833**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>&lt;.001</td>
<td></td>
<td>&lt;.001</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>N</td>
<td>91</td>
<td>91</td>
<td>91</td>
<td>91</td>
</tr>
<tr>
<td>Cultural Sensitivity</td>
<td>Pearson Correlation</td>
<td>.695**</td>
<td>.712**</td>
<td>.833**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>&lt;.001</td>
<td></td>
<td>&lt;.001</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>N</td>
<td>91</td>
<td>91</td>
<td>91</td>
<td>91</td>
</tr>
<tr>
<td>Racial representation of facilitators</td>
<td>Pearson Correlation</td>
<td>.410**</td>
<td>.431**</td>
<td>.562**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>&lt;.001</td>
<td></td>
<td>&lt;.001</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>N</td>
<td>91</td>
<td>91</td>
<td>91</td>
<td>91</td>
</tr>
</tbody>
</table>

**Correlation is significant at the 0.01 level (2-tailed).**
Table G3

*Pearson Correlation Coeffecient and Significance Values for the Relationship Between the Frequency of Similar Negative Antiracist Conversations and Emotional & Physical Wellbeing of Students of Color (N = 59)*

<table>
<thead>
<tr>
<th></th>
<th>Frequency of Similar Events</th>
<th>Emotional Distress</th>
<th>Physical Distress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency of Similar Events</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>1</td>
<td>.275*</td>
<td>.364**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td></td>
<td>0.04</td>
<td>0.006</td>
</tr>
<tr>
<td>N</td>
<td>59</td>
<td>56</td>
<td>55</td>
</tr>
<tr>
<td><strong>Emotional Distress</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.275*</td>
<td>1</td>
<td>.913**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>0.04</td>
<td></td>
<td>&lt;.001</td>
</tr>
<tr>
<td>N</td>
<td>56</td>
<td>59</td>
<td>57</td>
</tr>
<tr>
<td><strong>Physical Distress</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Correlation</td>
<td>.364**</td>
<td>.913**</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>0.006</td>
<td>&lt;.001</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>55</td>
<td>57</td>
<td>57</td>
</tr>
</tbody>
</table>

* Correlation is significant at the 0.05 level (2-tailed).
Table G4

*Means, Minimums, Maximums, and Standard Deviations of Student Emotional Reaction During Anti-racist Conversations (N = 52)*

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interested</td>
<td>54</td>
<td>1</td>
<td>5</td>
<td>3.26</td>
<td>1.48</td>
</tr>
<tr>
<td>Distressed</td>
<td>54</td>
<td>1</td>
<td>5</td>
<td>3.61</td>
<td>1.17</td>
</tr>
<tr>
<td>Excited</td>
<td>54</td>
<td>1</td>
<td>4</td>
<td>1.59</td>
<td>0.92</td>
</tr>
<tr>
<td>Upset</td>
<td>54</td>
<td>1</td>
<td>5</td>
<td>3.74</td>
<td>1.18</td>
</tr>
<tr>
<td>Strong</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>2.66</td>
<td>1.27</td>
</tr>
<tr>
<td>Guilty</td>
<td>54</td>
<td>1</td>
<td>5</td>
<td>1.93</td>
<td>1.29</td>
</tr>
<tr>
<td>Scared</td>
<td>54</td>
<td>1</td>
<td>5</td>
<td>2.02</td>
<td>1.30</td>
</tr>
<tr>
<td>Hostile</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>2.34</td>
<td>1.48</td>
</tr>
<tr>
<td>Enthusiastic</td>
<td>54</td>
<td>1</td>
<td>5</td>
<td>1.59</td>
<td>1.07</td>
</tr>
<tr>
<td>Proud</td>
<td>54</td>
<td>1</td>
<td>5</td>
<td>1.76</td>
<td>1.03</td>
</tr>
<tr>
<td>Irritable</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>3.26</td>
<td>1.43</td>
</tr>
<tr>
<td>Alert</td>
<td>54</td>
<td>1</td>
<td>5</td>
<td>3.46</td>
<td>1.31</td>
</tr>
<tr>
<td>Ashamed</td>
<td>54</td>
<td>1</td>
<td>5</td>
<td>1.81</td>
<td>1.18</td>
</tr>
<tr>
<td>Nervous</td>
<td>54</td>
<td>1</td>
<td>5</td>
<td>3.13</td>
<td>1.45</td>
</tr>
<tr>
<td>Determined</td>
<td>54</td>
<td>1</td>
<td>5</td>
<td>2.78</td>
<td>1.57</td>
</tr>
<tr>
<td>Attentive</td>
<td>54</td>
<td>1</td>
<td>5</td>
<td>3.24</td>
<td>1.40</td>
</tr>
<tr>
<td>Jittery</td>
<td>54</td>
<td>1</td>
<td>5</td>
<td>2.30</td>
<td>1.47</td>
</tr>
<tr>
<td>Active</td>
<td>54</td>
<td>1</td>
<td>5</td>
<td>2.48</td>
<td>1.37</td>
</tr>
<tr>
<td>Afraid</td>
<td>54</td>
<td>1</td>
<td>5</td>
<td>2.28</td>
<td>1.45</td>
</tr>
</tbody>
</table>

** Range from 1 "Not At All" to 5 "Extremely"
Table G5

*Means, Minimums, Maximums, and Standard Deviations of Student Emotional Reaction Immediately Following Anti-racist Conversations (N = 51)*

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interested</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>2.40</td>
<td>1.31</td>
</tr>
<tr>
<td>Distressed</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>2.75</td>
<td>1.24</td>
</tr>
<tr>
<td>Excited</td>
<td>52</td>
<td>1</td>
<td>4</td>
<td>1.46</td>
<td>0.80</td>
</tr>
<tr>
<td>Upset</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>3.00</td>
<td>1.29</td>
</tr>
<tr>
<td>Strong</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>2.38</td>
<td>1.29</td>
</tr>
<tr>
<td>Guilty</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>1.85</td>
<td>1.22</td>
</tr>
<tr>
<td>Scared</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>1.98</td>
<td>1.35</td>
</tr>
<tr>
<td>Hostile</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>2.26</td>
<td>1.50</td>
</tr>
<tr>
<td>Enthusiastic</td>
<td>53</td>
<td>1</td>
<td>4</td>
<td>1.66</td>
<td>1.06</td>
</tr>
<tr>
<td>Proud</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>2.02</td>
<td>1.38</td>
</tr>
<tr>
<td>Irritable</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>2.89</td>
<td>1.50</td>
</tr>
<tr>
<td>Alert</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>2.57</td>
<td>1.42</td>
</tr>
<tr>
<td>Ashamed</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>1.72</td>
<td>1.15</td>
</tr>
<tr>
<td>Nervous</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>2.21</td>
<td>1.42</td>
</tr>
<tr>
<td>Determined</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>2.53</td>
<td>1.49</td>
</tr>
<tr>
<td>Attentive</td>
<td>52</td>
<td>1</td>
<td>5</td>
<td>2.62</td>
<td>1.37</td>
</tr>
<tr>
<td>Jittery</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>2.00</td>
<td>1.30</td>
</tr>
<tr>
<td>Active</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>2.11</td>
<td>1.09</td>
</tr>
<tr>
<td>Afraid</td>
<td>53</td>
<td>1</td>
<td>5</td>
<td>1.91</td>
<td>1.33</td>
</tr>
</tbody>
</table>

** Range from 1 "Strongly Disagree" to 5 "Strongly Agree"
APPENDIX H: FIGURES

Figure H1

*Frequency of Conversation & Emotional Distress*
Figure H2

*Frequency of Conversation & Physical Distress*