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EASTERN KENTUCKY UNIVERSITY

Activism as a Source of Strength for Black College Students at Predominately White Institutions

Honors Thesis
Submitted
in Partial Fulfillment
of the
Requirements of HON 420
Spring 2018

By
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Activism as a Source of Strength for Black College Students at Predominately White Institutions

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Abstract: Racism is deeply ingrained in American society, and white supremacy and the oppression of people of color has greatly contributed to the establishment of the very institutions that continue to perpetuate its existence today. Racism manifests itself in a variety of ways, and its most constant and daily appearance is in instances of microaggressions. These experiences contribute to feelings of invisibility, frustration, and anger, an experience known as racism-related stress, which research has shown to severely and negatively impact mental health. In order to combat the insidious effects of racism, Black Americans have utilized coping mechanisms for generations. This resiliency is astoundingly powerful, however, dealing with the omnipresence of racism is a constant and significant internal labor. For Black college students at predominately white institutions, microaggressions and systemic racism create a difficult environment to navigate. Unique opportunities in activism manifest themselves as tools to combat discrimination and racism-related stress. However, some argue that caution is needed in viewing activism as panacea for improving the lives of people of color, particularly Black people. Indeed, some research has suggested that activism is harmful to mental health, as it increases the intensity and frequency of experiences of perceived racism among some populations. This thesis includes a meta-analysis that examines the findings on the effects of activism on mental health. As a result of this analysis, a counter argument argues the potential of the utilization of activism as a source of strength that may combat the harms of racism, supporting the earlier claim that certain factors involved in activism may be protective in nature.

Keywords and phrases: Honors thesis, mental health, racism-related stress, resiliency, coping mechanisms, college students, activism, Black Americans, predominately white institutions.

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I dedicate this thesis project to Eastern Kentucky University's Black Student Union, where I serve as Vice President. I am truly thankful and honored to have a part in creating a space for Black students to connect, learn, grow, share, and love. Our work has only just begun. May we never lose our hope in the midst of immense difficulty, and may we never forget that we are always stronger together than apart.

Introduction

In a country built upon the backs of slaves and dependent on systemically racist institutions to maintain white supremacy, the resilience of Black Americans tells a unique story of struggle and triumph. Resiliency is the “ordinary magic” found embedded in the culture of Black Americans for centuries; it holds unique pathways for an individual to both survive and thrive in an otherwise hostile environment (Burley, Barnard-Brak, & Marbley, 2010). This hostile environment for Black college students includes not only the average struggles of a university-bound teenager, but also the racially targeted discrimination and microaggressions that they experience constantly. These instances are highlighted at predominately white institutions, where many Black students are often treated as commodities, borrowed for conversations about diversity, used to fulfill a quota requirement, and exploited in a way that will ensure their participation in athletics. The constant trauma of racism negatively affects mental health and creates what is termed “racism-related stress” (Anderson, 2013). To overcome this persistent attack on one’s mental and spiritual well-being, Black Americans utilize both generational and learned coping mechanisms (Daly et al., 1995; Jean and Feagin, 1998; Lewis-Coles and Constantine, 2006). For Black college students, unique opportunities in activism and political involvement manifest themselves as tools to combat discrimination and racism-related stress. Activism when employed in such a way can still cause stress, becoming increasingly harmful to Black college students’ mental health as involvement increases and interactions with systemic racism become more intense (Hope et al., 2017). Activism can induce more racism-related stress, hyper-awareness of racism and microaggressions, and more hopelessness about the future of civil rights advancement. However, the strength to overcome yet more trauma often lies

within. Strength-based psychology and positive psychology can aim to unlock this potential in Black American students in order to transform activism into a coping mechanism.

Racism

Racism is an organized system that subjugates one group of people relative to others (Williams and Williams-Morris, 2000), and is essential to maintaining many American social institutions, including the disenfranchisement of felons, mass incarceration, housing discrimination, and racially patterned school-to-prison pipelines (Alexander, 2012). Racism also includes individual attitudes and behaviors (Williams and Williams-Morris, 2000). According to a plethora of statistical data spanning many decades, Black Americans are viewed most negatively by whites out of all minority groups (Williams and Williams-Morris, 2000). These beliefs have created and fed this complex system of white supremacy and systematic racism, and evidence of this appears everywhere. The powerful omnipresence of racism can be categorized into three parts: individual, institutional, and cultural racism, each of which create a multidimensional, continuous attack of racism on daily experiences (Utsey et al., 2000). First, individual racism includes personal attacks of racism, such as being singled out in a group of shoppers in a store and followed by security—a common microaggression experienced by many people of color. Aspects of individual racism, such as gendered racism towards African American women as well as men, reflect the importance and relevance of intersectionality in the conversation about race and racism (Schwing, Wong, and Fann, 2013). Secondly, institutional racism, with roots deeply intertwined in American history and present-day life, refers to systemic racism in the form of policies that exclude, oppress, and criminalize people of color (Utsey et al., 2000). Many critical race theorists have put forward the premise that the “many ways race and racism were fundamentally ingrained in American social structures and historical consciousness

[has] hence shaped U.S. ideology, legal systems, and fundamental conceptions of law, property, and privilege” (Singer, 2016, p. 1068). For instance, housing discrimination has been central to maintaining inequality for many years. Racism is a particularly powerful force, as it greatly limits basic rights, resources, and freedom for Black Americans, and this also translates into limiting the availability and quality of mental health services to Black Americans. Systemic racism is present in the United States educational system as well. For example, in academia, African American men are severely and disproportionately affected by systemic racism (Singer, 2016). Microaggressions are common in school settings, especially at predominately white institutions, or PWIs (Singer, 2016). This paper focuses on the effects of racism in the context of PWIs, as historically Black colleges and universities (HBCUs) for the most part have had an opposite, positive effect on the lives of Black Americans pursuing higher education in a country that historically has violently denied them such opportunity (Jean-Marie, 2006). Racial disparity in higher education is a vital topic, and understanding the effects of racism on PWIs is crucial to improving the experiences of Black students. Thirdly, cultural racism occurs when the practices of the dominant group are accepted as superior to the minority group. The elimination or otherwise “whitewashing” of Black history and achievements is an example (Utsey et al., 2000). Cultural racism interacts with systemic and individual racism in a variety of ways, as culture reinforces attitudes of racial superiority. For example, while in the school setting, where the system is stacked tall against them, many Black men feel they must perform twice as hard as their white peers to prove themselves (Singer, 2016). Ironically, those harboring racist beliefs often attribute the poor self-esteem, anger, and violence seen in young African American males to racial inferiority, when in reality, these symptoms are a result of the psychological consequences of racism (Franklin, Boyd-Franklin, and Kelly, 2006).

Microaggressions

Often racism manifests itself as microaggressions, which are daily indignities that may be intentional or unintentional, and communicate racial slights and insults to the targeted person or group of people (Anderson, 2013; Franklin, Boyd-Franklin, and Kelly, 2006; Sue and Sue, 2003). These occur along one's daily routine, in regular settings, often with people well-known to the victim of these microaggressions. More often than not, those that inflict such microaggressions on others do not detect their own hostile behavior and often those looking on do not realize what is transpiring. This invisibility has an isolating effect for the target of the microaggressions. For example, a case study by Franklin, Boyd-Franklin, and Kelly (2006) emphasizes the link between racism and mental health by detailing such trauma, as well as providing an overview of the deep effects of racism on emotional, mental, and physical well-being. The authors trace the relationship between racism-related stress and emotional trauma or post-traumatic stress syndrome symptoms to experiences of being victimized by microaggressions or other racial encounters, as experienced by a Black woman. While racism-related stress may start out small, it can build into deep-seated anger, depression, and extreme anxiety, and instances of microaggressions can cause feelings of invisibility (Franklin, Boyd-Franklin, and Kelly, 2006). White privilege is arguably the main cause of such invisibility (Franklin, Boyd-Franklin, and Kelly, 2006). The authors discuss the power of white privilege when detailing the experience of a Black woman in the workplace, while incredibly qualified to be in her position, is paid far less, continually disrespected and humiliated, and has her Black hair styles deemed "inappropriate" (Franklin, Boyd-Franklin, and Kelly, 2006). As a result of these microaggressions, the woman suffers from the mental, emotional, and physical effects of racism-related stress. Research shows that racism can affect both mental and physical health

(Schwing, Wong, and Fann, 2013). This trauma, built over years of discriminatory treatment, transformed into anger and frustration, and the woman left the company for the sake of her well-being. Racism is a complex and powerful tool when creating a feeling of invisibility for Black individuals, as well as, a source for incredibly deep trauma.

Microaggressions are defined quite broadly because they can happen in a variety of contexts, but they do often happen in daily environments, such as the workplace or classroom. For the Black college student, a common microaggression on university campuses might be a white student proclaiming that they do not “see color” when discussing racial topics with the Black student, or a professor singling out a student of color to speak on behalf of her entire ethnicity, or an exam proctor accusing a student of color of cheating when they earn a particularly high score (Solorzano, Ceja, and Yosso, 2000). At PWIs, African American experiences are often omitted from classroom learning and discussion, further intensifying a sense of invisibility (Solorzano, Ceja, and Yosso, 2000). Black student gatherings and functions are often highly regulated, usually by campus police, while white students can gather as they please (Solorzano, Ceja, and Yosso, 2000). Not only are these instances derogatory, demeaning, and hurtful, they can threaten the success of a student when administrators or instructors also engage in such behavior. The resulting sense of discouragement and frustration can influence Black students to believe they cannot measure up academically (Solorzano, Ceja, and Yosso, 2000). A constant, regular stream of microaggressions combined with the multidimensional attack of racism often result in psychological distress, an experience known as racism-related stress.

Racism-Related Stress and the Effects of Racism on Mental Health

There are many stressors related to the three types of racism, which can lead to anxiety, anger, sadness, and other emotional and physical reactions (Tovar-Murray et al., 2012). Perceived racist experiences can induce a more permanent, physical reaction in that it creates what is termed “racism-related stress” (Anderson, 2013; Franklin, Franklin, & Kelly, 2006). Racism-related stress is defined by Tovar-Murray as the “race-related transactions between individuals or groups and their environment that emerge from the dynamics of racism, and that are perceived to tax or exceed existing individual and collective resources or to threaten one’s well-being” (Tovar-Murray et al., 2012, p. 255). These dynamics are far-reaching, from quotidian racial slights to indelible interactions of violence or terror. The threat of racism-related stress to well-being is equally extensive, from physical ailments like heart problems to mental health issues (Schwing, Wong, and Fann, 2013). One study found that racism-related stress is both mental and physical, and experiencing it on a daily basis is a clear predictor for experiencing more poor mental and physical health days (Anderson, 2013). For the Black college student, who is likely to already face mental health issues at some point in their four years of undergraduate study, racism-related stress greatly threatens their psychological well-being (Eisenberg et al., 2009). Additionally, racism-related stress can be heightened by current events, and not just personal microaggressions. Specific events and their following repercussions, whether personal or public, can alter responses in longitudinal reports of racism and daily life experiences (Franklin, Boyd-Franklin, and Kelly, 2006). In other words, learning about the oppression of other Black Americans can exacerbate racism-related stress. For example, the recent murders of young Black men and boys by police have increased public sensitivity to race relations and have heightened awareness of the life-threatening reality of racism for the Black

American community (Alexander, 2012). Microaggressions and perceived racist interactions are often heightened during these sensitive periods of time (Franklin, Boyd-Franklin, and Kelly, 2006). The emotional consequences of this overlap affects how individuals might cope, as well as, how that individual moves through their regular environment. Additionally, longitudinal findings show a linear relationship between exposure to community violence and aggression, but a curvilinear relationship with depression, meaning that emotional distress as a result of victimization or being a witness to community violence may be suppressed (Gaylord-Harden et al., 2017). This suppression or “numbness” might remove inhibitions for engaging in aggressive behavior. Racial violence is certainly relevant when considering the effects of exposure to community violence. The effects on mental health, especially for younger adults, demands more research. In fact, for older adolescents, one study found no support for this “numbness” or emotional desensitization (Gaylord-Harden et al., 2017). The longer the exposure to violence, along with more developed cognitions and perhaps a loss of a close friend or relative due to community violence might have this effect. In other words, exposure to community violence might be more “damaging” for older children or teenagers because they are more aware and sensitive to their surroundings, able to process these experiences, and thus might not be as “numb” in the same way as a younger child. Understanding the effects of exposure to community violence on mental health is relevant to understanding the effects of racism-related stress on mental health and how to cope with racism-related trauma. It is crucial to identify the processes underlying the strengthening of associations, as different circumstances whether personal or public may potentiate sensitivity to racism, and therefore further trauma (Kwate and Goodman, 2015). These trauma responsive approaches should be centered on resources of resilience in people of color to address traumatic stress (Gaylord-Harden et al., 2017).

Tovar-Murray et al. explain that when a “race-related event threatens an individual's personal resources to cope, it is perceived as a psychological barrier” (Tovar-Murray et al., 2012, p. 255). For a college student, the added effects of a psychological barrier with many symptoms and health consequences like racism-related stress would affect that person’s goals, motivation, and success. For example, research has shown that racism-related stress along with other mental health factors such as poor identity development is often related to decreased career aspirations (Tovar-Murray et al., 2012). This suggests that how the student handles his or her racism-related stress could very well determine their future. Additionally, when these racist instances and experiences permeate the self-thought of those targeted, the positive self-esteem and goal-setting capabilities of the individual are affected. This process is known as internalized racism or oppression, which happens when a stigmatized group accepts and reinforces negative, untrue messages about themselves and their various areas of aptitude, which leads to group-wide invalidation and the devaluation of self (Harper, 2006). As found in a later section of this paper under the heading of Racial Identity Development, there is a continued discussion on the ways that identity—often influenced by racism—impacts the Black college student. Anderson (2013) illuminates the link between experiencing stress as a result of perceived racism and its resulting damages to mental health for minority groups. Anderson uses statistical models by altering dependent and independent variables to chart the existing relationships between race and stress. In order to determine race as a defining factor, Anderson controls for any social and demographic factors that might skew such data. Based on her findings, the author argues that being a minority is a substantial predictor for experiencing both mental and physical stress from racism related experiences, but she also asserts that Black individuals are far more likely than any other minority to experience such trauma. In these studies, it is clear that minorities as a

broad group experience racism-related stress, but the Black experience is distinctive—this is of utmost importance to understanding Black mental health issues. The widening gap of mental health disparities in the Black community is generated by the marginalization of Black Americans, which is attributable to many aspects of systemic racism, as discussed earlier (Utsey and Constantine, 2008). Previous studies have found higher prevalence rates for substance use, anxiety, and depressive symptoms in Black Americans (Chau, Adnaani, and Hofmaan, 2011), and research about racism-related stress arguably explains why this might occur, as depression, anxiety, and post-traumatic stress symptoms are associated with racism-related stress: “Perceived racial discrimination [is] associated with a higher rate of endorsement of various types of psychopathology across all racial groups” (Chau, Adnaani, and Hofmaan, 2011, p. 78). Racism-related stress can become a psychological barrier with many symptoms and health consequences, often appearing as a combination of various indicators (Schwing, Wong, and Fann, 2013).

Graham et al. (2016) found that internalized racism mediated the connection between recent racist incidents and symptoms of anxiety and stress. The researchers suggest that internalized racism acts as a “mechanism” that connects experiences of racism to this anxiety and stress. However, according to other research about racism and anxiety or stress, this is one of many mechanisms of this nature. Along with a weak racial identity, internalizing negative views of oneself can result in fatalism, substance abuse, and self-destructive behaviors, along with depression and anxiety (Gilbert, Harvey, and Belgrave, 2009). Therefore, further research and discussions about internalized racism are a crucial addition to developing and implementing treatment for Black Americans, and antiracism activism should be central to such practices and training as well (Pieterse et al., 2012). Some researchers postulate that internalized racism is a direct consequence of recurrent, damaging experiences of racism (Graham et al., 2016). On the

other hand, several research studies have found that internalized racism is related to poor self-esteem, along with psychological distress (Graham et al., 2016). A study exploring this relationship in Black college students at PWIs found that a negative correlation between devaluing oneself due to race and self-esteem (Graham et al., 2016). Internalized racism, a form of critical beliefs about oneself, seems to be harmful for not only self-esteem, but also overall well-being. Negative perceptions and beliefs about the self have been shown to relate to the development of anxiety symptoms, and these critical thoughts often exacerbate the symptoms of such anxiety, highlighting the relationships between mental health, racism, self-esteem, and coping (Graham et al., 2016). Avoiding the internalization of racism by coping effectively with racism-related stress could be the key to protecting the self-esteem of Black college students in these environments, as well as all Black Americans. This is of critical importance, as internalized racism is found in academic settings; some researchers hypothesize that grammatical correctness, academic success, and other positive achievements are associated with the notion of “acting white” in the African American community (Harper, 2006). For instance, Black men are often stereotyped as unintelligent and lacking certain skill-sets, and an intelligent Black man might prefer to preserve this dumbed-down narrative in an environment that punishes Black male excellence (Harper, 2006). This cultural reinforcement pushes young Black men to avoid being labeled negatively by their own community, and this leads to a cycle of continued devaluation of educational achievement. White supremacy in the education system is almost entirely to blame, but “equally troublesome is the internalization and validation of these messages within Black communities” (Harper, 2006). In a case study, even though no internalized racism is found on several college campuses, Harper (2006) argues that it is likely that the environment of microaggressions on predominately white institutions’ campuses alone have an impact on this

internalization. This internalized racism in the education system not only exposes the deep grasp of white supremacist oppression on Black Americans, but also prevents students from aspiring to their real potential.

Racism-related stress can result in a version of dysthymia, or a low-grade depression, understood in this context as a product of “years of enslavement, oppression, and discrimination [which] have resulted in a collective psychological condition manifested by symptoms including sadness, anger, hostility, self-hatred, and self-destructive behaviors” (Hunn and Craig, 2009, p. 88). It is likely that many cases of this depression are more intense than dysthymia, especially when coupled with trauma, stress, and anxiety. In many studies, depression, anxiety, trauma, and stress are tested in conjunction to determine the overall distress that racism-related stress may cause (Anderson, 2013; Chau, Asnaani, and Hoffman, 2011; Curry, 2010; Franklin, Boyd-Franklin, and Kelly, 2006; Graham et al., 2016; Hunn and Craig, 2009; Kwate and Goodman, 2015; Pieterse et al., 2012; Williams and Williams-Morris, 2000). In fact, the Depression Anxiety Stress Scale is often utilized to understand the overall trauma on the psyche (Depression Anxiety Stress Scale, n.d.). One study specific to anxiety found that discriminatory experiences predicted generalized anxiety disorder, which includes chronic anxiety, worry, and muscle tension (Kwate and Goodman, 2015). Anxiety might be exacerbated from a constant stream of microaggressions, as one study found that extreme discrimination was associated with depression; however, more common, daily discrimination was associated with anxiety, as well as other symptoms (Williams and Williams-Morris, 2000). Racism-related stress is also associated with symptoms of trauma. Black Americans who reported perceived racism also endorsed post-traumatic stress disorder (PTSD), and one study shows that such a finding stems from the fact that racism and the discrimination event itself can be a highly traumatic experience (Chau,

Asnaani, and Hoffman, 2011). Some also argue that Blacks exposed to more violent instances of racial attacks would be more at risk than others for trauma-related symptoms, however, understanding the mini-traumas of daily microaggressions allows for recognition of its overall impact (Franklin, Boyd-Franklin, and Kelly, 2006). One of six types of stresses of racism-related stress known as transgenerational transmissions speaks to this phenomenon (Tovar-Murray et al., 2012). Essentially, collective memories of oppression and racism such as those of slavery, segregation, and acts of violence create a legacy of trauma (Tovar-Murray et al., 2012). These residual effects of such trauma and dehumanization are observable still today, and may be explained by the theory of Post Traumatic Slave Syndrome (DeGruy, 2017). The horrible acts of white colonizers, from initial injuries to years of redefining and justifying such atrocities, contributes to the ongoing harm to the mental health of Black Americans (DeGruy, 2017). The trauma of racism is an open wound that has yet to heal.

Mental Health Stigma in the Black Community

Mental health treatment has been cultivated to serve whites in a society that oppresses people of color, and institutional racism can affect how Black Americans receive or have access to mental health services. For instance, according to Hunn and Craig (2009), depression in Black women is underdiagnosed due to sociocultural issues and white-centered assessment measures. Williams and Williams-Morris (2000) state that “the stigma of racial inferiority may also adversely affect the treatment of black patients in the mental health system...Black clinicians have long argued that popular misconceptions, inaccuracies, and stereotypes of the psychology of African Americans could lead to the misdiagnosis of black patients.” Institutional racism can feed stigma surrounding receiving mental health treatment as well. Mental health treatment, aside from deep-seated sociocultural problems, is enough to deter Black Americans from seeking

help at all: the history of their victimization “in terms of access to care, resources, research, and unethical practices leaves a residue of paranoia concerning medical treatment of any kind” (Hunn and Craig, 2009, p. 87).

Treatment of mental health problems as early as possible can help individuals reap long-term benefits and perhaps avoid a myriad of problems in their daily lives (Eisenberg et al., 2009). About seventy-five percent of mental disorders begin their onset around age 24, and since almost half of American teenagers pursue a college degree, mental health and awareness of treatment is of critical importance during these college years (Eisenberg et al., 2009). Many colleges and universities offer students a variety of options to identify and treat mental disorders, as well as spread awareness about mental health (Eisenberg et al., 2009). However, seeking help for mental health issues is not always as simple as attending a free college seminar. Many students have negative stereotypes about mental illness from “perceived public stigma” that is often internalized into “personal stigma”—these notions about how a person with mental health is viewed by society can negatively impact help-seeking behaviors (Eisenberg et al., 2009). Eisenberg et al. (2009) found that personal stigma was negatively associated with perceived need and use of mental health treatment, such as therapy, medication, or other avenues of support, but was not significantly associated to perceived public stigma. Perceived public stigma plays a role in feeding personal stigma, as many of these perceptions are culturally defined and reinforced. For Black Americans, mental health stigma is often considered a hindrance to seeking mental health services, though many seek help from non-clinical professionals such as religious leaders (Buser, 2009; Masuda, Anderson, and Edmonds, 2012). Religion, as discussed later as a common coping mechanism for Black Americans, plays a role in help-seeking attitudes. In a study of Black American college students, Masuda, Anderson, and Edmonds (2012) found that even

though Blacks were just as at risk for mental health issues as students of other ethnicities, stigma and self-concealment were associated with help-seeking attitudes. In an environment of systemic racism, stigma is certainly not the only factor that can explain the underuse of professional mental health services by Black Americans. Pervasive poverty, lack of trust, and limited access to transportation or the services themselves are examples of social barriers to seeking professional help (Masuda, Anderson, and Edmonds, 2012). Many universities try to erase these barriers by offering more affordable or even free mental health counseling, treatment, and evaluations, holding seminars and discussion panels about mental health, and spreading mental health awareness. Nonetheless, stigma and attitudes of help-seeking still affect the population of Black college students.

Racial Identity Development

Intersectionality can also compound the effects of racism on mental health. Gender roles can alter how equipped a Black girl might be compared to her male counterpart, as traditionally girls have often been raised to rely on others, while boys have been taught to be tough and independent (Wallace, 2012). In adults, the junction between race and gender causes Black American women to experience mental illness differently than their white counterparts and even Black American men (Hunn and Craig, 2009). However, intersectionality also affects men in unique ways as well (Schwing, Wong, and Fann, 2013). Still, Black women are marginalized in extreme ways, as they are routinely shoved to the bottom of the social hierarchy because of their gender, class, and race (Hunn and Craig, 2009). This certainly has an effect on mental health, with Black women's rates of depression often much higher than their counterparts (Hunn and Craig, 2009). Intersectionality plays an important role in the harm of people of color, for example, in a society where Blackness, gender expression, and sexual orientation are

discriminated against and oppressed, a Black woman who is gay, trans, or otherwise is oppressed several times over. Often the abusive treatment of Black men by white society and institutions lays a heavy burden on Black women, especially emotionally and mentally—the mass incarceration and heavy death rate of Black men perpetuates a never ending cycle of trauma for their families, namely, Black women (Hunn and Craig, 2009).

Identity formation and major decision making during the few years at a university is arguably quite critical to the direction of a student's future. For college students, clear career aspirations are often required from the moment they fill out applications. Majors are quickly chosen based on a short description available on a university webpage. For those left “undecided,” a random set of courses become muddled and confusing and often so do the student's career goals. Failed courses or poor grades can quickly sink a grade point average, setting the undirected student back even further. In this rushed environment that requires certainty at a very young age in proportion to lifetime, lacking career decidedness can become quite costly in student loan debt and dropped classes. In addition, for a young man or woman that is a first-generation university student, college is already a very difficult experience to navigate. Adding the burden of racism-related stress only makes this experience more taxing. A strong racial identity, however, is an important factor in well-being and success. Research has shown that higher levels of self-esteem and positive self-thought are related to lower levels of depression and depressive symptoms (Bamishigbin et al., 2017). Identity is crucial to motivation and success, as research has shown that racism-related stress along with other mental health factors such as poor identity development are often related to decreased career aspirations (Bamishigbin et al., 2017). This shows how the effects of internalized racism, racism-related stress, mental health, and poor self-esteem could determine a student's future.

Racial identity in America is primarily a result of an individual's understanding of the functions of racism in society (Sue and Sue, 2003). For example, a "conformity" stage is commonly found in Black racial identity models because of the reach and power of racism. Cross's model of Black identity development defines the process of "becoming Black" and traces the transformation of poor psychological function to excellent mental health (as cited in Sue and Sue, 2003). While Sue and Sue (2003) do not relate psychological health to racism in sufficient depth, the assumption exists that progressing into the forward stages to a stronger sense of self, coming to terms with one's race, and analyzing the role of white oppression results in better mental and/or emotional well-being. While identity is important to overall well-being, some evidence suggests it is not necessarily a protective factor. Pieterse and Carter (2010) find that strong racial identity was not empirically an indicator that racism would be perceived, however, perceived racism did not vary based on profile type. Essentially, the authors surmise that strong racial identity is not a "protector" from racist experiences, but is likely to predict a healthy psychological state overall. Identity was not a moderating variable between racism-related stress and psychological function, but perceived racism did indicate a psychological stressor, as opposed to just overall poor mental health (Pieterse and Carter, 2010). Still, identity can serve as a buffer between racism events and mental or emotional trauma. A psychological buffer is "any psychological act of protection, which Blacks employ when they encounter whites who are explicitly acting in a racist and insulting manner" (Tovar-Murray et al., 2012). A positive sense of self can be the difference between success and failure—when Black Americans identify strongly with their race, ethnicity, and culture, their levels of career decidedness increase because identity protects against "attacks of racism" (Tovar-Murray et al., 2012). Kwate and Goodman (2015) explain that internal processing of unfair treatment has an effect on levels of

distress for that individual; those who take action and talk about racist experiences have lower levels of distress than those who accept such treatment as a fact of life. The authors theorize that identity might have something to do with this process: “It appeared that actively processing the reality of race blunted the blow to mental health...For example, individuals for whom racial identity is central to self-concept experience less negative impact from discrimination on psychological distress. This may be because these individuals are better equipped to mobilize coping responses to racism and to distinguish between actions directed at their racial group and at themselves.” (Kwate and Goodman, 2015, p. 716). From this finding in the context of others, I theorize that identity and coping skills are interconnected in terms of mitigating the mental health effects of racism-related stress. While identity might not be considered a strong protective factor against racism-related stress, it clearly has an important role in maintaining overall well-being. Since racism-related stress deeply affects mental health and well-being, racial identity—an aspect highly influenced by the surrounding environment—is crucial to this discussion. Historically, Blackness has been treated as a statistic, a potential risk factor for a life full of struggle—yet, the “ordinary magic” of resiliency persists in the midst of despair (Burley et al., 2010; DeHaney et al., 2013).

Coping and Resiliency

Generalizations and stereotypes of Black Americans piece together an image of a vulnerable people group, victimized by poverty, stricken with violence and drug addiction, and unable to help themselves—completely ignoring the abundant evidence of remarkable resiliency embedded in Black American culture and families (Wallace, 2012). Racism-related stress taxes or exceeds the available well of resources a person might possess internally or perceive culturally (Tovar-Murray et al., 2012), and these resources, also understood as coping mechanisms, sources

of strength, or resiliency, have long been cultivated by the Black American community. Protective functions of resilience resources help individuals to thrive and persist in difficult, chronically stressful environments (Bamishigbin et al., 2017). In terms of strength-based psychology, which focuses on the inner resources and resiliency of a person, racism-related stress should be considered as trauma and microaggressions as “mini” traumas in order to comprehend the effect of these experiences on mental well-being, and how these traumas highlight resiliency and coping methods utilized by the individual. In this context, it is critical to grasp that diagnosing the PTSD-like symptoms of racism-related stress as a disorder can shift blame to the victim or otherwise contribute to the psychopathology narrative. Many researchers insist that “it is more accurate to assess the effects of racism as psychological and emotional injury than as a mental disorder, since the effects of racism come from the sociocultural environment, and not from an abnormality that resides within the individual” (Franklin, Boyd-Franklin, and Kelly, 2006, p. 17). This understanding influences how clinicians approach the treatment of Black Americans, which should at a minimum include a knowledge of the multidimensional aspects of racism (Buser, 2009; Franklin, Boyd-Franklin, and Kelly, 2006; Graham et al., 2016; Utsey and Constantine, 2008). Most research on coping mechanisms does not focus on Black subjects, and “just as scholars have argued that race-related stress is different from general stress, a number of scholars have suggested that generic coping measures cannot adequately capture the range of specific race-related coping strategies Blacks use to deal with racism” (Forsyth and Carter, 2012, p. 129).

Black Americans have utilized many coping mechanisms to ameliorate the constant oppression of racism and its effects on the body, soul, and mind. Researchers have identified three main coping mechanisms common to Black Americans: religion, family, and community

(Thomas et al., 2008). A variety of other coping strategies exist beyond these three, such as using a defensive shield, overachieving, praying, laughing at situations, and relying on support from friends (Thomas et al., 2008). Despite this broad range, few studies have explored evidence of coping mechanisms among Black Americans until the twenty first century. Not all coping styles are the same; in fact their differences in utilization and formation have an effect on mental health and well-being. Gender is important to understanding coping and racism-related stress, as men and women may cope differently, with men tending to use more active measures and women tending to use passive ones (Pieterse and Carter, 2007; Pieterse et al., 2013). As I discussed earlier, gender role expectations that are present in the rearing of children can alter how that child might cope with racism, along with other factors (Wallace, 2012). Recent research has asked why some children, who are expected to fail based on certain risk factors, cope with challenges differently (or better) than other children (DeHaney et al., 2013). This, among other examples, traces the differences in the role of resilience in individuals that may share the same risk factors and the same protective factors (DeHaney et al., 2013). Some studies show that active coping can be a buffer in the relationship between discrimination and mental health, while passive coping amplifies the relationship (Bamishigbin et al., 2017). In others, avoidant coping styles have been related to more chronic stressors and higher depressive symptoms over time (Bamishigbin et al., 2017). These differences are important considering the research showing how racism affects men and women in unique ways due to intersectionality and gendered racism, and this translates into some variations in coping styles (Pieterse and Carter, 2007; Pieterse et al., 2013).

According to Utsey et al. (2000), coping transpires in two parts: primary appraisal, where the individual examines the threatening situation, and secondary appraisal, where the individual

evaluates what recourses are available to them to cope with the situation. Coping can vary from confrontational styles to withdrawal styles, based on a variety of internal and external factors (Lewis-Coles & Constantine, 2006). Internal factors like stigma and help-seeking attitudes permeate the primary appraisal thinking process. External factors like institutional racism barriers can vastly limit the resources considered in the secondary appraisal phase. This two part process is present in what Lewis-Coles and Constantine (2006) define as Africultural coping, which refers to drawing on a fund of cultural knowledge to assign meaning to a stressful event and to determine available resources for dealing with the stressor. The church, for example, has been of major importance when it comes to Africultural coping, historically because it has been “one of the only resources available in the fight against racism” (Lewis-Coles & Constantine, 2006, p. 434). Religious problem solving, such as prayer, is an example of this culture-specific coping mechanism related to the church and an individual’s sense of spirituality. Lewis-Coles and Constantine (2006) note that this type of problem solving often redirects the locus of control to oneself, instead of trusting a higher being alone for intervention into a situation. Thornton states that the preeminence of family and religion “may simply be a response to the peculiar experiences and exigencies of blacks in America...it may be from [where] Blacks seek the stamina to survive, the occasion to resist [and] the will be pursue their liberation” (Thornton, 2004, p. 109). Religious coping can even ameliorate physical health effects, such as blood pressure and other cardiovascular issues; for instance, a study found that prayer was an effective coping mechanism upon recall of racism and anger associated with a racist event for African American women (Cooper et al., 2014). Again, there are differences among men and women, particularly in reference to which of the three identified types of racism prompted certain coping strategies related to religious problem-solving. For example, collective coping strategies were

related to instances of perceived cultural racism-related stress for men, while the same category of strategies was related to institutional racism-related stress for women (Lewis-Coles & Constantine, 2006). This, among other examples, shows the multidimensional aspects of religious problem solving and how the process is carried out.

Daly et al. (1995) discusses one of the strongest survival mechanisms studied over time in African American culture, which is the family unit and its relationships. Tackling problems, ameliorating stress, and grieving over deaths are all continuous actions that take place in the family structure (Daly et al., 1995) While the family is a potent source of strength—including a strong achievement orientation and work ethic, flexible roles, and a strong religious orientation—racism and oppression chip away at its power (Gilbert, Harvey, and Belgrave, 2009). White racism directly impacts the Black family, and these costs are explored by Jean and Feagin (1998). The decline in communalism as a result of many factors such as a spike in one-parent, typically female-headed households, threatens the effectiveness of the protective factor of the Black family (Jean and Feagin, 1998). The absence of Black men as a result of systemic racism in the criminal justice system as well as other social factors such as gender-related work role reversal can lead to family separations (Jean and Feagin, 1998). Also, Black male rage develops over the emasculation and disempowerment experienced at the hands of whites in daily life and the workplace. While a product of white racism, this rage is more often than not directed at the family, furthering separation and increasing tensions, a particularly painful cost of white racism (Jean and Feagin, 1998). Abuse is known to be cyclical in nature, and this cycle is apparent in the mistreatment of Black men translating into their mistreatment of their own families. This abuse then adds more to the Black woman's plate, who is often the head of the household, and already suffering the abuses of gendered racism and sexist discrimination.

Additionally, many Black women refuse such victimization by Black men, and are not willing to accept spousal abuse, which can create more confrontations. Often the abusive treatment of Black men by white society and institutions lays a heavy burden on Black women, especially emotionally and mentally—the mass incarceration and heavy death rate of Black men perpetuates a never ending cycle of trauma for their families, namely, Black women (Hunn and Craig, 2009). In this way, Black women receive the pain of white racism both first and second hand, as they also are often the target of displaced anger by Black men under the abuses of whites.

White racism also impacts the family as a source of strength when racist events are discussed. While talking about experiences of discrimination eases individual suffering and builds family ties, it also feeds “collective memories” of this suffering that can be harmful for the family (Jean and Feagin, 1998). This form of racism-related stress is known also as “transgenerational transmission,” which identifies this legacy of racism as acutely traumatic (Tovar-Murray et al., 2012). Results from the previous study show that many Black Americans seek support from family members when it comes to dealing with White racism (Jean and Feagin, 1998). In this way, the family takes on the role of a “sounding board,” but this process can also absorb these harmful memories into the collective memory (Jean and Feagin, 1998). Just like the origins of American racism, this process of coping through the family follows its roots to slavery. Many slaves engaged in the process of healing by relying on the love, empathy, and support of their family structures, whether related by blood or otherwise (Jean and Feagin, 1998). Sharing these experiences with family members alleviates the pain of the original individual experience by sharing the burden of resolution with the collective group. Of course, the need to lay such a burden upon others reflects the depth of the insidious effect of racism in the lives,

bodies, and minds of Black Americans. Combating racism and its effects is a daily war and constant labor. These individual pains are translated into collective grief that spreads quickly (Jean and Feagin, 1998). Younger generations learn from this collective pool of coping mechanisms and experiences, helping them develop self-awareness and a sense of history: “Family memories are thus ‘models, examples, and elements of teaching’” (Jean and Feagin, 1998). Children learn from their parents how to cope with racism, and doing so helps children to be proud of their identity and culture, and generationally pass down such knowledge to their own children (DeHaney et al., 2013). Regardless of time and place, many of these shared instances of racism look quite similar to one another (Jean and Feagin, 1998). This also means that parental “amnesia” about these events, or in other words, not teaching and relating these experiences of racism to their children, can exclude the next generation from the process of historization and learning generational coping tools. Some memories, of course, are fragmented, and missing these details can act in a similar manner to this parental amnesia (Jean and Feagin, 1998).

While there are many common threads in the tapestry of sources of strength, research also shows that Black Americans, young adults in particular, differ in terms of resiliency related to mental health (Wallace, 2012). More is known about maladaptation and failure than adaptation and success among Black children—“the result is an unbalanced picture that overemphasizes the deficits and pays little attention to the assets or strengths” (DeHaney et al., p. 4). There is an obligation to study these differences in resiliency, but also to understand how such strength forms (Wallace, 2012). Undoubtedly, the result of these coping mechanisms in practice is a stunningly powerful resilience that has thrived for hundreds of years. Knowing more about coping mechanisms and aspects of African American culture in the context of trauma and strength-based psychology will allow for better treatment and intervention techniques in the

mental healthcare field as opposed to the more traditional approaches of focusing on psychopathology alone.

Activism

As addressed earlier, the effects of the oppression of Blacks, particularly those involving mental health, is why racism is considered particularly insidious. In a country “where Black lives are systematically and intentionally targeted for demise,” activism is necessary for affecting change (Willison, 2016, p. 5). Historically, Black Americans have used activism and advocacy to advance the human rights of their people group in the face of this constant oppression and violence against them. Strong voices like those of Dr. King, Malcolm X, Assata Shakur, Angela Davis, Fred Hampton are echoed today by modern activists like Blair Imani, Laverne Cox, DeRay McKesson, Tamika Mallory, Alicia Garza, Patrisse Cullors, and Opal Tometi, and so many more—the continuation of a modern day Civil Rights era can be traced to the beginning of the Black Lives Matter movement (Hotchkins, 2017). The demands of modern activists are similar to those twenty, fifty, even two-hundred years ago, and perhaps this is because very little has changed. Alexander explains that “Like Jim Crow (and slavery), mass incarceration operates as a tightly networked system of laws, policies, customs, and institutions that operate collectively to ensure the subordinate status of a group defined largely by race...today’s lynching is a felony charge...today’s lynching is incarceration...today’s lynch mobs are professionals...they have a badge; they have a law degree” (Alexander, 2012, p. 13). In other words, slavery, segregation, and discrimination have not ended, they have merely transformed into something less recognizable. This is why these voices of the movement demand the same rights that Black people have been fighting for, for centuries. Activism is necessary, it is essential and core to Black history and social justice and civil rights movements (Franklin, 2003; Joseph, 2003).

Activism has flourished on college campuses and there are worldwide examples of students creating lasting change on their campuses and beyond (Franklin 2003, Hope et al., 2016; Jones and Reddick, 2017). At predominately white institutions (PWIs), where racial microaggressions and discrimination are a constant force, communities of color demand institutional inclusion (Jones and Reddick, 2017). In fact, the Black students on PWi campuses often must navigate their experiences through social justice movements and involvement (Hotchkins, 2017). While recently, Black students have been focused on police violence and racism, they have also called attention to the systemic inequality found in colorblind academia: “Black students...have challenged PWIs’ historically race neutral ideologies, noting that these ideologies and discourses continue to mask the unequal distribution of power in institutions and society” (Jones and Reddick, 2017, p. 204). Fighting for an equal existence is an incredibly difficult emotional labor, especially when coupled with dealing with racism-related stress. However, social justice involvement may strengthen the protective factor of a strong racial identity, for example, “the way most African American students express their racially socialized Black identities is by being leaders and through activism in organizations”—showing that activism may be vital for understanding one’s identity, and thus strengthening it (Hotchkins, 2017, p. 271). The potential of activism as a source of strength is discussed in my meta-analysis. Black students continually seek institutional change in order to bring themselves and their community their right to equal opportunity (Hotchkins, 2017; Jones and Reddick, 2017). Leadership, especially through civic engagement, is vital to the college experience (Dominique, 2015). Stereotypes and microaggressions exist in leadership as well, particularly in the form of gendered racism toward Black female leaders, increasing the existing burden on their shoulders (Dominique, 2015). Today, activism takes many forms of nontraditional participation in social justice, such as poetry

readings or social media protests (Hope et al., 2016). Obtaining a broader conceptualization of activism is critical to understanding how certain engagements predict involvement (Hope et al., 2016). Black student activism in particular is still crucial to the civil rights movement, from twentieth century sit-ins and voter registration to today's protests and demonstrations (Franklin, 2003; Hope et al., 2016; Hotchkins, 2017). Activism has historically put many young people in danger, as many Black leaders were assassinated. Modern activists are sometimes followed, attacked, or receive death threats. Certainly, this level of violence and fear must have an effect on mental health and well-being. Considering that this legacy of justice movements continues today, the psychological research about the impact of such activism on the well-being of Black people, particularly Black college students, is incredibly lacking.

Meta-Analysis: Activism and Mental Health

There is abundant research and history documenting the prevalence and importance of activism for Black Americans, especially on college campuses, as I have discussed. However, despite available works, few studies probe the detrimental side of activism for Black individuals, especially college students attending predominately white institutions where racism flourishes. This paper summarizes the findings of a meta-analysis (see Table 1) focused on the existing literature about the link between activism and mental health for all races and ethnicities, in order to emphasize the need for further research and posit that there is a substantial gap when it comes to studying Black activist populations.

Review Aims and Objectives

This meta-analysis seeks to examine the existing research examining activism and its effects on mental health, specifically whether activism is either a protective factor or particularly

harmful to overall well-being. This meta-analysis aims to 1) summarize the effects of activist behavior on mental health and well-being 2) examine factors that influence these effects upon various populations 3) summarize definitions of the operationalization of activism and of mental health and well-being and 4) report themes, implications, and perspectives present in the context of research.

Method

Searches using electronic research databases through Academic Search Complete available through Eastern Kentucky University were conducted to retrieve peer-reviewed articles published from 1975-2018 concerning activism and mental health and/or well-being. Despite copious works available in the database concerning psychology, only six articles were relevant out of numerous searches under a variety of key words. “Activism” and “mental health” yielded 129 peer-reviewed, full-text pieces published in academic journals, the majority not satisfying the criteria. “Activism” and “college” had 1,039 peer-reviewed results, but adding “mental health” had 17 results, and furthermore adding “African American” or “Black” yielded just 1 result. Many pieces did not satisfy the inclusion criteria or the objectives of this meta-analysis. Six works fit the inclusion criteria which consisted of the following: (1) the study is published from 1975-2018 and available as full-text (2) the study presents original data or research from the aforementioned time frame (3) the study is peer-reviewed and published in scholarly journals, and (4) the study pertains to activism and its link to mental health. There is some research concerning volunteerism, but as this definition is often debated as distinct from activism (Gilster, 2012), articles examining volunteerism were only included if activism was also explored.

Results

The current meta-analysis examines a total of six studies exploring the effects of activist behavior on overall mental health and/or well-being (Gilster, 2012; Hisam et al., 2017; Hope et al., 2017; Hou and Bonanno, 2018; Klar and Kasser, 2009; Santos and VanDaalen, 2017).

Results from the review are presented as follows: Study Characteristics, Measures, and Themes Concerning Activism and Effects on Mental Health.

Study Characteristics

Study Methodologies

Out of the six studies included, many methodologies were used to analyze data. Out of the six studies, three used multiple/multivariate regression or regression analyses, two used versions of STATA, one used ANOVA, and one used other covariate analyses and linear modeling. Other analyses included bivariate correlations (Santos and VanDaalen, 2017), exploratory factor analyses, high-order and component factor analyses (Klar and Kasser, 2009), and descriptive analyses (Hope et al., 2017). Multiple regression analyses were the most common method used because in these studies mental health and well-being were predicted by many other variables such as community, identity, and facets of activist behavior.

Population Demographics

Studies included samples of a wide variety of individuals, three of them surveying college students, one studying lesbian, gay, and bisexual racial/ethnic minority adults, and the other two surveying community-dwelling populations in neighborhoods. Study sample numbers ranged from 108 to 3,105. As for race and ethnicity, two studies did not include race or ethnicity,

two studies only non-white adults, and two studies were majority white. All of these studies included only adults aged 18 or older. One college student population study had a median age of around 19.5 (Klar and Kasser, 2009), and another adult population study had a median age around 42.5 (Santos and VanDaalen, 2017). This is important when examining life experience as well as other socioeconomic factors and coping resources that may vary due to age. Most samples were split almost equally in reference to gender when restricted to only male or female.

Measures

The research included in this review all measured mental health or well-being and activism. Additionally, other measures included autonomy (Klar and Kasser, 2009), mastery, social ties, contact with officials, and volunteerism (Gilster, 2012). Many studies included the same adapted or full versions of scales. The Activism Orientation Scale, for example was used or adapted for scales in two studies (Klar and Kasser, 2009; Santos and VanDaalen, 2017).

Mental Health and Well-Being Measures

Out of the six studies, three measured for depressive symptoms, two measured for anxiety symptoms, two measured for stress, three measured social ties and community aspects, and two measured overall distress. Out of the studies included, mental health and well-being are broadly defined. One study based well-being in terms of philosophical and psychological notions of “human flourishing,” which included making a personal meaning out of life typically through political activity, social interest, and generally a concern for the well-being of others (Klar and Kasser, 2009). This focus was less about mental illness or mental health issues such as depressive symptoms and more about, measures of life satisfaction. Focus on others through activism may be linked to a sense of control, and “empowerment theory suggests that activism is

an important component of well-being” (Gilster, 2012) Empowered feelings of control over one’s own life, community, and environment can contribute to positive well-being (Gilster, 2012). Other studies focused on the presence of symptoms of stress, depression, and anxiety as indicators of poor well-being and poor mental health (Gilster, 2012; Hisam et al., 2017; Hope et al., 2017; Hou and Bonanno, 2018; Santos and VanDaalen, 2017). Indicators of general psychological distress were also used (Santos and VanDaalen, 2017). In this paper, the varied effects of racism on mental health, and indicators of general distress, stress, anxiety, depression, and trauma, and how these encompass the scope of these effects are discussed.

Activism Measures

Political activity, social involvement, and volunteering are grouped as interchangeable for some definitions of activism. Some argue that volunteering and activism are the same (Hisam, 2017; Klar and Kasser, 2009). However, Gilster (2012) argues that activism and volunteering are distinct from one another, and should be researched as such. Volunteering typically occurs within a social structure, while activism typically challenges or intervenes social structures instead of using them as a “framework” (Gilster, 2012). Each of the six studies operationalize endorsements of participation in certain activities or belief statements to indicate activism. Contexts of these activities do vary slightly for college students versus community dwellers, for example, as college students have unique opportunities for activism (Hotchkins, 2017). Generally, involvement in social movements, voting, donating to causes, contacting representatives of legislature, and protesting are examples of activist behavior and included in survey questions. Questions from the Activism Orientation Scale and Youth Involvement Inventory, for example, are used by more than one survey. Activism, according to Santos and VanDaalen (2017), should also be categorized by high-risk and low-risk, each pertaining to the

degree of personal harm and costs of their respective behaviors. These authors ascribe negative mental health effects, specifically psychological distress, to high-risk activism, and positive effects and benefits to low-risk activism (Santos and VanDaalen, 2017). Klar and Kasser (2009) also find that conventional (which can be considered here as low-risk) activism instead of high risk activism was positively associated with well-being. This demands more research in the context of activism's link to mental health, especially considering the changing nature of activism for college students.

Themes Concerning Activism and Effects on Mental Health

Activism

This review summarizes the importance of understanding the effects of activist behavior on mental health. Activism, specifically as documented through American history, proves to be a vital resource of change, empowerment, and strength for Black Americans in the midst of oppression. Involvement of any kind has an effect on the mind and well-being. These studies reflect that activism is harmful when it is extreme or high-risk (Hope et al., 2017; Santos and VanDaalen, 2017), while low-risk activities (that may more closely fit the definition of volunteering, according to Gilster (2012)) are not nearly as harmful—in fact, they might have psychological benefits and perhaps serve as a coping mechanism, a suggestion that is endorsed throughout this paper (Gilster, 2012; Klar and Kasser, 2009; Santos and VanDaalen, 2017). Movements outside of the self, whether politically saturated social media activism or involvement in a wide-scale social movement, can contribute to changes in daily moods or feelings and increase overall stress (Gilster, 2012; Hou and Bonanno, 2018). Of course, activism has many definitions, and levels of harm are considered when labeling behavior as high-risk or

low-risk (Santos and VanDaalen, 2017). However, many similarities exist: focus on the community, pursuing the greater good, and lasting change that benefits a population or environment.

Mental Health

Most studies measured mental health using indicators of depression, anxiety, and stress. In my opinion, this is reflective of the psychopathological approach that permeates this area of psychology instead of a strength-based approach. Klar and Kasser's (2009) findings favored more positive measurements of well-being, instead of focusing on mental illness. Essentially, five of the six works derived measures of good mental health from the absence of poor mental health symptoms, instead of the presence of positive factors such as a strong identity, social ties, and hopefulness. While measuring symptoms of poor mental health is certainly an appropriate measure of the effects of activism, there does not seem to be enough additional focus on the positive side, such as examining resiliency and sources of strength, when measuring for overall well-being.

Identity

Intersectionality deserves more attention, as the aggregate of many identities compounds discrimination and the resulting mental health effects: "membership in multiple marginalized groups may prompt individuals to be more conscious of oppression and marginalization than individuals who belong to only one marginalized group" (Santos and VanDaalen, 2017, p. 196). Gendered racism, for example, contributes to this oppression, as discussed in the introduction section of this paper's literature review. Gilster's (2012) research assessing the mental health effects of activism on LGBT racial-ethnic minority populations underscores the need for more of

this research. Additionally, a sense of identity and sense of control are important to well-being, and activism can help improve feelings of empowerment (Gilster, 2012; Klar and Kasser, 2009; Santos and VanDaalen, 2017), however, conflicts in allegiances due to intersectional identity can interfere (Gilster, 2012). Gilster states that “working for the collective good is associated with having a sense of control of one’s life and the social context in which one lives,” which also highlights the importance of community (2012, p. 779).

Community

Given the focus of this thesis, community, context, and location are also important, considering the history of and current activism on the college campus—or more, specifically at predominately white institutions. In this paper, it was imperative to examine studies emphasizing the importance of a community when mitigating the harms of racism-related stress, especially when exacerbated by activism. These studies indicated that activism allows for the opportunity to build social ties through social integration which encourages the development of deep bonds (Gilster, 2012). A sense of community is discussed as an important coping mechanism for Black Americans and the potential for its continued protection in the form of activism through these social ties.

Discussion

One analysis, by Hisam et al. (2017), examines the relationship between social media activism and psychological stress in young adults at universities. The researchers found that there was a significant association between stress and political activism, and that political activism via social networking sites played a significant role on mental health in terms of stress (Hisam et al., 2017). However, these researchers attribute much of this stress to the use and overuse of social

networking sites. Still, this piece is relevant as many activists, especially college students, utilize the vast reach of the internet and social media for their cause. Another analysis, by Hou and Bonanno (2018), examined the impact of a social movement on everyday emotions, and evaluated if being involved in it, predicted subsequent psychological distress. They looked at a relatively non-violent social justice movement and the reactions of those involved and found that lower positive emotional reactivity and higher negative emotional reactivity in positive events were reported during a social movement, in other words, people could experience changes in everyday emotions during a social movement (Hou and Bonanno, 2018). This is important to understanding how social movements involving activism affects mental health, especially because non-personal events of racism can exacerbate perceived racism and racism-related stress, as discussed earlier. The study by Klar and Kasser (2009) adopted a strength based approach by analyzing indicators of activism in association with measures of well-being. They found that several indicators of activism were positively associated with measures of hedonic, eudemonic, and social well-being, and that activists are more likely to experience “human flourishing” than non-activists (Klar and Kasser, 2009). Also, brief activist behavior resulted in significantly higher levels of subjective vitality than those who did not engage in such activities (Klar and Kasser, 2009). The associations they did find were not very significant in a statistical sense. The piece most relevant to this thesis, was evident in Hope et al.’s (2017) findings. These researchers investigated the utility of political activism as a protective factor against experiences of racial/ethnic discrimination that negatively affect stress, anxiety, and depressive symptoms among Black and Latinx college freshmen at predominately White institutions. They found that for Black and Latinx students, the relationship between microaggressions and stress varied by political activism (Hope et al., 2017). Hence, political activism was found to serve as a protective

factor in mitigating the negative effect of discrimination on stress and depressive symptoms for Latinx students. For Black students, higher levels of political activism were shown to exacerbate experiences of microaggressions and relate to more stress and anxiety compared with Black students who were less politically involved (Hope et al., 2017). In context of the other studies, the question became, why are the results so different for Latinx students versus Black students, and why is activist involvement so harmful over time for Black students. There is certainly a need for a deeper understanding of the variation in experiences of microaggressions among minorities and how students leverage political activism as an adaptive coping strategy to mitigate race-related stress during college. Gilster (2012) examined the relationship between volunteerism and neighborhood activism to psychosocial outcomes. She explained that activism is different from volunteerism, both in activities and context, and this explanation was consistent with her findings on psychosocial outcomes, which revealed that activists have higher neighborhood and personal mastery levels than volunteers (Gilster, 2012). Gilster states that activism deserves more attention in research considering these effects, a perspective that is purported throughout this paper. Through this study, she suggests that neighborhood activism is perhaps more beneficial than volunteering when examining psychological well-being because it creates social connections and community and provides a stronger sense of control (Gilster, 2012). Gilster's work supports the suggestion that sense of community could be the redeeming factor in ameliorating the negative mental health consequences of activism. She does not find significant evidence of depressive symptoms for volunteerism and activism. The empowerment aspect is particularly interesting when considering the earlier discussion on self-thought and identity as a protective factor. An interesting study highlighting the importance of examining the varying levels of activism as well as the role of intersectionality is presented by Santos and VanDaalen

(2017). High risk orientation in racial/ethnic issues combined with conflicts in allegiances—“the perception that one’s ethnic-racial and LGB identities are incompatible with each other”—were positively associated with symptoms of anxiety and psychological distress (Santos and VanDaalen, 2017, p. 195). Their findings assert the noteworthiness of the variations in activist activity and their relationship with mental health, further defining what manifestations of activism might exacerbate psychological distress. In support of this thesis, these results are crucial to understanding why activism compounds racism-related stress for Black students specifically.

Implications for Future Research

At several points in this thesis, there has been an emphasis on the need for more research about racism-related stress, coping mechanisms, and activism as they relate to the mental health and treatment of Black Americans. Racism-related stress has been well-studied, but perhaps more attention is deserved when it comes to operationalizing well-being; many studies focus on indicators of mental illness symptoms, instead of endorsements of happiness or life satisfaction (Hope et al., 2017; Klar and Kasser, 2009; Santos and VanDaalen, 2017). Coping mechanisms have been explored to some degree, but many studies implore further research on the variations in their utilization and formation (Utsey et al., 2000). Activism and mental health, of course, have not received the attention necessary considering the prevalence, both current and past, of activist behavior in Black college students.

The narrative of psychopathology insists that a diagnosis indicates internal fault of the individual, rather than considering the plethora of external factors that might influence mental illness symptoms. The strength-based approach is far more pertinent because it encompasses the

extensive well of resiliency resources that have been cultivated and practiced for generations (Daly et al., 1995; DeHaney et al., 2013; Gilbert et al., 2009). It is further proposed that on a deeper level, a shift in the focus of psychological research, treatment, and practice to more strength-based approaches could hopefully be indicative of a change in the ingrained, flawed perspectives and beliefs that Black Americans are helpless in their situation. It is also proposed that acknowledging and pursuing research that identifies the sources of strength of Black Americans instead of their risk factors creates a new, positive, and necessary narrative in the field of psychology and beyond. The few pieces of literature in this area require more attention, and this dearth should inspire new analysis and examination. In light of the absence of research concerning activism and mental health in Black college students, this thesis and meta-analysis were created. Subsequently, a proposal for future research is initiated by introducing a battery of surveys and inventories to examine the impact of activism on mental health and well-being (See Appendices A through E). These assessment instruments will attempt to examine microaggressions, depression, anxiety, stress, and activist involvement among college students, and was derived from a multitude of previously used assessment instruments (Corning and Meyers, 2013; Depression Anxiety Stress Scale, n.d.; Nadal, 2011; Weathers et al., 2013). In the near future, this scholar hopes to move beyond conducting a meta-analysis and to execute future research on the main thesis of this paper, utilizing this battery of assessment tools. The goal will be to examine patterns of responses to the proposed surveys and inventories, and hopefully obtain a greater understanding of the variable relationship previously noted between mental health and activist involvement by Black college students, particularly those attending PWIs.

Conclusion

Racism is deeply ingrained in American society, as white supremacy and oppression of people of color built the very institutions that exist today (Alexander, 2012). Racism manifests itself in a variety of ways, and its most constant and daily appearance is in instances of microaggressions (Sue and Sue, 2003). Microaggressions contribute to racism related stress, and these perceived racist experiences contribute to feelings of invisibility, frustration, and anger, an experience known as racism-related stress (Anderson, 2013). Racism-related stress is associated with symptoms of stress, anxiety, depression, and post-traumatic stress disorder (Chau, Adnaani, and Hofmaan, 2011; Tovar-Murray et al., 2012). In order to combat these insidious effects of racism, Black Americans have utilized coping mechanisms for generations, such as the family, community, and religion (Thomas et al., 2008). While racism poses many risk factors for Black Americans, the resiliency that has thrived in this community deserves more attention than it has thus far received (Forsyth and Carter, 2012). Coping is especially important for Black college students at predominately white institutions, where microaggressions and systemic discrimination create a difficult environment to navigate (Jones and Reddick, 2017). Unique opportunities in activism and political involvement manifest themselves as tools to combat discrimination and racism-related stress (Willison, 2016). Activism when employed in certain ways can cause stress, becoming increasingly harmful to Black college students' mental health as involvement increases and interactions with systemic racism become more intense (Hope et al., 2016). Activism can induce more racism-related stress, hyper-awareness of racism and microaggression, and more hopelessness about the future of civil rights advancement (Gilster, 2012; Hisam et al., 2017; Hope et al., 2017; Hou and Bonanno, 2018; Santos and VanDaalen, 2017). However, some research suggests that low-risk activism and involvement can actually

boost one's self esteem and improve well-being and general life satisfaction (Klar and Kasser, 2009). In the midst of great struggle, Black activism has paved the way to hopeful equality, and a positive focus on the resiliency that has long been utilized and formed in the African American community. A strength based approach can illuminate any mental health benefits of such social justice involvement. Indeed, strength-based psychology and positive psychology can aim to unlock this source of strength in Black college students, especially those attending predominately white campuses, and open the door to recognizing potential protective factors in activist behavior.

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Table 1: *Findings on the Effects of Activism on Mental Health*

Study	Methodology/Aims	Sample	Measures	Findings
Klar and Kasser (2009)	Analysis of indicators of activism in association with measures of well-being, causal behavior of activism by measuring well-being	Study 1: College students (N=344) Study 2: National sample of activists (N=718, 84% white) Study 3: College students in same sample as Study 1 (N=296)	Online surveys including several scales such as Activism Orientation Scale, refer to (Klar and Kasser, 2009)	1. Several indicators of activism were positively associated with measures of hedonic, eudemonic, and social well-being 2. Activists are more likely to experience “human flourishing” than non-activists 3. Brief activist behavior resulted in significantly higher levels of subjective vitality than those who did not engage
Gilster (2012)	Analysis of relationship of both volunteerism and neighborhood activism to psychosocial outcomes	Neighborhood-based sample of Chicago residents (N=3105)	In-person surveys measuring for neighborhood sense of control, mastery, hopelessness, depressive symptoms, social ties, contact with officials, neighborhood activism, volunteerism (Appendix A, Gilster, 2012)	1. Participation in neighborhood activism is strongly related to well-being 2. Those who participate in activism have higher control ratings than those that volunteer 3. Neither activism nor volunteerism is significantly associated with depressive symptoms 4. Social connectedness is much higher for those who participate, but especially for those who participate in activism
Hisam et al. (2017)	Analysis of the association of psychological stress with political activism, on social networking sites, with age, gender, occupational status	Young adults at universities age 20-40 (N=237)	8-month descriptive cross-sectional study	1. Significant association of occupation was established with both political activism and psychological stress 2. Significant association between stress and political activism (p=0.005) 3. Political activism via social networking sites has significant role on mental health in terms of stress

Table 1: (continued)

Study	Methodology/Aims	Sample	Measures	Findings
Hope et al. (2017)	Longitudinal investigation, multiple regression analyses for each mental health indicator, tested for interaction effects	Black and Latinx college students, (N= 504; 44% Black)	Questions from Perceived Stress Scale, Generalized Anxiety Disorder Screener-Symptoms Scale, Harvard Department of Psychiatry/National Depression Screening Day Scale, Youth Involvement Inventory, Academic Inferiority subscale of the School-Based Racial-Ethnic Microaggressions Scale	1. For Black and Latinx students, the relationship between microaggressions and stress varied by political activism. 2. For Black students, the relationship between microaggressions and end of the year anxiety varied by political activism. 3. Political activism serves as a protective factor to mitigate the negative effect of R/E discrimination on stress and depressive symptoms for Latinx students. 4. For Black students, higher levels of political activism may exacerbate experiences of microaggressions and relate to more stress and anxiety compared with those less involved.
Hou and Bonanno (2018)	Analysis of impact of social movement on everyday emotions, if these predicted subsequent psychological distress	Community-dwelling adults in Hong Kong (N=108)	Experience sampling study	1. Lower positive emotional reactivity and higher negative emotional reactivity in positive events were reported during a social movement. 2. People could experience changes in everyday emotions during a social movement
Santos and VanDaalen (2018)	Analysis of associations among high risk activist orientation, conflicts in allegiances, and psychological distress among LGB racial/ethnic minority adults	LGB racial/ethnic minority adults (N=208, 22.1% Black)	Survey measuring connection to LGB and racial/ethnic minority communities as covariates, high risk activism orientation, psychological distress; includes Activism Orientation Scale, Brief Symptom Inventory, and more	1. Anxiety was positively associated with conflicts in allegiances, as well as HRA in both, LGB and racial/ ethnic minority issues 2. No evidence that the combination of high levels of CIA and high levels of HRA in LGB issues yielded the highest levels of anxiety 3. No evidence that CIA moderated the association between HRA in racial/ethnic minority issues and anxiety.

Appendix A

I. Demographic Form: Assessing Activism as a Source of Strength for Black College Students at Predominately White Institutions

1. What is your race?

Black White Hispanic/Latino Asian Other

2. What is your ethnicity? _____

3. How old are you?

18-21 22-25 26+

4. What is your gender?

Male Female Non-binary

5. What class/year are you in currently?

Freshman Sophomore Junior Senior

6. What is your religious affiliation? _____

7. Are you a citizen of the United States?

Yes No

8. Are you currently or have you been previously a member of the military?

Yes No

Appendix B

II. Social and Political Involvement/Activism Survey

Using the Likert scale below, please respond to each item on the survey by addressing how likely you are to engage in each of the activities.

1 - Extremely Unlikely 2 - Unlikely 3 - Likely 4 - Extremely Likely

_____ 1. Attend a meeting of a social/political organization or event.

_____ 2. Serve as a leader in a social/political organization.

_____ 3. Engage in a political activity in which you might be arrested.

_____ 4. Organize a social/political event (talk, support group, march, etc.).

_____ 5. Vote in an election.

_____ 6. Contact your congressman about an issue.

_____ 7. Try to change someone's mind about a social/political issue.

_____ 8. Wear a t-shirt with a social/political message.

_____ 9. Confront someone engaging in discriminatory jokes, comments, or other forms of discrimination.

_____ 10. Organize or sign a petition for a social/political group.

_____ 11. Fundraise for a social/political group.

_____ 12. Volunteer for a social/political group.

Appendix C

III. Racial and Ethnic Microaggressions Scale

WARNING: This section may trigger traumatic memories. Please remember you may stop at any time without consequence if you do not wish to proceed.

Please indicate how many times you experienced each event in the last six months using:

- 1 – I did NOT experience this event in the past six months.
- 2 – I experienced this event 1–3 times in the past six months.
- 3 – I experienced this event 4 – 6 times in the past six months.
- 4 – I experienced this event 7–9 times in the past six months.
- 5 – I experienced this event 10 or more times in the past six months.

1. Someone assumed that I would have a lower education because of my race.
2. Someone assumed that I was poor because of my race.
3. Someone assumed that I would not be educated because of my race.
4. Someone acted surprised at my academic success because of my race.
5. Someone assumed that I would not be intelligent because of my race.
6. Someone assumed that I held a lower paying job because of my race.
7. Someone assumed that I grew up in a particular neighborhood because of my race.
8. Someone told me that I was “articulate” after she/he assumed I wouldn’t be.
9. Someone avoided walking near me on the street because of my race.
10. Someone clenched her/his purse or wallet upon seeing me because of my race.
11. Someone avoided sitting next to me because of my race.
12. Someone avoided eye contact with me because of my race.
13. Someone’s body language showed they were scared of me because of my race.
14. Someone assumed that I would physically hurt them because of my race.
15. I received poor service in stores or restaurants because of my race.
16. I was followed or watched in a store because of my race.
17. I was accused of committing a crime because of my race.
18. Someone assumed I was cheating on homework or an exam because of my race.
19. Someone told me that they “don’t see color.”
20. Someone told me that people should not think about race anymore.
21. I was told that people of color do not experience racism anymore.
22. Someone of a different racial group has stated that there is no difference between us.
23. I was told that I should not complain about race.
24. I was told that people of all racial groups experience the same obstacles.
25. Someone assumed that I spoke a language other than English.
26. Someone asked me to teach them words in my “native language.”
27. Someone assumed that I speak similar languages to other people in my race.

28. Someone assumed that I ate foods associated with my race/culture every day.
29. Someone told me that all people in my racial group look alike.
30. Someone told me that all people in my racial group are all the same.
31. Someone wanted to date me or be intimate with me only because of my race.
32. Someone did not believe me when I told them I was born in the U.S.
33. Someone objectified one of my physical features because of my race.
34. Someone confused me for someone else of the same race.
35. Someone touched my hair or asked about my cultural hairstyles.
36. Someone assumed I was an athlete because of my race.
37. I observed people of my race portrayed positively in movies, television, or magazines.
38. I observed people of my race portrayed positively in the news.
39. I observed that people of my race were the CEOs of major corporations.
40. I observed that someone of my race is a government official in my state.
41. I observed people of my race in prominent positions at my workplace or school.
42. A fellow student was unfriendly or rude toward me because of my race.
43. My opinion was overlooked in a group discussion because of my race.
44. I was ignored in a class setting because of my race.
45. Someone assumed that my work would be inferior to people of other racial groups.

Appendix D

IV. Depression Anxiety Stress Scale

Please read each statement and indicate how the statement applied to you with the last week.

0 – Did not apply to me at all

1 – Applied to me to some degree, or some of the time

2 – Applied to me to a considerable degree, or a good part of the time

3 – Applied to me very much, or most of the time

1. I found it hard to wind down.
2. I was aware of the dryness of my mouth.
3. I couldn't seem to experience any positive feeling at all.
4. I experienced breathing difficulty, such as rapid breathing or out of breath without physical exertion.
5. I found it difficult to work up the initiative to do things.
6. I tended to overreact to situations.
7. I experienced trembling.
8. I felt that I was using a lot of nervous energy.
9. I was worried about situations in which I might panic and make a fool of myself.
10. I felt that I had nothing to look forward to.
11. I found myself getting agitated.
12. I found it difficult to relax.
13. I felt down-hearted and blue.
14. I was tolerant of anything that kept me from getting on what I was doing.
15. I felt I was close to panic.
16. I was unable to become enthusiastic about anything.
17. I felt I wasn't worth much as a person.
18. I felt that I was rather touchy.
19. I was aware of the action of my heart in the absence of physical exertion.
20. I felt scared without any good reason.
21. I felt that life was meaningless.

Appendix E

V. PCL – 5

WARNING: This section may trigger traumatic memories. Please remember you may stop at any time without consequence if you do not wish to proceed.

This section asks about problems you may have experienced after a traumatic or very stressful experience. Please indicate according to the scale below how much were you bothered in the last month by:

0 – Not at all 1 – A little bit 2 – Moderately 3 – Quite a bit 4 – Extremely

1. Repeated, disturbing, and unwanted memories of the stressful experience?
2. Repeated, disturbing dreams of the stressful experience?
3. Suddenly feeling or acting as if the stressful experience were actually happening again, as if you were actually reliving it?
4. Feeling very upset when something reminded you of the stressful experience?
5. Having strong physical reactions when something reminded you of the stressful experience, such as heart pounding, trouble breathing, or sweating?
6. Avoiding memories, thoughts, or feelings related to the stressful experience?
7. Avoiding external reminders of the stressful experience, such as people, places, conversations, or situations?
8. Trouble remembering important parts of the stressful experience?
9. Having strong negative beliefs about yourself, other people, or the world?
10. Blaming yourself or someone else for the stressful experience or what happened after it?
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?
12. Loss of interest in activities that you used to enjoy?
13. Feeling distant or cut off from other people?
14. Trouble experiencing positive feelings?
15. Irritable behavior, angry outbursts, or acting aggressively?
16. Taking too many risks or doing things that could cause you harm?
17. Being very alert, watchful, or on guard?
18. Feeling jumpy or easily startled?
19. Having difficulty concentrating?
20. Trouble falling or staying asleep?