

RACIAL BATTLE FATIGUE AND GRADUATE STUDENT ROLES: THE  
EXPERIENCES OF BLACK/AFRICAN AMERICAN, BIRACIAL BLACK, AND  
MULTIRACIAL BLACK IDENTIFIED STUDENTS

by

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## DISSERTATION ABSTRACT

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Title: Racial Battle Fatigue and Graduate Student Roles: The Experiences of Black/African American, Biracial Black, and Multiracial Black Identified Students

Black students continue to endure racialized experiences in their pursuit of higher learning. Students' educational experiences, especially at historically White institutions, are plagued by incidents of racial microaggressions and racial stress, which in turn result in students' experiences of racial battle fatigue (RBF; e.g., Smith, Hung, & Franklin, 2011), which is the everyday psychophysiological effects associated with racial/ethnic minorities' experiences as they fight racial microaggressions (e.g., Smith, Allen, & Danley, 2007). RBF has been linked to decreased academic performance and poor physical and mental health outcomes (e.g., Franklin-Jackson & Carter, 2007; Hotchkins, 2016; Smith et al., 2007) among Blacks, especially men (Smith et al., 2011). The aims of this dissertation were to use a quantitative descriptive, non-experimental design and collect data with Black graduate students (BGSs) in clinical and counseling programs to (a) identify their RBF experiences as students in class, advisees, and supervisees and (b) identify differences in RBF experiences across key demographic characteristics.

Self-report data were collected via online survey from 69 gender diverse, clinical and counseling graduate students, enrolled at colleges and universities across the United States, and who self-identified as Black/African American, Biracial Black, or Multiracial

Black. One-way, within-subjects analysis of variance results showed that (a) BGSs' *psychological, physiological, and behavioral* stress responses in their role as *students in class* were most impacted by racial microaggressions as compared to their roles as advisees and supervisees and (b) BGSs' *overall RBF* in their role as *students in class* was most impacted by racial microaggressions as compared to their roles as advisees and supervisees; and (c) experiences of RBF for BGSs in clinical and counseling training programs varied by key demographic variables and roles. Findings suggest that there is a relationship between racial microaggressions and stress responses for gender diverse, BGSs in clinical and counseling programs and that this relationship varies, in part, by BGSs' roles as students in class, advisees, and supervisees. Results suggest that role/context matter in the experiences of RBF for BGSs in clinical and counseling programs. The RBF framework has some utility for this student population. Study implications and future research directions are discussed.

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## CHAPTER I

### INTRODUCTION

“Race is the child of racism not the father.” Ta-Nehisi Coates

Black students continue to endure racialized experiences in their pursuit of higher learning. Students’ educational experiences, especially at historically White institutions (HWIs), are plagued by incidents such as racial microaggressions and racial stress, which in turn result in students experiencing racial battle fatigue (RBF; Franklin, Smith, & Hung, 2014). RBF, coined by University of Utah professor William A. Smith, is an interdisciplinary theoretical framework that considers the everyday psychophysiological effects (i.e. psychological, physiological, and behavioral stress responses) associated with racial/ethnic minority identified individuals’ experiences as they fight racial microaggressions (Franklin et al., 2014; Mustaffa, Jones, Curry, & Allen, 2016; Smith, 2004a; Smith, 2004b; Smith, Hung, & Franklin, 2011). Among individuals who identify as Black and/or African American, especially men (Smith et al., 2011), RBF has been linked to decreased academic performance and poor physical and mental health outcomes (e.g., Franklin-Jackson & Carter, 2007; Greer, Ricks, & Baylor, 2015; Pieterse & Carter, 2007; Rucker, West, & Roemer, 2010; Smith, Allen, & Danley, 2007; Smith et al., 2011; Wheeler, Brooks, & Brown, 2011; Williams, Neighbors, & Jackson, 2003; Williams & Williams-Morris, 2000).

RBF has been the subject of more recent social psychological investigation. To date, RBF has been examined primarily with Black males and other racial/ethnic minority students (e.g., Latinx colleges students) in the context of HWIs and predominantly White



institutions PWIs (e.g., Smith, 2004a; Smith, 2004b; Smith et al., 2007; Smith et al., 2011, Franklin et al., 2014). Scholars also have examined the RBF experiences of Black and other racial/ethnic minority faculty (Smith, 2004a; Smith, 2004b; Arnold, Crawford, & Khalifa, 2016), undergraduate and graduate African American students in higher education (Smith, 2009; Smith et al., 2007), and ethnic minority students in college (Franklin et al., 2014) and school psychology graduate programs (Clark, Mercer, Zeigler-Hill, & Dufrene, 2012). Scholars have shown that RBF is linked to poorer academic performance and an array of negative physical and mental health outcomes such as emotional, psychological, physiological, and behavioral distress (Clark et al., 2012; Coleman & Stevenson, 2013; Franklin et al., 2014; Hotchkins, 2016), especially for Black college students (Smith, 2004; Smith et al., 2007; Smith et al., 2011).

The RBF experiences of Black counseling, clinical and counseling psychology, and couples and family therapy/marriage and family therapy (CFT/MFT) graduate students has not yet been explored, and yet compared to undergraduate and graduate students in some other disciplines, clinical and counseling graduate students navigate multiple roles (e.g., students, health service professionals, graduate employees, instructors, advisees, supervisees) and educational contexts (e.g., school, work, practica) at HWIs. Each of these educational contexts may be an environment wherein Blacks experience racism, racial microaggressions, and racial stress (Brunsma, Embrick, & Shin, 2017; Smith et al., 2011) and the associated negative consequences (Sue, Capodilupo, & Holder, 2008). Moreover, the associated negative consequences may vary by educational context and student role. The most damaging and destructive microaggressions, for example, may occur in the context of a relationship characterized by more extreme

unequal power dynamics (Sue et al., 2008; Sue, Lin, Torino, Capodilupo, & Rivera, 2009). For graduate students, power dynamics of varying extremes may occur daily and in classroom, supervision, and advising contexts/relationships. Hence, for Black graduate students (BGSs), the constant navigation of fighting racialized experiences across varying student roles and contexts may exacerbate RBF.

The aims of this dissertation study were to use a quantitative descriptive, non-experimental design and collect data with BGSs in clinical and counseling programs to (a) identify their RBF experiences as students in class, advisees, and supervisees and (b) identify differences in RBF experiences across key demographic characteristics.

Participants included 71 graduate students sampled from across the U.S. Data were analyzed using one-way, within-subjects analysis of variance (ANOVA; Coombs, Algina, & Oltman, 1996; Kim, 2017). I hope that examination of how student role and educational context influence BGSs' RBF experiences will prompt more research with this population and more adapted academic training and retention efforts that support BGSs' across their numerous academic roles and foster their access to educational opportunities, academic persistence and performance, and well-being.

## CHAPTER II

### LITERATURE REVIEW

#### **Chapter Organization and Literature Search Criteria**

The literature review is organized as follows. First, an overview of RBF and related constructs is provided. Next, a review of the extant literature on the impact of RBF on Black/African American, Biracial Black, and Multiracial Black graduate students is summarized. Lastly, I discuss how BGSs navigate racialized experiences across various roles and contexts. I conducted this literature review by entering the following keywords and their combinations into the University of Oregon (UO) Libraries search, Education Resources Information Center (ERIC), Google Scholar, PsycNET (includes PsycINFO, PsycARTICLES, and PsycTESTS), and Psychology & Behavioral Sciences Collection databases: racial battle fatigue, racial microaggressions, racial stress, race-related stress, racial trauma, racial discrimination, racism, perceived racism, racialized experiences, racialized aggressions, psychological effects, psychological stress, psychological response, physiological effects, physiological stress, physiological response, behavioral effects, behavioral stress, behavioral response, college students\*, graduate students, doctoral students\*, Black\* graduate students\*, Black\*, African American, African, Biracial, Biracial Black\*, Multiracial, Multiracial Black\*, historically White institutions, historically White spaces, predominantly White universities, predominantly White spaces, higher education, racial ethnic minorities, marginalized\* racial groups, marginalized\* ethnic groups, stereotypes of blacks, psychology\*, clinical psychology\*, counseling psychology\*, counseling\*, couples and family therapy\*, marriage and family therapy\*, training, advisee, supervisee, student in class, faculty,

social support, perceived social support, protective factor, and risk factor.

The search using the above keywords yielded 1791 publications related to RBF and racial stress. A total of 49 of the 1791 publications dealt with Black clinical and counseling psychology graduate students and their *racialized experiences* at HWIs, with one of those articles discussing racial/ethnic minority graduate students' experiences of race, racism, and mentoring in sociology programs (Brunsma et al., 2017) and zero examining the Black/African American counseling, clinical and counseling psychology, and CFT/MFT graduate students' *racial battle fatigue*, specifically. I narrowed my search to those 49 articles with an intense review of the 11 articles that included a specific focus on racial battle fatigue. The following literature review provides an in-depth review of the 11 publications focused on individuals' experiences of RBF.

## **Racial Battle Fatigue and Associated Experiences**

### **RBF Definitions and Concepts**

Hostile campus racial climates, racial microaggressions, and race-related stress continue to be common elements associated with the academic experiences of individuals from marginalized racial/ethnic groups, including Latinx, Black, Native American, and Asian and Pacific Islander students (Franklin et al., 2014; Shotton, 2017; Smith et al., 2011). Scholars have used the terms RBF, race-related stress, and racial stress interchangeably (Coleman & Stevenson, 2013; Hotchkins & Dancy, 2015; Rucker et al., 2010; Smith et al., 2007; Smith et al., 2011), and yet there are shared and unique distinctions between each term that deserve attention in the following sections.

**Racial battle fatigue.** RBF describes the impact of racial microaggressions and “hostile campus racial climates” (e.g., HWIs) that result in psychological, physiological,

and behavioral “distress” (Smith, 2004a; 2004b; Smith et al., 2011, p. 63; Franklin et al., 2014, p. 303) for racial/ethnic minority groups. The RBF framework articulates a cumulative effect rather than a distinct or specific interactional/relationship effect among stress responses. The psychological stress responses of RBF include, for example, feeling apathetic, feeling helpless, being on guard, and being irritable. Examples of the physiological stress responses of RBF include increased headaches, indigestion, chest pains, hives, and feeling fatigued. Isolation, performing poorly at work or in school, using alcohol to relax, and lacking an appetite are examples of the behavioral stress responses of RBF (Franklin et al., 2014; Tang, Hung, Hon, Smith, & Franklin, 2012). The psychological, physiological, and behavioral stress responses that comprise RBF have been referred to as “strains” (Smith et al., 2011), stress responses/affects (2004a; 2004b; Tang et al., 2012), distress (Franklin et al., 2014, p. 303), stress conditions and symptoms (Smith et al., 2007).

**Racial microaggressions.** Racial microaggressions refer to “brief and commonplace daily verbal, behavioral and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target or group” (Sue et al., 2007, p. 273). Scholars across several disciplines have identified three types of microaggressions: microinsults, microinvalidations, and microassaults. Table 1 provides a summary of these common microaggressions. *Microinsults* are covert, verbal or nonverbal “subtle snubs,” that are often out of a perpetrator’s consciousness although the underlying message is explicitly insulting to the target person (Sue et al., 2007, p. 274). The underlying message to the target person is that they are insignificant or irrelevant. *Microinvalidations* are

“communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color” (Sue et al., 2007, p. 274). *Microassaults* refer to overt racial disparagements either through verbal or nonverbal attacks that are intended to harm the target person “through name-calling, avoidant behavior, or purposeful discriminatory actions” Sue et al., 2007, p. 274). These microaggressions are omnipresent and inherent in daily dialogue and interpersonal exchanges that individuals tend to disregard them as harmless and inoffensive (Constantine & Sue, 2007; Sue et al., 2007). Yet, repeated exposure to racial microaggressions leads to experiences of racial stress and RBF (Smith, 2009).

Table 1

*Types of Racial Microaggressions*

Type of Microaggression	Definition	Examples
Microinsults	Covert, verbal or nonverbal “subtle snubs” often out of a person’s consciousness although the underlying message is explicitly insulting to the target person	Asking a Black person, “How did you get your job?”
Microinvalidations	Communications that “exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color.”	“I don’t see color.”
Microassaults	Overt racial disparagements either through verbal or non-verbal attacks that are intended to harm the target person.	Calling a person “colored,” Using racial epithets such as “thugs” to refer to African Americans; Displaying a swastika.

**Race-related stress.** *Race-related stress* is the experience of stress associated

with the interaction between a person and their surroundings that is entrenched in racism (Utsey et al., 2012). The consequences of racism, whether overt or covert, have deleterious effects on the physical and mental health of people of African descent and other racial minorities (Wheeler et al., 2011). The repercussions of race-related stress can affect an individual physically, psychologically, emotionally, academically, and vocationally (e.g., Anderson, 2013; Davis, Liu, Quarells, & Din-Dzietham, 2005; Greer & Chwalisz, 2007).

The deleterious effects of stress, most broadly defined, on academic performance (e.g., see Pritchard & Wilson, 2003; Schmelk-Cone & Zimmerman, 2003; Zajacova, Lynch, & Espenshade, 2005) are well-documented and include lower graduation rates and increased lack of support (e.g., Schmelk-Cone & Zimmerman). Stress also leads to many ailments, including mental health disorders such as anxiety and depression (e.g., Beiter et al., 2015; Heard, Whitfield, Edwards, Bruce, & Beech, 2011; Rawson, Bloomer, & Kendall, 1994); physical health problems such as sleep disorders, hypertension and heart failure, especially among African Americans (e.g., Ferdinand, 2007; Han, Kim, & Shim, 2012; Heard et al., 2011).

Scholars have postulated that stress results from the negative interplay between a person and their environment that the individual perceives as exhausting of available resources (Greer, Ricks, & Baylor, 2015). The theory suggests that a person experiences stress when the interaction between that person and their environment is perceived as negative. “Stress theory has often been used to conceptualize the ways in which exposure to negative race-related experiences lead to adverse consequences for members of African American populations” (Greer, Ricks, & Baylor, 2015, p.567). I believe that

symptoms of RBF (psychological, physiological, and behavioral stress responses) may be worse for BGSs in clinical and counseling programs because, in addition to the common stress graduate students experience, BGSs are simultaneously navigating RBF across multiple graduate student roles and contexts. The multiple different types of negative interplays between the student roles and contexts may affect BGSs' experiences of RBF and the impact of those RBF responses differently than individuals who may navigate primarily one type of work context and role, for example. Brunσμα, Embrick, and Shin (2017) recently said this of the graduate experiences of students of color in general: "Graduate students of color face similar experiences as their white counterparts but must additionally deal with structural and systematic racism within higher education and in the larger society as well as the day-to-day racial microaggressions" (p. 6). I will explore graduate student roles and learning contexts more in-depth later in this chapter. In the next section, I first provide a review of extant research on RBF and marginalized racial/ethnic groups.

### **Extant Research on RBF and Marginalized Racial/Ethnic Groups**

Researchers who have studied RBF have primarily used qualitative methods to identify and explore the academic, professional, and health impacts of RBF for Black male college students and faculty in university contexts (Smith, 2004a; Smith, 2004b; Smith et al., 2007; Smith et al., 2011; Smith et al., 2016). In general, scholars have found that racialized experiences (e.g., racial microaggressions) lead to RBF, which comprises undue psychological (e.g., feeling hopeless), physiological (e.g., headaches), and behavioral stress effects (e.g., using prescription drugs to relax) for Blacks and African Americans at historically and predominantly White institutions (Smith, 2004a; Smith,

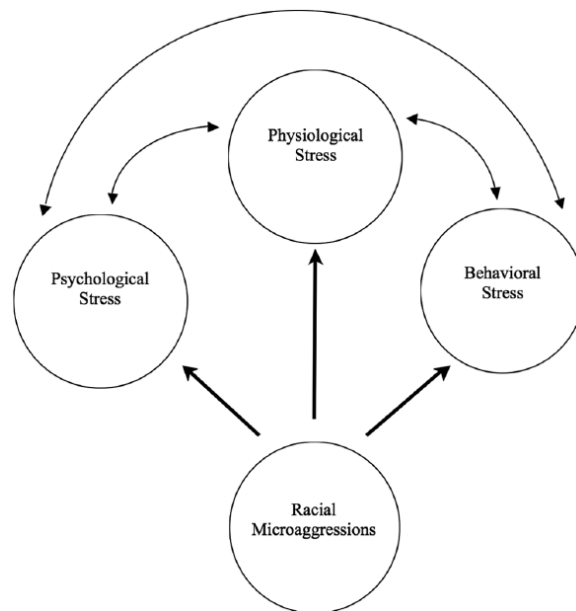


2004b Smith et al., 2007; Smith et al., 2011; Smith et al., 2016). Hotchkins and Dancy (2015) used qualitative, narrative inquiry to explore RBF for four Black male undergraduate students holding multiple leadership positions in PWIs. Although not the focus of this study, it should be noted that Hotchkins and Dancy found that Black students' use of persistence coping strategies helped them to avoid racial stress and exposure to racial microaggressions, thereby reducing RBF. The use of these strategies "limited their interactions with persons who represented a potential racial threat" (Hotchkins & Dancy, 2015, p. 38). The authors noted that avoiding these potential racial threats was not without consequence; Black students may experience isolation and miss engagement in leadership and other social experiences. That said, using these strategies helped Black male college students to avoid racialized incidents and reduce RBF. More recently, Smith et al., (2016) conducted focus groups to study campus culture, Black race and gendered microaggressions (Black misandry), and RBF of 36 Black male college students. They found that Black males negatively perceived their campus and academic environments as marginalizing of them simply because of their race and gender. They felt under constant surveillance because of their Black male identity and perceived that they experienced racial microaggressions and psychological stress in ways that most other [non-Black] groups do not. The authors also noted the inherent power of racial microaggressors such as teachers, advisors, and White students that "controlled" Black male college students' campus interactions and experiences (Smith et al., 2016). Based on extant qualitative research, the psychological stress responses appear to impact Black male college students negatively. In sum, scholars have used qualitative inquiry to explore in-depth the RBF experiences of Black-identified students.

Researchers have focused primarily on Black males for several reasons. Smith et al., (2011) described the lives of Black men as “racialized contradictions” and highlighted the gendered racism experienced by Black males, particularly at HWIs. Black males navigate this world as “presumed threats” to society; stereotyped in profoundly negative ways such as “fitting the description” and “being out of place” both on campus and in their communities (Smith et al., 2007, p. 551). Statistics show that Black males populate more prisons worldwide than academic institutions, such as colleges and universities, and the lives of Black men are often the subject of national news as fatal victims of police brutality, racism, and gun violence. Indeed, there is ample reason to support the extant and continued need for research focused on the Black male experience. It is important to acknowledge that Black women also experience gender-based racism and Black women college students experience racism everyday at HWIs and PWIs (Swim, Hyers, Cohen, Fitzgerald, & Bylsma, 2003). The intersections of race and gender appear to be missing from the RBF literature, particularly for Black women, and especially for Black female graduate students enrolled in clinical and counseling programs.

A few researchers have examined RBF using quantitative research methods. In 2011, Smith et al., (2011) published a study that involved the use of structural equation modeling (SEM) to examine the experiences of a national sample of 661 Black men from diverse educational backgrounds (i.e., no high school diploma to college graduate). Results indicated that “predominantly White environments are prime contexts for producing RBF among Black men” (p. 63). Their findings suggest that higher levels of education are associated with higher levels of psychological stress from racial microaggressions. One year later, Tang et al. (2012) published a study that involved the

development of a RBF scale. Authors used exploratory factor analysis to quantify the psychological, physiological, and behavioral stress responses that comprise RBF with a sample of undergraduates, graduates, and alumni students across the U.S. Their EFA results yielded a three-factor model (psychology, physiology, behavior) and measure comprised of 41 items. In 2014, Franklin and colleagues (2014) published their study also using SEM to test the validity of the RBF framework (see Figure 1) with Latinx students and found that psychological stress responses within the RBF framework impacted Latinx college students the most, followed by physiological and behavioral stress responses. Franklin et al., (2014) posited that the “RBF framework may help account for the numerous interrelated stress responses” that people experience and that these stress responses - preceded by racial microaggressions - result in negative academic and health consequences such as students’ sense of belonging and psychological, physiological, and behavioral stress.



**Figure 1.** Conceptual racial battle fatigue model (from Franklin et al., 2014, p. 305).

### Summary

Racial Battle Fatigue is a theoretical framework that captures the everyday psychophysiological effects (psychological, physiological, and behavioral stress responses) associated with racial/ethnic minority identified individuals' experience as they fight racial microaggressions in predominantly and historically White spaces (Smith, 2004; Smith et al., 2011; Smith, Mustaffa, Jones, Curry, & Allen, 2016). To date, RBF is an experience that has been investigated primarily qualitatively among Black male college students and faculty. RBF is linked to poorer academic performance and an array of negative physical and mental health outcomes (Coleman & Stevenson, 2013; Hotchkins, 2016; Smith, 2004; Smith et al., 2007; Smith et al., 2011). Scholars have yet to account for the unique stress that Black and African American male and female graduate students experience when navigating racialized experiences such as *racial microaggressions* in their various, ever-changing roles and spaces, particularly in clinical and counseling training settings (Ragland Woods & Chronister, 2017).

### **Racial Battle Fatigue and Black Graduate Students**

According to the 2010 U.S. Census Bureau, Black or African American refers to “a person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as “Black, African Am., or Negro”; or report entries such as African American, Kenyan, Nigerian, or Haitian” (U.S. Census, 2010). For this dissertation study, monoracial *Black/African American* refers to individuals who self-identify with a single race (e.g., Black, African American, African). *Biracial Black* refers to individuals who self-identify with two races, Black being one of them and *Multiracial Black* refers to individuals who self-identify with three or more races, Black being one of them. The terms Black and African American are used interchangeably throughout this

paper. In this study, BGSs refer to monoracial-, biracial-, and multiracial-Black identified graduate students. It should be noted that BGSs are not a monolithic racial group and participants' experiences likely vary depending on individual racial identification and racial identity development.

The Black experience in the U. S. is a unique experience, laden in a history of racism, oppression, and marginalization by the dominant White culture. In the 21st century, Black students continue to combat historical messages that they do not belong, that they are lazy, criminals, and less intelligent (Sue et al., 2007); that they are not good enough, or as the old African American maxim goes, "You've got to work twice as hard to get half as far, as a Black person, in White America" (DeSante, 2013; Smith et al., 2011). For Black/African American students, the fight for educational equality and acceptance amidst racist ideologies and anti-Black sentiments and efforts has been longstanding (Kendi, 2016). Examples can be seen as early as 1957 when the Little Rock Nine, which comprised nine Black high school students, were the first in America to integrate an all-White high school. The notorious Ruby Bridges who in 1960 integrated an all-White elementary school in New Orleans followed their example. Although these examples were a mere 60 years ago, and much has changed since that time in terms of educational and racial equality, racialized experiences for Black and African American students at HWIs continue today.

Black students continue to endure racialized experiences in their pursuit of higher learning, including racial microaggressions and racial stress resulting in RBF. For example, racist and anti-Black sentiments can be seen in response to the Black Lives Matter movement and Mizzou's #ConcernedStudent1950, in news reports (e.g.,

students/faculty donning Black face on college campuses), and in racial profiling by police. Moreover, in this digital age and time, social media clips capture the realities of Black lives and the treatment of Black bodies on university and college campuses across the U.S. (Gin, Martínez-Alemán, Rowan-Kenyon, & Hottell, 2017) and evidence the racist ideologies and anti-Black stereotypes permeating social and institutional spaces. There are numerous scholarly accounts of how these experiences of racialized stress across larger ecological systems impact students, including BGSs, as they navigate HWIs during their study tenure (Ali et al., 2004; Coates, 2015).

Adding to their racialized stress, BGSs are underrepresented in the fields of counseling, clinical and counseling psychology, and couples/marriage and family therapy. Data from the 2010 American Psychological Association's (APA) Center for Workforce Studies shows an underrepresentation of ethnic minorities at the doctoral-level in psychology. In 2008, U.S. citizens and permanent residents earned 2,837 psychology PhDs. According to statistics reported in the Doctorate Recipients from U.S. Universities: Summary Report 2007-2008 (NSF 10-309), Black students earned 5.8% of the awarded PhDs compared to their White counterparts who earned 76%; 2.5% of PhDs earned were awarded to individuals who reported more than one race. Relatedly, African American faculty continue to be underrepresented in counseling and psychology programs (Haizlip, 2012). At present, Whites represent the dominant racial group (Census, 2015) and, historically and institutionally, they occupy the majority of positions of power (Cohen, 1982; Omi & Winant, 1994; Stockstill, 2017).

The underrepresentation of Black bodies in academia, whether as students or faculty, has been a longstanding problem in history and a main motivating factor behind

diversity, equity, and inclusion efforts across colleges and universities in the U.S. For Black Americans, the diversification of the professoriate in the field of counseling, clinical and counseling psychology, and CFT/MFT requires that BGSs successfully navigate and complete their graduate programs. Their graduation is critical for numerous reasons; to increase the number of Black clinicians and counselors in the field to improve service to diverse communities; to increase the number of Black professors in classrooms who educate Black students; to increase and improve research and practice with Black communities; to increase understanding of Black health and well-being; and to increase the presence of Black clinical and counseling social justice advocates who fight against social injustices that are associated with persistent economic and social disparities.

Compared to their White counterparts, Black and African American identified students experience being tokenized as being the only BGSs in their program or classroom, which results in feelings of isolation, exclusion, being ostracized; a lack of belonging; being excluded or misinformed about institutional cultural norms and processes; and feeling misunderstood (Smith et al., 2011). Faculty must identify and address the racialized experiences of BGSs occupying these academic programs to improve campus climates and the overall graduate educational experience for this underrepresented student population.

In the following sections, I detail the unique learning contexts and students roles that graduate students must navigate in clinical and counseling psychology as well as couples/ marriage and family therapy graduate programs.

### **Graduate Education and Racial Battle Fatigue**

#### **Clinical and Counseling Training Program Contexts**

Scholars have investigated racial issues and racism within clinical training contexts (e.g., Ali, Flojo, Chronister, Hayashino, Smiling, Torres, & McWhirter, 2004; Neville & Carter, 2005; Utsey, Gernat, & Hammar, 2005). The racialized experiences across various roles and contexts that graduate students navigate may increase RBF as incidences of racism, including persistent microaggressions, have been defined as types of traumatic stress by clinicians and researchers (Bryant-Davis & Ocampo, 2005). The experience of RBF may be further intensified by the intersectionality of Black/African American graduate students' multiple identities (i.e., race and gender, graduate student role and year in program, race and first generation to graduate school student status) and how each identity may interact with institutional and training contexts to increase racial stress (Greer et al., 2015). In the next few sections, I discuss three key interactions between graduate student roles and learning contexts and how BGSs experience RBF in these roles and contexts.

Relatedly, Black students are aware of the racial bias associated with how they are treated and evaluated academically (Engberg, 2004; Nettles, 1988), which adds to their vulnerability (Ellis, Berger, Hanus, Ayala, & Swords, 2014). Black/African American graduate students are constantly 'contorting' (Coates, 2015) in HWIs and other personal and professional spaces that they navigate daily to fit with institutional norms (i.e., White middle-class norms). The word 'contorting' was used by author Ta-Nehisi Coates (2015), to describe how students continuously flex their values, ways of being, and natural interpersonal style in HWIs to 'fit in' and allay non-Blacks' fears of Blacks in terms of speech and behavior. BGSs' contorting may involve not voicing anger for fear of being labeled as an "angry Black man/ woman" or not asking certain questions of



peers, instructors, and advisors for fear of being perceived as “less intelligent.”

**The role of student and the classroom context.** One main role that clinical and counseling program graduate students navigate is that of a student in the classroom. Graduate students are required to complete a predetermined course load over multiple years, usually full-time, with the bulk of courses taken during the early years of doctoral study. Students take these classes in addition to practica, research, externships, and graduate employment positions that they may carry simultaneously. The classroom presents one context in which BGSs may experience racial microaggressions, adding to the overall stress experienced by BGSs. For example, a professor may say to a BGS, “Did you come up with that answer on your own?” In this example, the message conveyed to BGSs is one of invalidation suggesting to BGSs, “You aren’t smart enough” (Sue et al., 2008), resulting in the student feeling demoralized and excluded (Allen, 1985, Fleming, 1984; Johnson-Bailey, Valentine, Cervero, & Bowles, 2008). Additionally, BGSs may experience RBF uniquely in the classroom because their professors have ‘control’ (Smith et al., 2016) over their grades, course curriculum, and, if the student-professor relationship is not supportive, BGSs may feel uncomfortable about addressing racism and microaggressions perpetrated by their professors. The fear of receiving poor grades, especially if BGSs may have that professor in future classes may further exacerbate RBF. Experiencing racism in one class may prevent BGSs from speaking out or advocating for oneself if they are likely to have the same professor in future terms/semesters. The student-professor relationship and RBF experiences are further complicated in situations wherein a BGS’s advisor is also their professor, and in some cases, their practica supervisor –adding to the pressure to perform in the classroom but

also to the fear of being evaluated across multiple contexts.

The impact of RBF on students in classrooms also may lead to students feeling ostracized or unwelcomed by peers and/or instructors, particularly when the representation of BGSs and/or faculty in their classes is limited. Contact with Black students and faculty within a BGS's department is vital to social integration and social support (Defour & Barton, 1990) and to their survival as graduate students (Johnson-Bailey et al., 2008). In some cases, White teachers treat BGSs unfairly and issue lower academic markings in comparison to their non-Black peers, are hypercritical of BGSs, and even ignore BGSs (Carter, 2001; Johnson-Bailey et al., 2008; Solórzano, Ceja, & Yosso, 2000). Ultimately, I believe that these race-related obstacles in the classroom context contribute to the racial stress exacted upon BGSs and influence students' psychological, physiological, and behavioral stress responses (i.e., RBF).

Empirical evidence suggests that racial microaggressions impact the classroom experience for racial/ethnic minority students, particularly at HWIs (Smith et al., 2011; Sue et al., 2009). Being praised for "speaking good English" or being told by a teacher or classmate, "I don't see color," are examples of racial microaggressions because such statements convey covert disparaging messages to racial minorities that "You are not a true American but a foreigner" and "You are not important enough to be noticed" (Sue et al., 2009, p. 183). Perpetrators of racial microaggressions are not specific to any particular group; however, the most damaging and destructive microaggressions may generally occur in the context of a relationship characterized by more extreme unequal power dynamics between individuals in positions of power and the disenfranchised (Sue et al., 2009). For graduate students, these power dynamics may exist in the context of

classroom settings, supervisory, and/or advisory relationships. With the growing diversity of classrooms, “interracial interactions increase opportunities for racial microaggressions and difficult dialogues on race” (Sue et al., 2009, p. 184). I argue that these increased experiences of racial microaggressions within the classroom context result in increased RBF for BGSs in their role as students.

**The role of supervisee and the clinical supervisory relationship context.**

Clinical field experiences are another common aspect of clinical and counseling masters and doctoral students’ experiences. Graduate students spend a portion of their program experience in practica as therapist interns, providing psychotherapy to children, adolescents, and adults, for example. These practica roles often include supervision, creating an additional *role* for graduate students as supervisees and an additional *context* in which BGSs may experience RBF. In supervisory relationships, the power differential between clinical supervisors and supervisees has been examined (Ali et al., 2004; Ellis et al., 2014). Clinical supervisors evaluate supervisees and are often their expected first source for clinical consultation. Additionally, supervisors approve supervisees’ clinical notes, observe and critique their clinical work with clients, provide weekly individual and group supervision, and, in some cases, write letters of recommendation for supervisees. These power dynamics create pressure for BGSs to hyper-perform or to ‘prove’ themselves, and to avoid addressing racist behaviors within the supervisory relationship in ways that non-Black students do not typically experience or in the same way. For example, for African American teaching assistants (TAs), Quincy R. Smiling noted that they “study more, read more, work harder to prove to everyone that they deserve to be where they are” (in Ali et al., p. 127). I believe the need for African American TAs to

‘hyper-perform’ also applies to African American and Black graduate students, supervisees, and advisees.

In cross-racial dyads, a supervisor’s power in the supervisory relationship may foster BGS’ apprehension to address racial/cultural differences or perceived incidences of racial microaggressions for fear of being evaluated negatively and/or damaging the supervisory relationship on which they rely clinically and professionally (Constantine & Sue, 2007). In addition, BGSs are aware that the quality of client care that they provide may be affected greatly by the quality of their relationship with the supervisor. For example, “...supervisors typically are responsible for ensuring that racial-cultural issues receive attention in supervision” (Constantine & Sue, p. 143). Depending on a supervisor’s awareness or critical evaluation of their own cultural competency, a “colorblind” supervisory style may be enacted resulting in a Black supervisee’s race or experiences of racism, with a client or with the supervisor, being ignored, contorted, or belittled (Constantine & Sue, 2007; Neville, Lilly, Duran, Lee, & Browne, 2000; Sue, 2004).

In clinical settings associated with clinical training programs at HWIs, Constantine and Sue (2007) noted that supervisors are likely to be White thus creating a relative intersection between power and privilege within supervisory relationships (both with regards to race and role). This imbalance of power may make it difficult for supervisees to cope with some of the psycho-emotional consequences of racist actions such as feelings of anger and helplessness (Ali et al., 2004). And, given racial discrimination is an ubiquitous and often daily experience for people with Black heritage (Smith et al., 2016; Sue et al., 2007), it is likely that Black supervisees may encounter

racial microaggressions and unwarranted forms of racism in cross-racial supervisory dyads even by the most well-intentioned and seemingly culturally competent supervisors (Constantine & Sue, 2007). In part, White supervisors at HWIs may perpetrate racial microaggressions against Black supervisees due to limited experience in cross-racial dyads as well as differences in multicultural experiences, knowledge, training, and multicultural supervision skills (Constantine & Sue, 2007). A supervisor's lack of awareness may lead to unwarranted consequences on Black supervisee's perceptions of supervision and result in potentially "harmful" effects on the supervisee's clients (Constantine & Sue, 2007; Ellis, 2001; Ellis et al., 2014).

Constantine and Sue (2007) identified seven themes of microaggressions that occurred within the cross-racial supervisory dyad between White supervisors and Black supervisees. These microaggressions were committed against Black supervisees and all negatively impacted Black supervisees. In addition, the negative impacts extended to the supervisory dyad, and even further, to clients from marginalized racial/ethnic groups. These themes included, for example, microinvalidations of racial-cultural problems, "making stereotypic assumptions about Black supervisees, reluctance to give performance feedback for fear of being viewed as racist, and focusing mostly on Black supervisees clinical weaknesses" (see Constantine & Sue, 2007, p. 146-148 for a comprehensive review of the themes).

**The role of advisee and the graduate advisory relationship context.** A third role that is common among graduate students is that of advisee. Counseling, clinical and counseling psychology, and CFT/MFT graduate students engage in a multi-year advisor-advisee relationship. This relationship may have a significant effect on students'

professional development because of the advisor's pivotal role in the student's experience (Schlosser, Knox, Moskovitz, & Hill, 2003). Advisees typically work with a single advisor as they navigate tenure as graduate students and must request their advisor's time (e.g., Schlosser & Kahn, 2007), adhere to deadlines and timelines set with their advisors, and adhere to the advisor's feedback and edits on written projects, including program competency exams, theses and dissertations, manuscripts, and course assignments. In the graduate advisory relationship context, advisors guide/mentor advisees on program planning such as selecting courses and following program handbook guidelines; provide opportunities for advisees to engage in research collaborations and/or to receive graduate student fellowships and scholarly awards; write scholarships/grants and internship recommendation letters; and advocate on behalf of advisees. Advisors also evaluate advisees and approve/disapprove program advancement. In some cases, particularly in counseling psychology doctoral programs, an advisor may serve as their advisee's professor in a classroom or practicum course (Schlosser & Kahn, 2007).

For BGSs in counseling, clinical and counseling psychology, and CFT/MFT programs, the graduate advisory relationship is another context in which BGSs may experience racial microaggressions and RBF. The demands and dynamics of the advisory relationship add to the stress and pressure to 'hyper-perform' that BGSs undergo as advisees. Additionally, RBF consequences may look like advisees not wanting to ask 'stupid' questions, not wanting to disappoint, holding on too long to documents and delaying writing, not setting up meetings for fear of evaluation, not sharing when something is going wrong for fear of lack of advocacy with faculty. Furthermore, RBF may impact advisees by increasing racial stress, causing advisees to subdue their needs

and by decreasing rapport between advisors and advisees. If a BGS experiences RBF from an advisor and that advisor also serves as their professor and/or practicum supervisee, the BGS's RBF may be further exacerbated across roles/contexts.

Given the underrepresentation of Blacks as students and faculty in higher education (Johnson-Bailey et al., 2008), it is possible and probable that BGSs have non-Black advisors. This cross-racial advisory relationship may impact BGSs support experiences. For example, Johnson-Bailey et al., (2008) explored the support experiences of BGSs and found that Black professors and other BGSs served as BGSs' primary sources of support (p. 365). BGSs perceived their support experiences in a way that their non-Black peers did not, noting that "White graduate students experienced a much friendlier campus and a more positive classroom environment" (p. 365). Although the advisory relationship is arguably among one of the most important relationships during graduate student training, this relationship is under-examined in the counseling psychology literature (Knox, Schlosser, Pruitt, & Hill, 2006).

### **Study Purpose and Contributions**

To date, scholars have used qualitative methods primarily to investigate RBF among Black male college students, and results indicate that RBF is linked to poorer academic performance and an array of negative physical and mental health outcomes (Coleman & Stevenson, 2013; Hotchkins, 2016; Smith et al., 2007; Smith et al., 2011). A few scholars have used quantitative methods to develop a measure of RBF as well as to validate the RBF framework (Franklin et al., 2014; Tang et al., 2012). Scholars have made important contributions to the study of RBF, and several gaps remain that deserve more scholarly attention. First, researchers have yet to examine how RBF varies with

role and context among Black/African American counseling, clinical and counseling psychology, and CFT/MFT graduate students. Second, the majority of RBF studies involve analysis of qualitative data only. Quantitative methods can provide additional insight about the scope of BGSs' RBF experiences and relationships among RBF stress responses. Third, few researchers have examined individual factors that may influence RBF experiences for different groups of individuals including, women, Biracial Black, and Multiracial Black graduate students.

The purpose of this dissertation study, therefore, was to use a cross-sectional, non-experimental, quantitative descriptive research design to (a) evaluate the unique experiences and impact of RBF for counseling, clinical and counseling psychology, and CFT/MFT graduate students who racially identify as Black/African American, Biracial Black, and Multiracial Black across the roles and contexts of students in class, advisees, and supervisees and (b) examine if differences in RBF experiences exist across key student demographic characteristics. I anticipated that study results would contribute to the extant literature by advancing RBF theory and empirical research with the inclusion of female and Biracial and Multiracial BGSs' experiences and identifying if student role and learning context influence RBF experiences. I hoped, ultimately, that these scholarly contributions would advance research and training efforts to identify how institutions can direct their efforts to better support, and advance the achievements of, Black/African American clinical and counseling graduate students.

### **Study Research Questions and Hypotheses**

**Research Question 1:** What are the *psychological* RBF experiences of Black counseling, clinical and counseling psychology, and CFT/MFT graduate students across their roles as



students in class, advisees, and supervisees?

**Research Question 2:** What are the *physiological* RBF experiences of Black counseling, clinical and counseling psychology, and CFT/MFT graduate students across their roles as students in class, advisees, and supervisees?

**Research Question 3:** What are the *behavioral* RBF experiences of Black counseling, clinical and counseling psychology, and CFT/MFT graduate students across their roles as students in class, advisees, and supervisees?

**Research Question 4:** Do the experiences of RBF (i.e., psychological, physiological, and behavioral stress responses) for Black counseling, clinical and counseling psychology, and CFT/MFT graduate students vary by key individual demographics and interactions between demographic variables and student roles?

Based on the limited, extant research on RBF, I hypothesized the following: (a) the impact of RBF (i.e., psychological, physiological, or behavioral stress responses) would be highest for BGSs in the graduate role/context in which they experienced the most RBF, (b) BGSs' RBF experiences would vary by race sub-group, gender, and year in program, and that there would be significant interactions between race sub-group, gender, and student role, and (c) that RBF would be worse for students who were enrolled in their academic programs longer. BGSs in clinical and counseling programs often do not have the choice to limit their interactions with persons as was the case with Black male college students who used persistent coping strategies to avoid racial microaggressions and thereby reduced their RBF (see Hotchkins & Dancy, 2015). BGSs do, in many ways (e.g., choice of externships), however their choices are also very limited, and that may change the impact of RBF for this particular group.

## CHAPTER III

### METHODS

#### **Research Design**

I used a cross-sectional, non-experimental, quantitative descriptive within-subjects research design to examine the relationship between Black counseling, clinical and counseling psychology, and CFT/MFT graduate students' RBF experiences and their varying graduate student roles. Quantitative descriptive research is characterized by its non-experimental and correlational design qualities (Shadish, Cook, & Campbell, 2003) and is used to collect data with regards to degree, frequency, and strength of relationships between two or more variables (Heppner et al., 2008).

#### **Participants**

Participants included 69 masters and doctoral students currently enrolled in counseling, clinical and counseling psychology, and CFT/MFT graduate programs in the U.S. Participant inclusion criteria included: (a) self-identification as Black/African American, Biracial Black, or Multiracial Black, (b) 18 years of age or older, (c) self-reported personal experience of racism from a teacher, supervisor, or advisor, (d) completed one quarter or semester of graduate experience, and (e) ability to understand and read English at a minimum 8th grade reading level. A total of 14 (20.3%) participants self-identified as African American; 4 (5.8%) as African; 9 (13.0%) as Biracial Black; 32(46.4%) as Black; 10 (14.5%) as Multiracial Black. Average participant age was 28.32 years ( $SD = 5.71$ ; age range was 21 to 49 years old) and 7 (10.1%) participants did not report their age. With regard to gender, 47 (68.1%) identified as female, 20 (29.0%) as male, 1 (1.4%) transgender female to male (TFTM),

and 1 (1.4%) participant selected “prefer not to answer.” See Table 2 for more participant demographic information.

Table 2

*Participant Demographic Characteristics (N = 69)*

Demographic characteristic	<i>n</i> (%)
Gender	
Female	47(68.1)
Male	20(29.0)
TFTM	1(1.4)
Prefer not to answer	1(1.4)
Geographic location	
West	18(25.4)
Midwest	18(25.2)
Northeast	14(19.6)
South	21(29.4)
Graduate degree program	
Masters	4(5.9)
PhD	48(69.6)
PsyD	17(24.6)
Program type	
APA-accredited counseling psychology	33(47.8)
APA-accredited clinical psychology	33(47.8)
CACREP	1(1.4)
COAMFTE	1(1.4)

Other	1(1/4)
Term or semester	
Term	13(18.8)
Semester	56(81.2)
Year in graduate school	
First year	10(14.5)
Second year	13(18.8)
Third year	16(23.2)
Fourth year	12(17.4)
Fifth year	9(13.0)
Sixth year	6(8.7)
Seventh year or beyond	2(2.9)
Missing	1(1.4)
Frequency of meeting with advisor	
Zero times per term/semester	4(5.8)
Once per term/semester	19(27.5)
Twice per term/semester	11(15.9)
Three or more times per term/semester	35(50.7)
Currently on pre-doctoral internship	
Yes	14(20.3)
No	55(79.7)
First generation college student	
Yes	22(31.9)
No	49(68.1)

First generation graduate student	
Yes	42(60.9)
No	27(39.1)
International student	
Yes	1(1.4)
No	68(98.6)
Race	
Black	32(46.4)
African American	14(20.3)
African	4(5.8)
Biracial, including Black/African American	9(13.0)
Multiracial, including Black/African American	10(14.5)
Student program diversity*	
All white	3(4.3)
Mostly white	49(71.0)
About half and half	10(14.5)
Mostly minorities	6(8.7)
All minorities	1(1.4)
Faculty program diversity*	
All white	9(13.0)
Mostly white	50(72.5)
About half and half	5(7.2)
Mostly minorities	4(5.8)

All minorities	1(1.4)
Campus student diversity*	
All white	5(7.2)
Mostly white	53(76.8)
About half and half	3(4.3)
Mostly minorities	8(11.6)

*Note.* CACREP = Counsel for Accreditation of Counseling and Related Educational Programs. COAMFTE = Commission on Accreditation for Marriage and Family Therapy Education.

\*As reported by participants.

### **Setting and Apparatus**

All measures were administered online using a Qualtrics survey that I created using Online Survey Software | Qualtrics Survey Solutions. The survey was administered from October 2017 through April 2018. I disseminated the Qualtrics survey link using a snowball sampling method. I emailed the link to more than 250 training directors, professors, university staff and administrators, supervisors, and graduate students from colleges and universities and predoctoral internship sites across the U.S. (i.e., graduate students in counseling, clinical and counseling psychology, and CFT and MFT programs). I also sent the link to relevant national training and professional organizations including the American Psychological Association Division 17 Society of Counseling Psychology, the Council of University of Clinical Psychology, and the Counsel of Counseling Psychology Training Programs (See Appendix A for Research Announcement and Appendix B for Survey Distribution List). Additionally, I published the survey link to Facebook, social networking websites, and listservs for CFT/MFT, clinical and counseling psychology students, and racial minority professionals (i.e.,

National Black Graduate Student Association (NBGSA) listserv, Association of Black Psychologists listserv, Asian American Psychological Association (AAPA), and the AAPA Division of Filipino Americans listserv).

## **Procedure**

**Survey construction and administration.** My dissertation chair and I reviewed all survey items to ensure that measurement item wording was relevant and appropriate for the study sample. Additionally, 11 Counseling Psychology and one Education and Clinical Studies doctoral students voluntarily completed the study survey so that I could estimate survey completion time and solicit feedback about their experiences completing the survey. Based on the feedback received from the 12 graduate students, I added a prompt before each role change, a progress bar, and set the time to complete the survey to 20-25 minutes. I de-identified all data and stored data on a password-protected computer to which only I had access.

A brief description of the study accompanied the initial email invitation. Participants provided informed consent before the survey link became available to them. Study participation was voluntary and participants could withdraw from the study or skip survey questions at any time without penalty. Participants who did not meet study inclusion criteria (as indicated by participants' responses to inclusion criteria questions as part of the 17-item demographic questionnaire) were directed to the end of the survey. I offered all participants an opportunity to enter a drawing for a \$25.00 Barnes and Noble gift card. This dissertation study included protections against participant risk and the University of Oregon institutional review board approved the study protocol.

## **Measures**

The complete study survey comprised 152 items from the following measures (see Appendix C for copies of all survey measures).

**Participant and program demographics.** I used an original 17-item, self-report demographic questionnaire to collect information about participants' age, race/ethnicity, gender, geographic location, graduate degree program, graduate program type, year in graduate school, first generation to college and first generation graduate student status, international student status, student program diversity, faculty program diversity, campus student community diversity, and frequency of meeting with advisor. It should be noted that the diversity of participants' student program, faculty program, and student community was based on the participants' self-report.

**Racial battle fatigue (RBF).** I measured participants' racial battle fatigue using the 41-item RBF Scale (Tang et al., 2012) consisting of 16 psychological stress items, 5 behavioral stress items, and 20 physiological stress items. Participants completed the RBF measure three times, one time for each graduate student role, beginning with their role as a student in class, followed by advisee, and ending with supervisee. For all items, participants were prompted with the item stem, "After experiencing racial microaggressions as a student in the classroom/student advisee/student supervisee, how often did you feel/experience ...?" Example items include, "How often were you frustrated (psychological)," "Headaches (physical)," and "Using drugs to relax (behavioral)." Response options ranged along a Likert-type scale from 1 (*Never*) to 5 (*Very Often*). Response options were rescored for data analysis purposes to range from 0 (*Never*) to 4 (*Very Often*). Scale item scores were summed for three total subscale scores (psychological, physiological, and behavioral RBF stress response). Rescored subscale



scores can range from 0-64 (psychological stress response items), 0-20 (behavioral stress response items), and 0-80 (physiological stress response items). Total RBF scores were calculated from the sum of the three subscale scores (psychological, physiological, and behavioral RBF stress response) and can range from 0-164. Higher scores indicate higher levels of psychological stress, physiological stress, and behavioral RBF stress (Tang et al., 2012). Strong internal consistency alphas for all items have been calculated with samples of U.S. undergraduates, graduates, and alumni ( $\alpha = 0.968$  for psychological stress;  $\alpha = 0.937$  for physiological stress; and  $\alpha = 0.894$  for behavioral stress response; Tang et al., 2012). With the present study sample of Black graduate students, I calculated the internal consistency reliability (Cronbach's  $\alpha$ ) of the RBF total scale and each subscale (psychological, behavioral, and physiological stress responses). The Cronbach's  $\alpha$  for all 41 RBF items was .95 and for each of the RBF stress subscales ranged from  $\alpha = .93$  to .97 (psychological, 16 items);  $\alpha = .73$  to .81 (behavioral, 5 items); and  $\alpha = .95$  to .96 (physiological, 20 items).

My chair and I also created original questions to assess additional dimensions of participants' RBF experiences across all three roles. All original question details are provided in Table 3.

Table 3

*Original Questions*

Role	Question #/Prompt	Response Options
Student in class	Q61. "How long ago were you enrolled in THAT class (please answer in months)?"	open-ended
Student in class	Q62. "What is the race of THAT classroom teacher/professor?"	(1) Same as mine (2) Different from mine
Student in class	<b>Prompt:</b> Now that you have answered about your experience of racial microaggressions as a STUDENT in the classroom, please ANSWER THE FOLLOWING:	
	Q64. "How helpless did you feel?"	(1) Not at ALL HELPLESS  (2) COMPLETELY HELPLESS
	Q65. "HOW MUCH WERE you able to advocate for yourself?"	(1) Not at ALL ABLE AND DID NOT ADVOCATE FOR MYSELF  (2) COMPLETELY ABLE AND DID ADVOCATE FOR MYSELF
Advisee	Q108. "What is the race of THAT advisor?"	(1) Same as mine (2) Different from mine
Supervisor	Q126. "What is the RACE of the SUPERVISOR from whom you experienced racial microaggressions as a student supervisee?"	(1) SAME as MY race (2) DIFFERENT from MY race

## **Missing Data**

The overall sample included 95 masters and doctoral students enrolled currently in graduate programs across the U.S. Of these 95 respondents, 25 had missing data and were eliminated from all study analyses: one participant did not provide consent; two participants did not meet inclusion criteria because they were not enrolled in a clinical program (i.e., “Other: I/O Psychology” and “Other: Educ-Policy Leadership”); one student did not meet inclusion criteria because they did not indicate whether they completed at least one term or semester of graduate school; one participant did not report their race; four participants completed 1% or less of the study questionnaire; two participants completed 5% or less of the study questionnaire; 10 participants completed the demographics questionnaire but did not complete any portion of the RBF scale or subscales; and four participants completed neither the demographics questionnaire nor the RBF scale or subscales.

After I removed all participants with substantial missing data, preliminary analyses identified one participant’s scores as outlier for all main study variables (i.e., participant’s data was more than three standard deviations from the mean on all study variables), thus I removed this participant’s data from all study analyses (Arffa, Krishna, Gartner-Schmidt, & Rosen, 2012). The final sample that I included in all study analyses was 69 participants and I addressed all other minor missing values using pairwise deletion (Graham, 2009).

## CHAPTER IV

### RESULTS

In this chapter, I describe the results of my dissertation study beginning with the treatment of missing data, followed by preliminary analyses and main study analyses for each research question, and ending with between-subjects findings. To answer dissertation study research questions, I conducted descriptive analyses, correlational analyses, one-way ANOVA, one-way repeated measures ANOVAs.

#### **Preliminary Analyses**

I conducted preliminary analyses to check for statistical assumptions and distribution of all data (Field, 2013; Keppel & Zedeck, 1989) including descriptive statistics, frequency distributions, box plots, and histograms (please see Appendix D for Frequency Output and Pie Charts). I conducted all study analyses using SPSS version 25 for Mac computers (IBM, 2017). For all study variables, values of skewness were less than 2.1 and values of kurtosis were less than 7.1, indicating that any departure from normality was not severe (West, Finch, & Curran, 1995). I also examined bivariate correlations to ensure that study variables were correlated but did not evidence multicollinearity (i.e.,  $r > .80$ ; Field, 2009). Prior to conducting main study analyses, I assessed tolerance and VIF and concluded that there were not any problematic multicollinearity symptoms (Field, 2013). I present the Pearson correlation coefficients among study variables in Table 4. The correlations between all continuous variables were in the expected direction and significant. The majority of relationships between variables were positive, meaning that these variables tend to increase together (e.g., greater psychological stress response is associated with greater total RBF) and the

magnitude or strength of the associations between study variables ranged primarily from medium/moderate correlations ( $0.3 < |r| < .5$ ) to large/strong correlations ( $|r| > .5$ ) based on Cohen (1988).

Table 4

*Means, Standard Deviations, and Pearson Correlation Coefficients among Study Variables*

Variables	1	2	3	4	5	6	7	8	9	10	11	12
1.Tot_ClassPsy	-											
2.Tot_ClassBeh	.15	-										
3.Tot_ClassPhy	.38**	.43**	-									
4.Tot_ClassRB	.76**	.47**	.88**	-								
5.Tot_AdvPsy	.31*	.10	.29*	.36**	-							
6.Tot_AdvBeh	.02	.67**	.30*	.30*	.30*	-						
7.Tot_AdvPhy	.12	.23	.66**	.54**	.58**	.47**	-					
8.Tot_AdvRBF	.25	.23	.52**	.50**	.90**	.49**	.87**	-				
9.Tot_SupPsy	.53**	-.13	.13	.34*	.51**	.06	.26	.44**	-			
10.Tot_SupBeh	.39**	.44**	.51**	.59**	.21	.59**	.43**	.38**	.32*	-		
11.Tot_SupPhy	.41**	.18	.69**	.69**	.53**	.44**	.75**	.72**	.54**	.45**	-	
12.Tot_SupRBF	.55**	.05	.46**	.59**	.58**	.30*	.56**	.65**	.90**	.50**	.85**	-
<i>M</i>	33.57	2.32	19.33	54.62	17.47	1.00	10.62	29.09	21.58	1.30	10.92	33.81
<i>SD</i>	12.30	2.92	15.63	24.49	17.48	2.41	14.59	29.60	18.04	2.43	14.40	29.68
<i>N</i>	69	68	67	69	58	58	58	58	53	53	53	53

*Note.* \* $p = 0.05$ , \*\* $p = 0.01$ . Class=Student role; Adv=Advisee role; Sup=Supervisee role; TotPsy=total psychological stress response; TotBeh=total behavioral stress response; TotPhy=total physiological stress response; TotRBF=total racial battle fatigue score. TotalPsy score range 0-64. TotalBeh score range 0-20. TotalPhy score range 0-80. TotRBF score range 0-164.

## Main Study Analyses

For research questions one through three, I conducted a one-way repeated-measures ANOVA with the within-subjects factor being graduate student role with three levels: 1) student in class, 2) advisee, and 3) supervisee and the dependent variables being total psychological, physiological, and behavioral RBF scores, respectively. Effect sizes for eta-squared ( $\eta^2$ ) range from 0.2, 0.5, and 0.8 and are interpreted as small, medium, and large, respectively (Cohen, 1988; Miles & Shevlin, 2001). According to Richardson (2011), Cohen (1969, pp. 278-280) provides partial eta squared values of .0099, .0588, and .1379 as benchmarks for small, medium, and large effect sizes, respectively.

**Research Question 1:** What are the psychological RBF experiences of Black counseling, clinical and counseling psychology and CFT/MFT graduate students across their roles as students in class, advisees, and supervisees?

I provide the means and standard deviations for total psychological RBF scores in Table 5. ANOVA results indicated a significant role effect, Wilks's  $\Lambda = .46$ ,  $F(2, 51) = 29.72$ ,  $p < .001$ , multivariate  $\eta^2 = .54$ .

Table 5

*Means and Standard Deviations for Total Psychological RBF Scores by Role*

Graduate Student Role	<i>M</i>	<i>SD</i>	N
Tot_ClassPsy	34.36	12.06	53
Tot_AdvPsy	17.08	17.37	53
Tot_SupPsy	21.58	18.04	53

*Note.* Tot\_ClassPsy = Student in class total psychological stress response score; Tot\_AdvPsy = Advisee total psychological stress response score; Tot\_SupPsy = Supervisee total psychological stress response score. Score range 0 to 64.

Post hoc tests using Bonferroni correction (Kim, 2014) revealed that BGSs

experienced significantly ( $p < .001$ ) more psychological RBF as students in class ( $M = 34.36$ ,  $SD = 12.06$ ) than as advisees ( $M = 17.08$ ,  $SD = 17.37$ ) and supervisees ( $M = 21.58$ ,  $SD = 18.04$ ). These results suggest that BGSs experience more psychological RBF in their role as students in class than as advisees and supervisees.

**Research Question 2:** What are the physiological RBF experiences of BGSs across their roles as students in class, advisees, and supervisees?

I present the means and standard deviations for total physiological RBF scores by graduate student role in Table 6. The results for the ANOVA indicated a significant role effect, Wilks's  $\Lambda = .60$ ,  $F(2, 51) = 16.81$ ,  $p < .001$ , multivariate  $\eta^2 = .40$ .

Table 6

*Means and Standard Deviations for Total Physiological RBF Scores by Role*

Graduate Student Role	<i>M</i>	<i>SD</i>	N
Tot_ClassPhy	19.15	15.58	53
Tot_AdvPhy	10.38	14.87	53
Tot_SupPhy	10.92	14.40	53

*Note.* Tot\_ClassPhy = Student in class total physiological stress response score; Tot\_AdvPhy = Advisee total physiological stress response score; Tot\_SupPhy = Supervisee total physiological stress response score. Score range from 0-80.

Post hoc tests using Bonferroni correction revealed that BGSs experienced significantly ( $p < .001$ ) more physiological RBF as students in class ( $M = 19.15$ ,  $SD = 15.58$ ) than as advisees ( $M = 10.38$ ,  $SD = 14.87$ ) and supervisees ( $M = 10.92$ ,  $SD = 14.40$ ). These results suggest that BGSs experience more physiological RBF in their role as students in class than as advisees and supervisees.



**Research Question 3:** What are the behavioral RBF experiences of Black counseling, clinical and counseling psychology, and CFT/MFT graduate students across their roles as students in class, advisees, and supervisees?

I present the means and standard deviations for total behavioral RBF scores by graduate student role in Table 7. The results for the ANOVA indicated a significant role effect, Wilks's  $\Lambda = .69$ ,  $F(2, 51) = 11.44$ ,  $p < .001$ , multivariate  $\eta^2 = .31$ .

Table 7

*Means and Standard Deviations for Total Behavioral RBF Scores by Role*

Graduate Student Role	<i>M</i>	<i>SD</i>	N
Tot_ClassBeh	2.30	2.71	53
Tot_AdvBeh	.83	1.73	53
Tot_SupBeh	1.30	2.43	53

*Note.* Tot\_ClassBeh = Student in class total behavioral stress response score; Tot\_AdvBeh = Advisee total behavioral stress response score; Tot\_SupBeh = Supervisee total behavioral stress response score. Score range 0-20.

Post hoc tests using Bonferroni correction revealed that BGSs experienced significantly ( $p < .001$ ) more behavioral RBF as students in class ( $M = 2.30$ ,  $SD = 2.71$ ) than as advisees ( $M = .83$ ,  $SD = 1.73$ ) and supervisees ( $M = 1.30$ ,  $SD = 2.43$ ). These results suggest that BGSs experience more physiological RBF in their role as students in class, than as advisees and supervisees.

### **Total Racial Battle Fatigue Results**

I was also interested in the *total RBF experiences* of Black counseling, clinical and counseling psychology, and CFT/MFT graduate students across their roles as students in class, advisees, and supervisees? To examine these experiences, I conducted

a one-way repeated-measures ANOVA with the within-subjects factor being graduate student role with three levels: 1) student in class, 2) student advisee, and 3) student supervisee and the dependent variable being total RBF scores. I present the means and standard deviations for total RBF scores in Table 8. The results for the ANOVA indicated a significant role effect, Wilks's  $\Lambda = .44$ ,  $F(2, 51) = 32.87$ ,  $p < .001$ , multivariate  $\eta^2 = .56$ . The mean of total RBF for students in class ( $M = 55.81$ ,  $SD = 23.51$ ) was significantly higher than the mean of total RBF for advisees ( $M = 28.28$ ,  $SD = 29.29$ ) and supervisees ( $M = 33.81$ ,  $SD = 29.68$ ).

Table 8

*Means and Standard Deviations for Total RBF Scores by Role*

Graduate Student Role	<i>M</i>	<i>SD</i>	N
Tot_ClassRBF	55.81	23.51	53
Tot_AdvRBF	28.28	29.29	53
Tot_SupRBF	33.81	29.68	53

*Note.* Tot\_ClassRBF = Student in class total RBF score; Tot\_AdvRBF = Advisee RBF total score; Tot\_SupRBF = Supervisee RBF total score. TotalRBF score range 0-164.

Post hoc tests using Bonferroni correction revealed that Black graduate students experienced significantly greater ( $p < .001$ ) total RBF as students in class ( $M = 55.81$ ,  $SD = 23.51$ ) than as advisees ( $M = 28.28$ ,  $SD = 29.29$ ), and supervisees ( $M = 33.81$ ,  $SD = 29.68$ ). Total RBF scores were slightly higher for Black graduate students as supervisees ( $M = 33.81$ ,  $SD = 29.68$ ) than as advisees ( $M = 28.28$ ,  $SD = 29.29$ ), although not statistically significant ( $p = .33$ ). These results suggest that BGSs experience more total RBF as students in class, and this experience is less impactful for BGSs in their roles as

supervisee and advisee.

**Research Question 4:** Do the experiences of RBF (i.e., psychological, physiological, and behavioral stress responses) for Black counseling, clinical and counseling psychology graduate students vary by key individual demographics and interactions between demographic variables and student roles?

To answer research question four, and to determine interactions, I conducted a one-way analysis of variance (ANOVA) for all main study variables and demographic characteristics. Results revealed four significant relationships, which I discuss in detail below under Between-Subjects Results.

Table 9 provides the means and standard deviations of total RBF scores for women and men across graduate student roles. The means and standard deviations of RBF scores were relatively similar across roles and gender and these mean differences were not statistically significant.

Table 9

*Means and Standard Deviations for Total RBF Scores by Gender*

	Women		Men	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Tot_ClassRBF	54.53	25.94	54.55	19.77
Tot_AdvRBF	27.51	28.87	34.94	31.73
Tot_SupRBF	32.51	31.43	39.27	24.76

*Note.* Class=student in class; Adv=Advisee; Sup=Supervisee. Total RBF score range 0-164. Tot\_ClassRBF  $n = 47$  (women);  $n = 20$  (men). Tot\_AdvRBF  $n = 41$  (women);  $n = 16$  (men). Tot\_SupRBF  $n = 37$  (women);  $n = 15$  (men).

Table 10 provides the means and standard deviations of scores for each RBF

stress response type and BGS role by gender. Here I present the results for female and male participant responses because transgender FTM and prefer not to answer participant responses had fewer than two cases. The RBF subscale means and standard deviations were relatively similar for BGSs across role and gender. However, the only statistically significant mean differences were the behavioral stress response score means for men and women as students in class ( $p = .02$ ) and behavioral stress response score means for men and women as advisees ( $p < .01$ ). Male students in class had significantly higher mean behavioral stress response scores than female students in class. Male advisees had significantly higher mean behavioral stress response scores than female advisees. No other means and standard deviations differences were statistically significant.

Table 10

*Means and Standard Deviations for RBF Subscale Scores among BGSs by Gender*

	Women		Men	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Tot_ClassPsy	32.70	13.29	35.95	9.92
Tot_ClassBeh	1.72	1.94	3.45*	3.95
Tot_ClassPhy	20.59	15.96	15.95	13.80
Tot_AdvPsy	16.44	16.44	21.19	20.05
Tot_AdvBeh	.44	.95	2.50*	4.03
Tot_AdvPhy	10.63	14.34	11.25	15.91
Tot_SupPsy	20.41	18.28	25.93	17.09
Tot_SupBeh	1.03	1.96	2.07	3.33
Tot_SupPhy	11.08	15.04	11.27	13.39

*Note.* Class = Student in class role; Adv = Advisee role; Sup = Supervisee role; TotalPsy score range 0-64. TotalBeh score range 0-20. TotalPhy score range 0-80.

\*  $p < .05$ .

### **Between-subjects Results**

**Gender and Total Student in Class Behavioral Stress Response.** Based on the significant mean differences described above, I conducted a one-way analysis of variance to evaluate the relationship between *gender* and changes in *total student in class behavioral stress response* scores. The independent variable, gender, included four levels: female/woman, male/man, transgender FTM, and prefer not to answer. The ANOVA was significant,  $F(3, 64) = 4.88, p = .004$  The strength of relationship between

gender and total student in class behavioral stress response scores, as assessed by  $\eta^2 = .19$ , was strong, with gender accounting for 19% of the variance of the dependent variable.

**Gender and Total Advisee Behavioral Stress Response.** Based on the significant mean differences described above, I conducted a one-way analysis of variance to evaluate the relationship between *gender* and changes in *total advisee behavioral stress response* scores. The independent variable, gender, included four levels: female/woman, male/man, transgender FTM, and prefer not to answer. The ANOVA was significant,  $F(2, 55) = 4.90, p = .01$ . The strength of relationship between gender and total advisee behavioral stress response scores, as assessed by  $\eta^2 = .15$ , was strong, with gender accounting for 15% of the variance of the dependent variable.

**Current Year of Study in Graduate School and Total Supervisee Psychological Stress Response.** I conducted a one-way analysis of variance to evaluate the relationship between *current year of study in graduate school* and changes in *total supervisee psychological RBF stress response* scores. The independent variable, current year of study in graduate school, included seven levels: first year ( $n = 6$ ), second year ( $n = 11$ ), third year ( $n = 15$ ), fourth year ( $n = 8$ ), fifth year ( $n = 7$ ), sixth year ( $n = 3$ ), and seventh year of beyond ( $n = 2$ ).

The ANOVA was significant,  $F(6, 45) = 2.51, p = .04$ . The strength of relationship between current year of study in graduate school and total supervisee psychological RBF stress response scores, as assessed by  $\eta^2 = .25$ , was strong, with current year of study in graduate school accounting for 25% of the variance of the dependent variable.

Follow-up tests were conducted to evaluate pairwise differences among the means. Because the variances among the seven groups ranged from 0.00 to 442.00, I did not assume that the variances were homogenous and conducted post hoc comparisons with the use of Dunnett's *C* test, a test that does not assume equal variances among the groups (Green & Salkind, 2011). There was a significant difference in the means between BGSs who experienced psychological RBF as supervisees in their second year in graduate school ( $M = 9.73, SD = 17.16$ ) than BGSs who experienced psychological RBF as supervisees in the third year ( $M = 26.00, SD = 16.14$ ) and fourth year ( $M = 32.88, SD = 17.38$ ). BGSs who experienced psychological RBF as supervisees in their second year in graduate school experienced fewer psychological RBF symptoms in comparison to BGSs in their third and fourth year in graduate school. The greatest difference in means was found between BGSs in their second year and fourth year.

#### **Current Year of Study in Graduate School and Total Supervisee RBF. I**

conducted a one-way analysis of variance to evaluate the relationship between *current year of study in graduate school* and changes in *total supervisee RBF* scores. The independent variable, current year of study in graduate school, included seven levels: first year ( $n = 6$ ), second year ( $n = 11$ ), third year ( $n = 15$ ), fourth year ( $n = 8$ ), fifth year ( $n = 7$ ), sixth year ( $n = 3$ ), and seventh year of beyond ( $n = 2$ ). The ANOVA was significant,  $F(6, 45) = 2.36, p = .05$ . The strength of relationship between current year of study in graduate school and total supervisee RBF scores, as assessed by  $\eta^2 = .24$ , was strong, with current year of study in graduate school accounting for 24% of the variance of the dependent variable.

Follow-up tests were conducted to evaluate pairwise differences among the

means. Because the variances among the seven groups ranged from 0.50 to 1061.07, I did not assume that the variances were homogenous and conducted post hoc comparisons with the use of Dunnett's *C* test, a test that does not assume equal variances among the groups (Green & Salkind, 2011). There was a significant difference in the means between BGSs who experienced total RBF as supervisees in their second year in graduate school ( $M = 14.18$ ,  $SD = 20.29$ ) than BGSs who experienced total RBF as supervisees in their third year ( $M = 42.87$ ,  $SD = 28.64$ ), fourth year ( $M = 44.75$ ,  $SD = 32.57$ ) and sixth year in graduate school ( $M = 49.67$ ,  $SD = 25.01$ ). BGSs who experienced total RBF as supervisees in their second year in graduate school experienced lower overall RBF symptoms as supervisees in comparison to BGSs in their third, fourth, and sixth year in graduate school. The greatest difference in means was found between BGSs in their second year and sixth year; however, these results should be interpreted with caution given there were only two participants in their sixth year of graduate school. The next greatest difference in means was found between BGSs in their second year and fourth year in graduate school.



## Summary

Overall, BGSs scores on the RBF scale and subscales were relatively low. However, results suggest that BGSs experience more psychological, physiological, and behavioral RBF symptoms in their role as students in class than as advisees and supervisees. Additionally, results suggest that BGSs experience more overall RBF in their role as students in class than as advisees and supervisees. Across gender, the only statistically significant mean differences were the behavioral stress response score means for men and women as students in class and as advisees. Male in their roles as students in class and advisees had significantly higher mean behavioral stress response scores than female students in class and advisees. Furthermore, experiences of RBF for BGSs in clinical and counseling training programs in this sample appear to vary by some key demographic variables and role. Specifically, a strong relationship was found between *current year of study in graduate school* and *total psychological RBF as supervisees* and between *current year of student in graduate school* and *total RBF as supervisees*. BGSs in their second year in graduate school experienced lower total psychological RBF in their role as supervisees compared to BGSs in their third and fourth year in graduate school. Additionally, BGSs in their second year in graduate school also experienced lower overall RBF in their role as supervisees compared to BGSs in their third, fourth and sixth year in graduate school.

## CHAPTER V

### DISCUSSION

The purpose of this dissertation study was to examine Black counseling, clinical and counseling psychology, and couples/marriage and family therapy graduate students' experiences of psychological, physiological, and behavioral RBF stress responses across their roles as students in class, advisees, and supervisees. I hypothesized that (a) the impact of each RBF stress response would be highest for BGSs in the graduate role/context in which they experienced the most RBF, (b) BGSs' RBF experiences would vary by race, gender, and year in program, and (c) that there would be significant interactions between race, gender, and student role, and (d) that RBF would be worse for students who were enrolled in their academic programs longer.

One-way, within-subjects analysis of variance results showed that (a) BGSs' psychological, physiological, and behavioral stress responses as *students in class* were most impacted by racial microaggressions as compared to their roles as advisees and supervisees, (b) BGSs' overall RBF as students in class was most impacted by racial microaggressions as compared to their roles as advisees and supervisees; and (c) experiences of RBF for BGSs in clinical and counseling training programs varied by some key demographic variables and role. Findings suggest that there is a relationship between racial microaggressions and stress responses for gender diverse, BGSs in clinical and counseling programs and that this relationship varies, in part, by BGSs' roles as students in class, advisees, and supervisees. Results also suggest that role/context matter in the experiences of RBF for BGSs in clinical and counseling programs. Moreover, results demonstrate that the RBF framework has some utility for this student population,

particularly as it relates to BGSs experiences of overall RBF as well as psychological and physiological stress responses as students in class and supervisees.

A primary tenant of this proposed dissertation was that student role and context impact BGSs' RBF experiences. In general, BGSs reported experiencing overall RBF as well as psychological, physiological, and behavioral stress across graduate student roles. And, across these roles, mean scores indicated that BGSs experienced the most RBF (overall and across subscales) in their roles as students in class followed by supervisee role and advisee role. Study results provide support for the idea that student role and context matter, and in particular that BGSs' RBF experiences vary with their roles as a student in class, advisee, and supervisee. In particular, findings demonstrate that total RBF scores were higher for students in class than for advisees and supervisees.

These results contribute to the extant literature in several ways. First, this is one of only a few studies to use quantitative methods to study Racial Battle Fatigue. Second, the present study included a more racially diverse sample of graduate students, including the experiences of biracial and multiracial BGSs. Third, the limited RBF research, to date, has focused primarily on males. This dissertation study was inclusive of individuals from all genders. These initial dissertation study results extend the RBF theoretical framework by highlighting empirically that RBF stress responses vary by student role/learning context, and that there are important differences in which types of RBF stress responses are most impactful across these roles/contexts and the interactions between individual characteristics and roles/contexts. This added theoretical complexity provides a foundation for scholars to expand and refine their assessment of RBF; extend the RBF theoretical framework; and conceptualize more comprehensive studies that

include measurement of individuals' roles, educational/work contexts, and demographic characteristics- and the interactions among these factors - to better understand RBF and identify targets for prevention and intervention. In the following sections, I consider more in-depth the meaning of study findings.

### **Overall Racial Battle Fatigue Experiences**

BGS participants in this study experienced microaggressions committed by professors, supervisors, and advisors who were the same or different race, and with participants identifying the majority of their relationships with professors, supervisors, and advisors as cross-racial. These findings confirm the ubiquity of institutional, structural, and systemic forms of racism prevalent and common in the educational experiences of BGSs at both predominantly White and culturally diverse institutions in the U.S. It is also important to note that I collected dissertation study data between October 2017 and April 2018. Racial tension in the U.S. is quite high. Current national politics, the Black Lives Matter Movement and violence enacted against peaceful protesters, greater attention on police brutality against and unnecessary killing of unarmed Black individuals, racial profiling, biased news and social media, and hostile campus racial climates have increased students' sense of anxiety, fear, anger, depression, activism and resilience across the U. S. Study findings underscore the need for a larger conversation concerning the educational and racialized experiences of racial and ethnic minority graduate students enrolled in universities and colleges in the U.S.

Overall, BGSs scores on the RBF scale and subscales were relatively low. However, results suggest that the impact was still there. Findings revealed that BGSs' RBF experiences, overall and across subscales were highest in their role as students in

class than as advisees and supervisees.

The unique qualities, characteristics, and skills of this population may help to explain the lower RBF scores than what was anticipated. Among the many skills, clinical graduate students focus on advancing their emotional regulation and coping skills as well as engaging in self-care and self-reflection. It is possible that this sample of BGSs possess a particularly robust set of skills that allowed them to cope fairly well with the racial microaggressions that they encountered. It is also likely that BGSs' prior racialized experiences and possibly racial socialization influenced their RBF responses. For example, students reported "never" feeling shocked by the experience of racial microaggressions in all three contexts. Perhaps BGSs' familiarity with racialized experiences, and realistic anticipation and preparation for these racialized experiences, has allowed them to develop coping skills that explain the lower overall RBF scores. A deeper look into each type of RBF stress response and type of coping strategy utilized may also shed light on the current findings.

### **Psychological and Physiological RBF Stress Responses are Stronger**

Current dissertation study results showed that psychological and physiological stress impacted BGSs' total RBF experiences the most. These results are consistent with Franklin et al., 2014, whose findings demonstrated that psychological stress responses "... for Latinas/os are most impacted by racial microaggressions in the RBF framework," (Franklin et al., 2014, p. 309) followed by physiological stress responses and behavioral stress responses. In other words, racial microaggressions lead to more symptoms of psychological stress responses for Latinx college students than physiological and behavioral stress responses. In this dissertation study, racial microaggressions led to

more symptoms of psychological stress responses for BGSs, thus expanding upon the work of Franklin and colleagues (2014) to BGSs. Current study results also confirm and expand Smith et al., (2011) whose findings suggested that higher levels of education were associated with higher levels of psychological stress from racial microaggressions. Smith and colleagues' sample included 661 Black men from diverse educational backgrounds (i.e., no high school diploma to college graduate). Findings suggest that similar to Black college students, BGSs in clinical and counseling programs experience significant levels of psychological stress.

Although it appears that the psychological and physiological stress responses within the RBF framework are stronger for this sample, there are several possibilities as to why participants experienced less behavioral RBF, which is similar to Franklin et al., (2014) empirical findings. I used the behavioral stress responses from Tang et al., (2012), which had the fewest items of all the subscales and focused on using drugs, alcohol, and cigarettes in response to racial microaggressions. It is possible that including more, diverse behavioral stress response items might have been more relevant for this sample. Perhaps more adaptive behavioral stress responses would be more applicable to Black and other minority college and graduate students, for example. It is likely that BGSs are focused and high achieving, and as a result they are less likely to use drugs and alcohol to cope. Scholars should explore this behavioral domain of RBF for BGSs further and investigate alternative behavioral stress responses such as losing sleep, lack of exercise, eating unhealthy foods, etc.

### **Role and Context Matter**

A primary finding of this dissertation study is that students' roles and learning

contexts impact their RBF stress response, and in particular that participants' racialized experiences as students in class were more stressful than their experiences as advisees and supervisees. Several considerations may explain this study finding. First, it is possible that the classroom context is unique from advisee and supervisee contexts such that BGSs may experience racial incidents from teachers *and* student peers, or experience racial incidents with teachers that feel exacerbated by peers witnessing such incidents, and possibly not responding or telling BGSs that they are overreacting. The majority of BGSs in this sample attended universities and colleges with mostly White student (71.8%) and faculty (73.2%) program diversity, which likely means that BGSs are one of few or the only BGS in their classroom and program contexts thus increasing feelings of isolation, for example (Torres, Driscoll, & Burrow, 2010). BGSs may experience being tokenized during classroom discussions about race and/or current events, which may increase RBF. Black students are aware of the racial bias associated with how they are treated and evaluated academically (Engberg, 2004; Nettles, 1988), which adds to their vulnerability (Ellis et al., 2014). As previously mentioned, BGSs' are constantly 'contorting' (Coates, 2015) in HWIs and other personal and professional spaces that they navigate daily to fit with institutional norms (i.e., White middle-class norms) and/or to gain credibility within the institution. As students in class, BGSs may feel pressure to perform as they are being graded on their participation and performance in the class. This evaluative aspect of BGSs' role as students in class is different from the evaluations that BGSs receive from their advisors and supervisors. In the classroom context, BGSs receive grades and any fears of receiving poor grades may influence a BGS's response to racism and discrimination in the classroom. BGSs may feel forced to "sit with" the

racism and discrimination they experience within the classroom context because of their non-Black professors inherent power and privilege (power over their grades and academic success), which may explain why BGSs experienced more stress in the classroom versus advisory and supervisory contexts.

A second consideration is the student-instructor relationship context. Compared to the advisee-advisor and supervisee-supervisor relationships, students in class may have fewer relational interactions with instructors or a more distant relationship. As a result, students may experience more stress from their instructors' racist actions because there is no relationship that might encourage the student and instructor to talk about the racialized experience and heal. Correspondingly, perhaps BGSs experienced less RBF in their roles as advisees and supervisees because of the *quality* of the supervision and advising relationships. This study did not measure the relationship quality between BGSs and their professors, advisors, or supervisors, but is an area that deserves scholarly attention.

Students in class role/context also may have been the more impactful RBF experiences simply because students in their early years of graduate training (e.g., first and second years) are not engaging in as many supervision and advisory experiences as compared to advanced students, and as a result do not encounter as many racial microaggressions from advisors and supervisors as they do from professors or in the classroom context. This may explain the increased RBF scores for BGSs as students in class compared to their roles as advisees and supervisees. For example, the early years of clinical and counseling training programs often entail increased class load, with the majority of a graduate student's time being spent in the classroom rather than engaging in clinical or research experiences that typically involve increased contact with one's



clinical supervisor and advisor. If a BGS has limited supervisor and/or advisor contact, it makes sense that they would report lower RBF from those relationships. Results demonstrated that BGSs in their second year experienced less psychological stress response and lower total RBF as supervisees than third and fourth year BGSs, for example.

### **Gender, Program Status, and Other Between-Group Differences in RBF**

Black Graduate Students' experiences of RBF varied by gender, student program diversity, and year in program. Male and female BGSs in clinical and counseling programs did not differ in their RBF experiences with two exceptions: male students in class and advisees had significantly higher behavioral stress response scores than female students in class and advisees. These findings partially confirm my hypothesis that RBF would vary by gender. Overall, male and female BGSs scores on the RBF scale and subscales were relatively similar and non-significant across role with the two noted exceptions. Although not significant, mean scores showed that female BGSs had slightly higher *overall* RBF in their role as students in class than male students. Mean scores revealed that male BGSs had higher *overall* RBF in their role as advisees and supervisees than female BGSs, although not significant. Interestingly, across RBF subscales, male BGSs had slightly higher psychological and behavioral stress response mean scores than female BGSs whereas female BGSs had slightly higher physiological stress response scores. Regarding gender, findings highlight that overall, BGS women and men in clinical and counseling graduate programs have similar racial-gender experiences of RBF overall and across subscales with the one noted exception.

Moreover, BGSs in their second year of graduate training experienced *lower*

overall and psychological RBF in their role as supervisees compared to BGSs in their third and fourth year in graduate school. This finding partially supports my hypothesis that RBF would be worse for students who were enrolled in their academic programs longer. It is possible that second year BGSs in this sample may not have engaged in any or many clinical supervision experiences as compared to BGSs in their third and fourth year of graduate school.

Fourth, compared to previous studies, this study focused on the RBF of monoracial, biracial, and multiracial BGSs. Unexpectedly, RBF experiences did not differ by race among participants. I had hoped to advance RBF theory by including Biracial and Multiracial Black identified graduate students in this dissertation study. Given that biracial and multiracial Black graduate students are underrepresented in the RBF literature, I had hoped to identify differences in RBF experiences across race for this population of BGSs. However, I found no significant differences in race and experiences of RBF overall and across RBF subscales among this BGS sample. Findings indicate that RBF experiences do not differ by race for BGSs in clinical and counseling psychology programs overall and across RBF subscales. A review of the mean scores for BGSs across race indicates that, in general, BGSs experience RBF overall and across subscales in each graduate student role. Across subscales, psychological stress appears highest for African ( $M = 40.75$ ) and Multiracial Black ( $M = 35.10$ ) identified BGSs in their role as students in class. Behavioral stress was highest for Biracial Black ( $M = 3.80$ ) and Multiracial Black ( $M = 3.70$ ) identified BGSs in their role as students in class. Physiological stress was highest for Multiracial Black ( $M = 27.78$ ) and African ( $M = 22.75$ ) identified BGSs in their role as students in class. And, total RBF mean scores

were highest for Multiracial Black ( $M = 63.80$ ) and African ( $M = 64.25$ ) identified BGSs. Combined, Biracial ( $n = 10$ ; 14.1%) and Multiracial ( $n = 10$ ; 14.1%) identified BGSs comprised 28.2% and African identified BGSs ( $n = 4$ ) made up 5.6% of the study sample. One possible explanation for these findings is the small sample size of Biracial Black, Multiracial Black, and African participants. Second, the low number of Biracial Black, Multiracial Black, and African identified BGSs may be better explained by their underrepresentation in the field in general. I will explain more about the underrepresentation of BGSs in clinical and counseling programs later in the chapter under study limitations. Third, racial ambiguity may explain the high levels of RBF for Biracial and Multiracial identified BGSs across roles and scales. Biracial and Multiracial identified BGSs may experience more microaggressions across roles and contexts because their race/ethnicity may not “fit” into a distinct “box.” And, this piece may increase the likelihood of teachers and peers, for example, enacting microaggressions against Biracial and Multiracial BGSs (e.g., being asked “What are you?”). Racial ambiguity is a potential moderator that warrants more scholarly attention as the relationship between racial ambiguity and RBF experiences are certainly absent from the RBF literature. While some scholars suggest that “multiracial identity attitudes are protective against the impact of race-related stress on mental health” (Jones, Cross, & DeFour, 2007, p. 208), current mean score results indicated that Multiracial Black identified graduate students often experienced stronger RBF than other BGSs in this study sample. Although findings were not significant between groups for race, findings add to the growing knowledge concerning experiences of RBF and that is despite racial identification; BGSs experience racial microaggressions that result in their RBF as

students in class, advisees, and supervisees.

### **Study Implications and Future Directions**

Present dissertation findings confirmed that there is a relationship between racial microaggressions and stress responses for gender diverse, BGSs in counseling, clinical and counseling psychology, and CFT/CFT programs and that this relationship varies, in part, by BGSs' roles as students in class, advisees, and supervisees. These preliminary findings provide multiple directions for future research. First, study results suggest that scholars should measure RBF across various roles and contexts to gain a more comprehensive understanding of individuals' stress responses. Scholars might use different and mixed research methods to identify specific characteristics of learning relationships/contexts, for example, in which BGSs experience different levels of RBF. Future research also might include investigation of RBF in various counseling and clinical training settings such as Veterans Administration (VA) training sites (e.g., outpatient clinics, hospitals, medical centers, research departments), community mental health sites. Given that graduate students train within multiple, diverse clinical settings, it is important to consider the experiences of BGSs and other historically underrepresented and marginalized racial/ethnic groups across these settings.

Second, study results suggest that there may be several ways to improve the fit of the RBF framework via improvements to the measurement of each stress response for the present study population and others. For example, it is important to add behavior stress response items, and improving the relevance of those items, for various racial and ethnic minority individuals and students. As stated previously, the behavior stress response items used in this dissertation study measured drug, alcohol and cigarette use. Items that

assess a greater diversity of behavioral stress responses like not sleeping, not eating, over eating, etc. may yield important information. Similarly, for the psychological and physiological RBF stress items, additional research on the cultural and contextual relevance of each item for Black individuals and BGSs, in particular, is warranted. In terms of theoretical implications, the research and theory development to date, describe RBF as a cumulative effect-that is, the cumulative effect of psychological, physiological, and behavioral stress responses. The interplay between these stress responses and how these responses may exacerbate one another has yet to be articulated and/or examined specifically and thoroughly. Future research on the RBF framework may utilize and build on the current dissertation study and examine more closely the relationships among the different types of RBF stress responses. However, a first and more important step is to improve and strengthen the overall RBF scale as a measure. Third, it seems important to investigate how more resilient or positive coping responses to racialized experiences are associated with RBF. In sum, strengthening the validity of, and potentially increasing the scope of, the RBF measure with different ethnic/racial minority populations will advance RBF research.

A fourth implication of present study results is to include measures of power dynamics across graduate student roles and contexts when studying RBF. BGSs' RBF responses as supervisors varied with their year in graduate program and a notable number of participants (42% in classroom settings, for example) felt completely helpless to advocate for themselves. Research will benefit greatly from investigations of how RBF stress responses vary with training program activities at each stage of graduate training and consequent changes in individual development and relational/contextual power

dynamics. Collection of cross-sectional data across student cohorts or longitudinal data collection will allow scholars to answer more questions about how time and stage in graduate training impacts individuals' experiences of RBF. For example, "Have you engaged in clinical work" may help to determine whether participants have engaged in clinical training experiences in their respective graduate programs more specifically and provide more information about participants who have not experienced RBF as supervisees. This type of question would be particularly useful as it relates to first and second year BGSs who may or may not have engaged in clinical work/supervisory relationships in their clinical/counseling programs. An additional question is whether BGSs advisors also served as their professor and supervisor as such a question may help to explain how RBF may be exacerbated when a BGS's racial microaggressor serves multiple roles and impacts their RBF across multiple contexts.

Scholars should also explore the relationship between race and RBF further. The RBF experiences of graduate students from other minority racial/ethnic group identities such as Filipinx and Pacific Islanders, Asian, Latinx and students who identify as racially ambiguous are very important. In addition, combined, Biracial and Multiracial Black identified students comprised 28.2% of the current sample and, although this small sample of Biracial and Multiracial Black students did not allow me to make significant claims about their RBF experiences, their limited presence in this study demonstrates that their experiences deserve more attention. As Ali and colleagues (2004) posited, the literature is limited regarding the "racism experienced by biracial students in clinical training" (p. 121). And, Perkins (2014) highlighted that biracial and multiracial students are a frequently overlooked student population in higher education literature. Biracial

and multiracial identified students, continue to be overlooked in studies of racialized experiences and RBF. It is especially important for scholars to learn more about how Biracial and Multiracial Black students experience RBF, seek help, and advocate for themselves in the context of unique racial identification tension within Black communities (e.g., Bird & Bird, 2009; Khanna & Johnson, 2010).

Future research should also include further investigation into the relationship between gender and RBF. Unlike previous research (Franklin et al., 2014), this study investigated gender differences in RBF for BGSs and expanded their work by examining student role and context. Findings demonstrate significant differences between men and women such that men in this study sample experienced significantly more total RBF than women, but only as students in class and advisees. This is particularly important because the majority of RBF research has focused on the RBF experience of Black males (Smith et al., 2007; Smith et al., 2011; Smith et al., 2016). Gender differences were not found between men and women BGSs in their roles as supervisees. Scholars should investigate these gender differences and their intersections further and include the RBF experiences of a more gender diverse study sample to include the experiences of BGSs with more diverse gender identities (e.g., trans identity) and expressions.

### **Study Limitations**

Study results and contributions must be considered in light of study limitations. First, the sample size is small. There are fewer BGSs enrolled in graduate students and it was difficult to recruit participants. I collected data from October 2017 through April 2018. More than 250 people and agencies distributed my study link and still I was only able to recruit 95 people for the study. Although participant demographics appear to be

representative of the underrepresentation of BGSs in clinical and counseling programs, the current sampling strategy employed may limit the generalizability of study findings. It should be noted that the national sample from which to recruit Black graduate students is small in general and even smaller in clinical and counseling programs in particular. According to the Council of Graduate Schools' 2017 report, there were approximately 48,000 first-time Black graduate students enrolled in 2016, and of these first-time Black graduate students, 69.1 percent were women and Blacks made up more than 12 percent in the social sciences (Okahana & Zhou, 2017).

A second limitation was use of a cross sectional design, a non-random sample, and failure to counterbalance questions. Third, use of self-report, online data collection via Qualtrics survey presents an additional study limitation. I do not have information regarding participant response rates because I recruited participants via email, email listservs, and social media. Fourth, I did not ask details about BGSs' racialized experiences and the contexts/relationships in which they incurred these racialized experiences like *how long ago* participants experienced racial microaggressions; demographic characteristics of their professors, supervisors, and advisors; the number of racialized experiences, etc.

### **Conclusion**

This dissertation is the first to examine quantitatively the RBF experiences of BGSs enrolled in counseling, clinical and counseling psychology, and CFT/MFT programs. Results show that BGSs are experiencing racial microaggressions in spaces intended for learning, development, advising, and supervising. Although some of these spaces are more RBF-producing than others, it is clear that more attention is warranted



toward the academic and clinical training contexts of this graduate student population. It is hoped that this study encourages more research on BGSs' RBF experiences and helps inform program efforts to create more inclusive and supportive learning environments for BGSs. In a world and time in which it is ever important for BGSs to know and feel that their Black lives matter, more scholarly attention and rigorous efforts are needed to help them persist despite RBF experiences, and more importantly thrive academically to achieve their full potential.

## APPENDIX A

### EMAIL AND FACEBOOK RECRUITMENT ANNOUNCEMENT

#### RESEARCH PARTICIPATION REQUEST - Graduate Students Racial Battle Fatigue

Greetings!

My name is Catherine Woods and I am a current 5th year doctoral candidate in the Counseling Psychology program at the University of Oregon. I am currently recruiting participants for a research study for my dissertation. Specifically, I am evaluating the experiences and impact of **racial battle fatigue** for **counseling and clinical graduate students** (masters and doctoral) who identify as **Black/African American, Biracial Black, and Multiracial Black** across various roles as student advisees, student supervisees, and students in the class. Completion of the survey takes approximately 20-25 minutes and requires one-time participation. Your answers will remain confidential.

#### **Eligibility requirements for participation:**

- (a) Self-identify as Black/African American, Biracial Black, or Multiracial Black,
- (b) Currently enrolled in an accredited graduate counseling or clinical program (e.g., APA, CACREP, COAMFTE) at the time of study participation,
- (c) Be 18 years of age or older,
- (d) Personal experience of racial microaggressions from a teacher/professor, supervisor, or advisor,
- (e) Completed at least one quarter or semester of graduate experience,
- (f) Be able to understand and read English at a minimum 8th grade reading level, and
- (g) Currently not be suicidal

Participation in this study is strictly voluntary and participants may withdraw from the study at any time without penalty.

If you are aware of other individuals who meet the criteria for this study, please feel free to send this announcement to them.

Please click on the following link to view the informed consent document and to participate in the study:

LINK: [https://oregon.qualtrics.com/jfe/form/SV\\_bax7TNexaqBhHCJ](https://oregon.qualtrics.com/jfe/form/SV_bax7TNexaqBhHCJ)

I greatly appreciate your assistance and support. Feel free to contact me ([cwoods2@uoregon.edu](mailto:cwoods2@uoregon.edu)) with any questions or concerns about the study and spread the word! This study has been approved by the University of Oregon (Protocol #: 09172017.018).

Thank you,

Catherine C. Ragland Woods, M.S., Principal Investigator  
[cwoods2@uoregon.edu](mailto:cwoods2@uoregon.edu)

Krista Chronister, Faculty Advisor  
[kmg@uoregon.edu](mailto:kmg@uoregon.edu)

## APPENDIX B

### SURVEY DISTRIBUTION LIST

#### **CPSY Programs: Masters and Doctoral**

1. The Univ of Akron
2. Univ of Albany, State Univ of New York
3. Arizona State Univ
4. Auburn Univ
5. Ball State Univ
6. Boston College
7. Brigham Young Univ
8. Univ of British Columbia
9. UC Santa Barbara
10. Carlow Univ
11. Colorado State Univ
12. Univ of Georgia
13. Georgia State Univ
14. Univ of Houston
15. Denver Univ
16. Florida State Univ
17. Fordham Univ
18. Univ Kentucky
19. Memphis Univ
20. Univ of Las Vegas
21. Howard Univ
22. Univ of Illinois @ Urbana-Champaign
23. Indiana Univ-Bloomington
24. Univ of Iowa
25. Iowa State Univ
26. Univ of Kansas
27. Lehigh Univ
28. Louisiana Tech Univ
29. Univ of Louisville
30. Loyola Univ Chicago
31. Marquette Univ
32. Univ of Maryland-College Park
33. Univ of Massachusetts Boston
34. Univ of Miami
35. Univ of Minnesota
36. Univ of Missouri
37. Univ of Missouri-Kansas City
38. Univ of Nebraska-Lincoln
39. New Mexico State Univ
40. New York Univ
41. Univ of North Dakota

42. Univ of North Texas
43. Northeastern Univ
44. Univ of Northern Colorado
45. Univ of Oklahoma
46. Oklahoma State Univ
47. Univ of Oregon
48. Purdue Univ
49. Radford Univ
50. Seton Hall Univ
51. Univ of South Alabama
52. Southern Illinois Univ Carbondale
53. Univ of Southern Mississippi
54. Saint Mary's Univ Minnesota
55. Springfield College
56. Univ of St. Thomas
57. Teacher's College Columbia Univ
58. UT Knoxville (Clinical and Counseling)
59. Tennessee State Univ
60. Texas A & M Univ
61. UT Austin
62. Texas Tech Univ
63. Texas Women's Univ
64. Univ of Utah
65. Utah State Univ
66. Virginia Commonwealth Univ
67. West Virginia Univ
68. Western Michigan Univ
69. UW Madison
70. UW Milwaukee
71. Marywood Univ

**Clinical Programs: Masters and Doctoral**

1. Univ of Alaska Fairbanks-Anchorage
2. Univ of Alabama @ Tuscaloosa
3. Auburn Univ
4. Univ of Alabama @ Birmingham
5. Univ of Arkansas
6. Arizona State Univ
7. Midwestern Univ
8. Univ of Arizona
9. Arizona School of Prof Psychology @ Argosy Univ, Phoenix
10. Fuller Theological Seminary
11. John F. Kennedy Univ
12. Univ of Laverne
13. American School of Professional Psychology @ Argosy Univ SF Bay Area
14. American School of Professional Psychology @ Argosy Univ Southern CA

15. Palo Alto Univ
16. Loma Linda Univ
17. Biola Univ
18. Azusa Pacific Univ
19. Cal Lutheran Univ
20. Univ of CA, Berkeley
21. UCLA
22. USC
23. Fielding Graduate Univ
24. Pepperdine
25. SDSU/UCSD
26. Univ of Denver
27. Univ of Colorado Denver
28. Univ of Colorado Springs
29. Univ of Hartford
30. Univ of Connecticut
31. Yale
32. American Univ
33. Catholic Univ of America
34. George Washington Univ
35. Gallaudet Univ
36. The Chicago School of Professional Psychology Washington, D.C. Campus
37. Univ of Delaware
38. Florida Institute of Technology
39. Florida State Univ
40. Univ of Florida
41. Univ of Miami
42. Univ of Oregon
43. The Ohio State Univ
44. Univ of Toledo
45. Oklahoma State Univ
46. Univ of State Carolina
47. Vanderbilt Univ
48. Univ of Memphis
49. Univ of Tennessee-Knoxville
50. East Tennessee State Univ
51. UT Austin
52. Univ of North Texas
53. Univ of Houston
54. Sam Houston State Univ
55. Baylor Univ
56. Nova Southeastern Univ
57. Florida International Univ
58. Carlos Albizu Univ, Miami Campus
59. Florida School of Professional Psychology @ Argosy Univ
60. Univ of Central Florida

61. Georgia School of Professional Psychology @ Argosy Univ, Atlanta
62. Georgia State Univ
63. Univ of Georgia
64. Emory Univ
65. Georgia State Univ
66. Univ of Hawaii @ Manoa
67. Hawaii School of Professional Psychology @ Argosy Univ, Hawaii
68. Idaho State Univ
69. Wheaton College
70. Roosevelt Univ
71. Adler Univ-Chicago
72. Illinois School of Professional Psychology @ Argosy Univ Schaumburg
73. Midwestern Univ (Downers Grove, IL)
74. DePaul Univ
75. Rosalind Franklin Univ of Medicine & Science
76. Univ of Illinois @ Chicago
77. Illinois Institute of Tech Lewis College of Human Services
78. Univ of Illinois @ Urbana-Champaign
79. Loyola Univ Chicago
80. Northern Illinois Univ
81. Southern Illinois Univ Carbondale
82. Northwestern Univ
83. Chicago School of Professional Psychology-Chicago Campus
84. Indiana Univ-Purdue Univ Indianapolis
85. Univ of Indianapolis
86. Univ of Notre Dame
87. Wichita State Univ
88. Univ of Kansas
89. Spalding Univ
90. Univ of Kentucky
91. Univ of Louisville
92. Louisiana State Univ
93. William James College
94. Univ of Massachusetts, Boston
95. Boston Univ
96. Clark Univ
97. Univ of Massachusetts Amherst
98. Suffolk Univ
99. Harvard Univ
100. Loyola Univ Maryland
101. Univ of Maryland-College Park
102. Univ of Maryland-Baltimore County
103. Univ of Maine
104. Univ of Michigan
105. Wayne State Univ
106. Univ of Detroit Mercy

107. Central Michigan Univ
108. Western Michigan Univ
109. Michigan State Univ
110. Eastern Michigan Univ
111. Univ of Minnesota
112. Univ of Missouri, St. Louis
113. Washington Univ in St. Louis
114. Univ of Missouri Kansas City
115. Saint Louis Univ
116. Jackson State Univ
117. Univ of Mississippi
118. The Univ of Montana
119. Duke Univ
120. Univ of North Carolina @ Charlotte
121. Univ of North Carolina, Greensboro
122. East Carolina Univ
123. Univ of North Dakota
124. Univ of Nebraska, Lincoln
125. Antioch Univ New England
126. Univ of Wyoming
127. West Virginia Univ
128. Univ of Wisconsin, Madison
129. Marquette Univ
130. Univ of Washington
131. Farleigh Dickinson Univ
132. Rutgers- The State Univ of NJ
133. The Univ of New Mexico
134. UNLV
135. Univ of Nevada Reno
136. St. John's Univ
137. Long Island Univ, C. W. Post Campus
138. The City College of New York, The Grad Center, CUNY
139. Fordham Univ
140. HOFSTRA Univ
141. Long Island Univ
142. The New School, New York, NY
143. Binghamton Univ
144. Univ of Buffalo, State Univ of NY (SUNY)
145. Stony Brook Univ, State Univ of NY
146. Univ of Rochester
147. Syracuse Univ
148. Teachers College, Columbia Univ
149. Yeshiva Univ
150. Queens College & The Graduate Center
151. Xavier Univ
152. Bowling Green State Univ



153. Case Western Reserve Univ
154. Kent State Univ
155. Miami Univ, Oxford OH
156. Univ of Cincinnati
157. Univ of Tulsa
158. Pacific Univ, Oregon
159. George Fox Univ
160. Indiana Univ of Pennsylvania
161. Immaculata Univ
162. Chestnut Hill College
163. La Salle Univ
164. Duquesne Univ
165. Widener Univ
166. Univ of Pittsburg
167. Temple Univ
168. Univ of Rhode Island
169. Univ of South Carolina
170. George Mason Univ
171. Virginia Commonwealth Univ
172. Virginia Polytechnic Institute State Univ
173. Regent Univ
174. Norfolk State Univ
175. Univ of Vermont
176. Seattle Pacific Univ
177. Univ of Wisconsin, Milwaukee

**Counseling, CFT/MFT Programs** (some of the colleges/universities listed above included counseling and/or CFT/MFT programs)

CACREP

COAMFTE

University of Oregon-Clinical Director

9 additional contacts through this contact

CFTlist

Utilized contacts of contacts requesting that they distribute survey to CFT program directors that they know or colleagues who come into contact with students and could distribute.

### **Training Sites**

Portland VA Medical Center

UCTC

### **Personal and Professional Contacts**

Family

Friends

Supervisors (past and current)

Current Predoctoral Interns

Current Postdocs  
Alumni: current clinicians  
Mentors from SDSU STEM programs  
Dissertation Committee  
OSU NBGSA contact

**Organizations Contacted**

The Association of Black Psychologists (ABPsi)  
American Psychological Association  
    Division 17  
    Division 45  
Asian American Psychological Association  
    Division of Filipino Americans  
CCPTP (Counseling)  
CUDCP (Clinical)  
cpsylistserv  
Colleagues (direct email)  
Facebook: Personal page (friends reposted on their pages)  
    Blacks Pursuing Doctoral Degrees  
    Division 17  
    Division 45

# Racial Battle Fatigue and Black Graduate Students

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## Start of Block: Informed Consent

**Q1 Informed Consent** You are invited to participate in a research study entitled: **Racial Battle Fatigue and Graduate Student Roles: The Experiences of Black/African American, Biracial Black, and Multiracial Black Identified Students Study Purpose:** This study seeks to evaluate the experiences and impact of racial microaggressions and racial battle fatigue (RBF) for counseling and clinical graduate students who identify as Black/African American, Biracial Black, and Multiracial Black across various roles as student advisees, student supervisees, and students in class. Racial microaggressions are “brief and commonplace daily verbal, behavioral and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target or group” (Sue, Capodilupo, et al., 2007, p. 273). RBF is the everyday psychophysiological effects (psychological, physiological, and behavioral stress responses) of navigating predominantly and historically White spaces on historically marginalized racial/ethnic groups (Smith, 2004; Smith, Hung, & Franklin, 2011). **Compensation:** At the end of the survey, you will be given the opportunity to enter your email address on a list that is not linked with your response to the survey. By providing your email address, you will be entered into a drawing for a \$25 gift card to Barnes and Noble. **Eligibility:** Must be 18 years of age or older, self-identify as Black/African American, Biracial Black, or Multiracial Black, be a current masters or doctoral student of any training level in an accredited counseling or clinical graduate program (e.g., APA, CACREP, COAMFTE), have personal experience of racial microaggressions from a teacher/professor, supervisor, or advisor, completed one quarter or semester of graduate experience, and have the ability to understand and read English at a minimum 8th grade reading level. **Study Procedure:** If you decide to participate, you will be asked to complete an online survey. **Survey Duration:** 20-25 minutes **Risks and Benefits of Participation:** The potential risks of participation are minimal and may include fatigue while participating as well as some discomfort when considering your racialized experiences as a graduate student. Your responses will be anonymous. Although it is unlikely that you will benefit directly, your participation will help us better understand the unique experiences and impact of racial battle fatigue (RBF) for counseling and clinical graduate students who identify as Black/African American, Biracial Black and Multiracial Black across various roles as student advisees, student supervisees, and students in class. **Confidentiality:** You have a right to privacy, and all information will be de-identified and will remain anonymous and confidential. Your

answers on all questionnaires will be coded with numbers, and only the primary researcher will have access to this information. Any information obtained in connection with this research that can be identified (i.e., email address for gift card delivery) with you will remain confidential and will not be disclosed without your permission or as required by law. The results of this study may be published in scientific journals or be presented at psychological meetings as long as you are not identified and cannot reasonably be identified from it. However, it is possible that under certain circumstances, data could be subpoenaed by court order.

Your participation is strictly voluntary, and you may withdraw from the study at any time without consequence. If you have any questions or concerns regarding this study, please contact the principal investigator, Catherine Woods, M.S., at [cwoods2@uoregon.edu](mailto:cwoods2@uoregon.edu) Faculty advisor is Krista Chronister, Ph.D., [kmg@uoregon.edu](mailto:kmg@uoregon.edu). If you have questions regarding your rights as a research subject, contact Research Compliance Services 677 E. 12th Avenue, Suite 500, Eugene, OR 97401 (541) 346-2510 Email: [researchcompliance@uoregon.edu](mailto:researchcompliance@uoregon.edu). All reports or correspondence will be kept confidential.

- I consent to participate in this study. (1)
- I do not consent to participate in this study. (2)

**End of Block: Informed Consent**

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**Start of Block: Demographic Questionnaire**

Q2 Age (in years)

\_\_\_\_\_

-----

Q3 Gender

- Female/woman (1)
  - Male/man (2)
  - Transgender FTM (3)
  - Transgender MTF (4)
  - Transgender woman (6)
  - Transgender man (7)
  - Gender queer or gender fluid (8)
  - Agender (9)
  - Androgyne (10)
  - Questioning or unsure (11)
  - Category not listed (Please specify) (5)
- 
- Prefer not to answer (12)

Q4 In what STATE is your graduate training program located? (please use the two-letter postal abbreviation)

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Q5 Please indicate the Graduate degree program in which you are enrolled

- Masters (1)
- PhD (2)
- PsyD (3)
- Other (4) \_\_\_\_\_

Q6 Please indicate your current program type

- APA-accredited Counseling Psychology
  - APA-accredited Clinical Psychology
  - CACREP
  - COAMFTE
  - Other \_\_\_\_\_
- 

Q7 Is your program a

- Term/Quarter system (1)
  - Semester system (2)
- 

Q8 I have completed AT LEAST one quarter or semester of graduate experience.

- Yes (1)
- No (2)

Skip To: End of Survey If I have completed AT LEAST one quarter or semester of graduate experience. = No

---

Q9 Current year of study in graduate school

- First year (1)
  - Second year (2)
  - Third year (3)
  - Fourth year (4)
  - Fifth year (5)
  - Sixth year (6)
  - Seventh year or beyond (7)
-

Q10 How often do you meet with your advisor?

- Zero times per term/semester (1)
  - Once per term/semester (2)
  - Twice per term/semester (3)
  - Three or more times per term/semester (4)
- 

Q11 Currently on pre-doctoral internship

- Yes (1)
  - No (2)
- 

Q12 First generation college student

- Yes (1)
  - No (2)
- 

Q13 First generation graduate student

- Yes (1)
  - No (2)
- 

Q14 I am an international student

- Yes (1)
  - No (2)
-

Q15 Race

- Multiracial, including Black/African American (1)
  - Biracial, including Black/African American (2)
  - Black (3)
  - African American (4)
  - African (5)
- 

Q16 Student Program Diversity

- All white (1)
  - Mostly white (2)
  - About half and half (3)
  - Mostly minorities (4)
  - All minorities (5)
- 

Q17 Faculty Program Diversity

- All white (1)
  - Mostly white (2)
  - About half and half (3)
  - Mostly minorities (4)
  - All minorities (5)
- 

Q18 Campus Student Community Diversity

- All white (1)
  - Mostly white (2)
  - About half and half (3)
  - Mostly minorities (4)
  - All minorities (5)
-



Page Break

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End of Block: Demographic Questionnaire

---

Start of Block: Student Role Psychological

Q19 ON THE NEXT PAGE, I am going to ask about racial microaggressions you experienced as a graduate student in ONE OF YOUR CLASSES.

Racial microaggressions are "brief and commonplace daily verbal, behavioral and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target or group" (Sue, Capodilupo, et al., 2007, p. 273).

Please take a moment NOW to think about THAT classroom experience AND answer the following questions in response to the prompt:

After experiencing racial microaggressions as a **student in the classroom**,

---

Page Break

Q20 After experiencing racial microaggressions as a student in the classroom,

How often were you frustrated?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q21 How often did you feel defenseless?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q22 How often did you feel apathetic?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q23 How often did that incident make you more aware of racism?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q24 How often did you become irritable?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q25 How often did your mood dramatically change?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q26 How often did you feel in shock?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q27 How often did you feel disappointed?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q28 How often were you agitated?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q29 How often did you experience constant worrying?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q30 How often did you feel helpless?

- Never (1)
- Almost Never (2)
- Sometimes (3)
- Fairly Often (4)
- Very Often (5)

---

Q31 How often did it effect your concentration?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q32 How often did you feel hopeless?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q33 How often did you feel threatened?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q34 How often did you experience disbelief?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q35 How often did you feel on guard?

- Never (1)
- Almost Never (2)
- Sometimes (3)
- Fairly Often (4)
- Very Often (5)

**End of Block: Student Role Psychological**

---

**Start of Block: Student Role Behavioral**

Q36 After experiencing racial microaggressions as a student in the classroom,

How often did you engage in using drugs to relax?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q37 How often did you engage in using prescription drugs to relax?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q38 How often did you engage in using non-prescription drugs to relax?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q39 How often did you engage in using alcohol to relax?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q40 How often did you engage in using cigarettes to relax?

- Never (1)
- Almost Never (2)
- Sometimes (3)
- Fairly Often (4)
- Very Often (5)

**End of Block: Student Role Behavioral**



---

Start of Block: Student Role Physiological

Q41 After experiencing racial microaggressions as a student in the classroom,

How often did you have headaches?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q42 How often did you experience grinding your teeth?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q43 How often did you have chest pains?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q44 How often did you clench your jaws?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q45 How often did you have shortness of breath?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q46 How often did you have a racing heart?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q47 How often did you have frequent colds?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q48 How often did you have muscle aches?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q49 How often did you have indigestion?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q50 How often did you have gas?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q51 How often were you frequently ill?

- Never (1)
- Almost Never (2)
- Sometimes (3)
- Fairly Often (4)
- Very Often (5)

---

Q52 How often did you have constipation or diarrhea?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q53 How often did you have back pains?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q54 How often did you experience increased perspiration?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q55 How often did you experience sleep disturbances?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q56 How often did you have pains in joints?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q57 How often did you have intestinal problems?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q58 How often did you feel fatigued?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q59 How often did you experience insomnia?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q60 How often did you have other sicknesses?

- Never (1)
- Almost Never (2)
- Sometimes (3)
- Fairly Often (4)
- Very Often (5)

**End of Block: Student Role Physiological**

---

**Start of Block: Block 13**

Q61 How long ago were you enrolled in THAT CLASS (please answer in months)?

\_\_\_\_\_

---

Q62 What is the race of THAT classroom teacher/professor?

- Same as mine. (1)
- Different from mine. (2)

**End of Block: Block 13**

---

**Start of Block: Block 14**

Q63 Now that you have answered about your experience of racial microaggressions as a **STUDENT in the classroom**, please ANSWER THE FOLLOWING:

---

Q64 HOW HELPLESS DID YOU FEEL?

- Not at ALL HELPLESS (1)
  - COMPLETELY HELPLESS (2)
- 

Q65 HOW MUCH WERE you able to advocate for yourself?

- Not at All ABLE AND DID NOT ADVOCATE FOR MYSELF (1)
- COMPLETELY ABLE AND DID ADVOCATE FOR MYSELF (2)

End of Block: Block 14

---

Start of Block: Advisee Prompt

Q66 **NOW**, I am going to ask about racial microaggressions you experienced as a graduate student **ADVISEE**.

Racial microaggressions are "brief and commonplace daily verbal, behavioral and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target or group" (Sue, Capodilupo, et al., 2007, p. 273).

Please take a moment **NOW** to think about that **ADVISEE** experience AND answer the following questions in response to the prompt:

After experiencing racial microaggressions as a **student advisee**,

End of Block: Advisee Prompt

---

Start of Block: Advisee Role Psychological

Q67 After experiencing racial microaggressions as a student advisee,

How often were you frustrated?

- Never (1)
- Almost Never (2)
- Sometimes (3)
- Fairly Often (4)
- Very Often (5)

---

Q68 How often did you feel defenseless?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q69 How often did you feel apathetic?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q70 How often did that incident make you more aware of racism?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-



Q71 How often did you become more irritable?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q72 How often did your mood dramatically change?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q73 How often did you feel in shock?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q74 How often did you feel disappointed?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q75 How often were you agitated?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q76 How often did you experience constant worrying?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q77 How often did you feel helpless?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q78 How often did it effect your concentration?

- Never (1)
- Almost Never (2)
- Sometimes (3)
- Fairly Often (4)
- Very Often (5)

---

Q79 How often did you feel hopeless?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q80 How often did you feel threatened?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q81 How often did you experience disbelief?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q82 How often did you feel on guard?

- Never (1)
- Almost Never (2)
- Sometimes (3)
- Fairly Often (4)
- Very Often (5)

**End of Block: Advisee Role Psychological**

---

**Start of Block: Advisee Role Behavioral**

Q83 After experiencing racial microaggressions as a student advisee,

How often did you engage in using drugs to relax?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q84 How often did you engage in using prescription drugs to relax?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q85 How often did you engage in using non-prescription drugs to relax?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q86 How often did you engage in using alcohol to relax?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q87 How often did you engage in using cigarettes to relax?

- Never (1)
- Almost Never (2)
- Sometimes (3)
- Fairly Often (4)
- Very Often (5)

**End of Block: Advisee Role Behavioral**

---

**Start of Block: Advisee Role Physiological**

Q88 After experiencing racial microaggressions as a student advisee,

How often did you have headaches?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q89 How often did you experience grinding your teeth?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q90 How often did you have chest pains?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q91 How often did you clench your jaws?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q92 How often did you have shortness of breath?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q93 How often did you have a racing heart?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q94 How often did you have frequent colds?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q95 How often did you have muscle aches?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q96 How often did you have indigestion?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q97 How often did you have gas?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q98 How often were you frequently ill?

- Never (1)
- Almost Never (2)
- Sometimes (3)
- Fairly Often (4)
- Very Often (5)



---

Q99 How often did you have constipation or diarrhea?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q100 How often did you have back pains?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q101 How often did you experience increased perspiration?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q102 How often did you experience sleep disturbances?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q103 How often did you have pains in joints?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q104 How often did you have intestinal problems?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q105 How often did you feel fatigued?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q106 How often did you experience insomnia?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q107 How often did you have other sicknesses?

- Never (1)
- Almost Never (2)
- Sometimes (3)
- Fairly Often (4)
- Very Often (5)

**End of Block: Advisee Role Physiological**

---

**Start of Block: Race of Advisor**

Q108 What is the race of THAT advisor?

- Same as mine. (1)
- Different from mine. (2)

**End of Block: Race of Advisor**

---

**Start of Block: Supervisee Prompt**

Q109 **NOW**, I am going to ask about racial microaggressions you experienced as a graduate student **SUPERVISEE** (e.g., clinical supervisee, practicum supervisee). Racial microaggressions are "brief and commonplace daily verbal, behavioral and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target or group" (Sue, Capodilupo, et al., 2007, p. 273).

Please take a moment **NOW** to think about that **SUPERVISEE** experience AND answer the following questions in response to the prompt:

After experiencing racial microaggressions as a student supervisee,

End of Block: Supervisee Prompt

---

Start of Block: Supervisee Role Psychological

Q110 After experiencing racial microaggressions as a student supervisee,

How often were you frustrated?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q111 How often did you feel defenseless?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q112 How often did you feel apathetic?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q113 How often did that incident make you more aware of racism?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q114 How often did you become more irritable?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q115 How often did your mood dramatically change?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q116 How often did you feel in shock?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q117 How often did you feel disappointed?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q118 How often were you agitated?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q119 How often did you experience constant worrying?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q120 How often did you feel helpless?

- Never (1)
- Almost Never (2)
- Sometimes (3)
- Fairly Often (4)
- Very Often (5)

---

Q121 How often did it effect your concentration?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q122 How often did you feel hopeless?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q123 How often did you feel threatened?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q124 How often did you experience disbelief?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q125 How often did you feel on guard?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q126 What is the RACE of the SUPERVISOR from whom you experienced racial microaggressions as a student supervisee?

- SAME as MY race. (1)
- DIFFERENT from MY race. (2)

**End of Block: Supervisee Role Psychological**

---

**Start of Block: Supervisee Role Behavioral**



Q127 After experiencing racial microaggressions as a student supervisee,

How often did you engage in using drugs to relax?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q128 How often did you engage in using prescription drugs to relax?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q129 How often did you engage in using non-prescription drugs to relax?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q130 How often did you engage in using alcohol to relax?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q131 How often did you engage in using cigarettes to relax?

- Never (1)
- Almost Never (2)
- Sometimes (3)
- Fairly Often (4)
- Very Often (5)

**End of Block: Supervisee Role Behavioral**

---

**Start of Block: Supervisee Role Physiological**

Q132 After experiencing racial microaggressions as a student supervisee,

How often did you have headaches?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q133 How often did you experience grinding your teeth?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q134 How often did you have chest pains?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q135 How often did you clench your jaws?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q136 How often did you have shortness of breath?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q137 How often did you have a racing heart?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q138 How often did you have frequent colds?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q139 How often did you have muscle aches?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q140 How often did you have indigestion?

- Never (1)
- Almost Never (2)
- Sometimes (3)
- Fairly Often (4)
- Very Often (5)

---

Q141 How often did you have gas?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q142 How often were you frequently ill?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q143 How often did you have constipation or diarrhea?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q144 How often did you have back pains?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q145 How often did you experience increased perspiration?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q146 How often did you experience sleep disturbances?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q147 How often did you have pains in joints?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
-

Q148 How often did you have intestinal problems?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q149 How often did you feel fatigued?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q150 How often did you experience insomnia?

- Never (1)
  - Almost Never (2)
  - Sometimes (3)
  - Fairly Often (4)
  - Very Often (5)
- 

Q151 How often did you have other sicknesses?

- Never (1)
- Almost Never (2)
- Sometimes (3)
- Fairly Often (4)
- Very Often (5)

End of Block: Supervisee Role Physiological

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Start of Block: Rank order Question

Q152 If this question applies to you, PLEASE RANK ORDER EACH OF YOUR EXPERIENCES OF RACIAL MICROAGGRESSIONS IN TERMS OF ITS IMPACT ON YOU. In rank order from 1= *The Most Impactful* to 3 = *The Least Impactful*, please indicate which of the following experiences was the most impactful:

- \_\_\_\_\_ Student in the classroom (4)
- \_\_\_\_\_ Student Advisee (5)
- \_\_\_\_\_ Student Supervisee (6)

End of Block: Rank order Question

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APPENDIX D

FREQUENCY OUTPUT OF ORIGINAL QUESTIONS

Q61

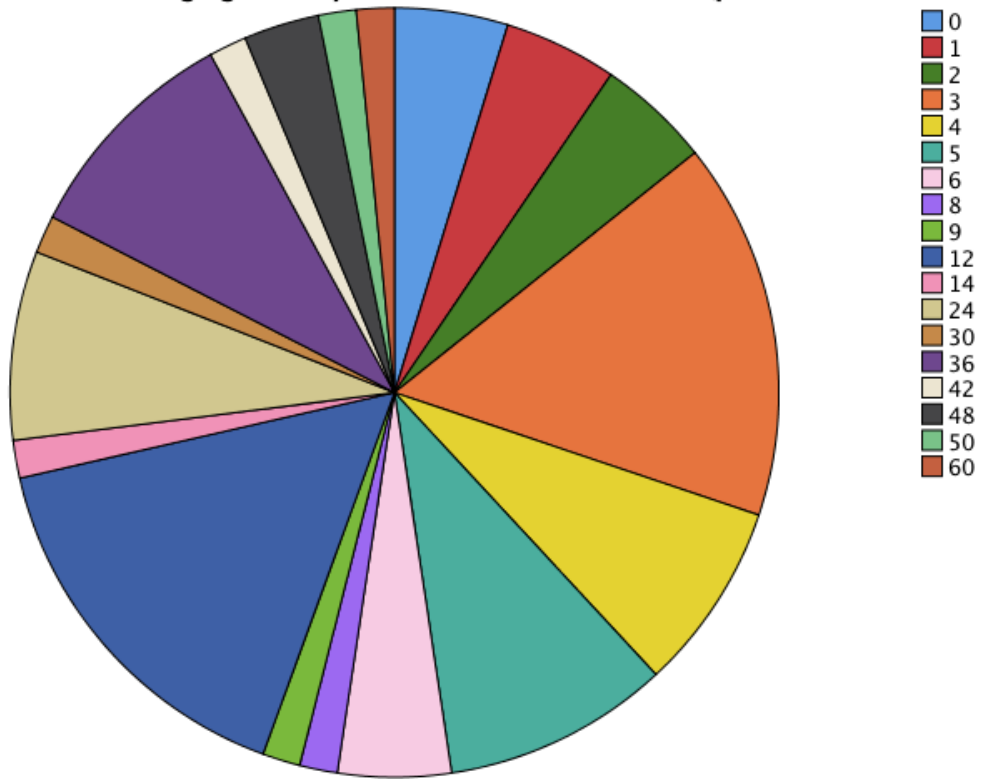
How long ago were you enrolled in THAT CLASS (please answer in months)?

N	Valid	63
	Missing	6

How long ago were you enrolled in THAT CLASS (please answer in months)?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	3	4.3	4.8	4.8
	1	3	4.3	4.8	9.5
	2	3	4.3	4.8	14.3
	3	10	14.5	15.9	30.2
	4	5	7.2	7.9	38.1
	5	6	8.7	9.5	47.6
	6	3	4.3	4.8	52.4
	8	1	1.4	1.6	54.0
	9	1	1.4	1.6	55.6
	12	10	14.5	15.9	71.4
	14	1	1.4	1.6	73.0
	24	5	7.2	7.9	81.0
	30	1	1.4	1.6	82.5
	36	6	8.7	9.5	92.1
	42	1	1.4	1.6	93.7
	48	2	2.9	3.2	96.8
	50	1	1.4	1.6	98.4
	60	1	1.4	1.6	100.0
	Total	63	91.3	100.0	
Missing	System	6	8.7		
	Total	69	100.0		

Q61 Pie Chart

How long ago were you enrolled in THAT CLASS (please answer in months)?



Q62

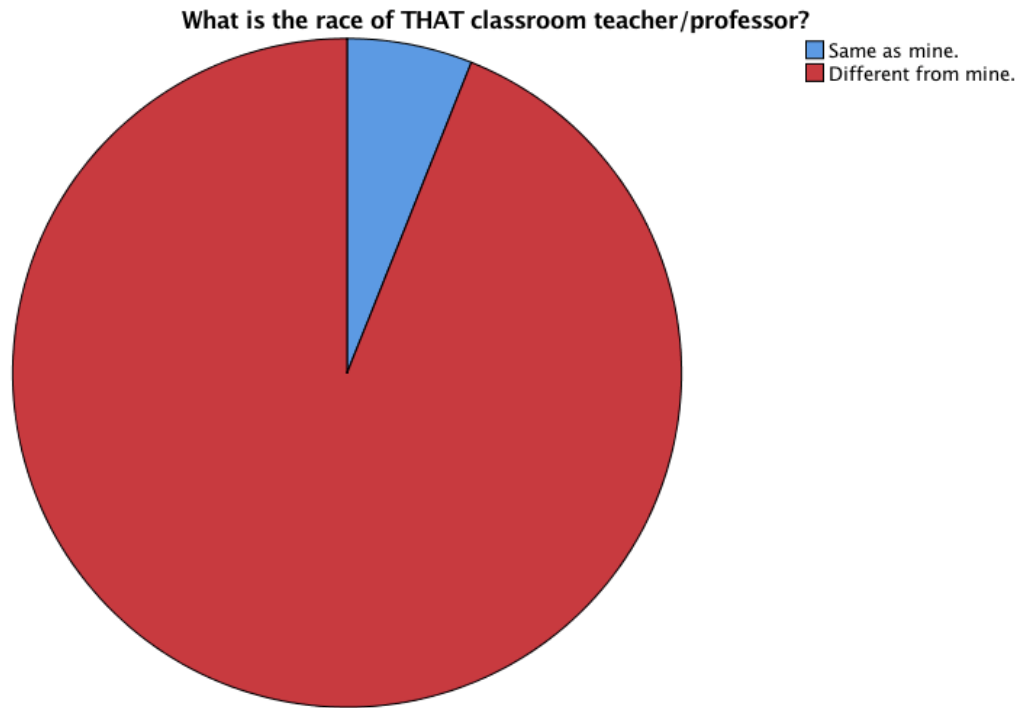
What is the race of THAT classroom teacher/professor?

N	Valid	66
	Missing	3

What is the race of THAT classroom teacher/professor?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Same as mine.	4	5.8	6.1	6.1
	Different from mine.	62	89.9	93.9	100.0
	Total	66	95.7	100.0	
Missing	System	3	4.3		
Total		69	100.0		

Q62 Pie Chart



Q64

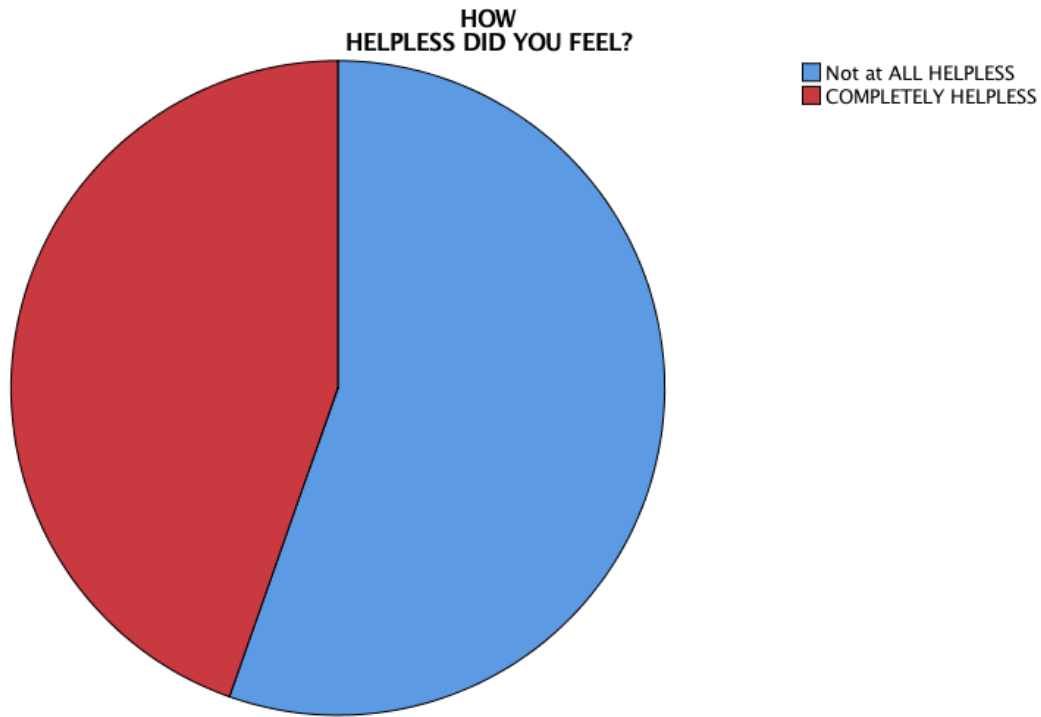
HOW HELPLESS DID YOU FEEL?

N	Valid	65
	Missing	4

**HOW HELPLESS DID YOU FEEL?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at ALL HELPLESS	36	52.2	55.4	55.4
	COMPLETELY HELPLESS	29	42.0	44.6	100.0
	Total	65	94.2	100.0	
Missing	System	4	5.8		
Total		69	100.0		

Q64 Pie Chart



Q65

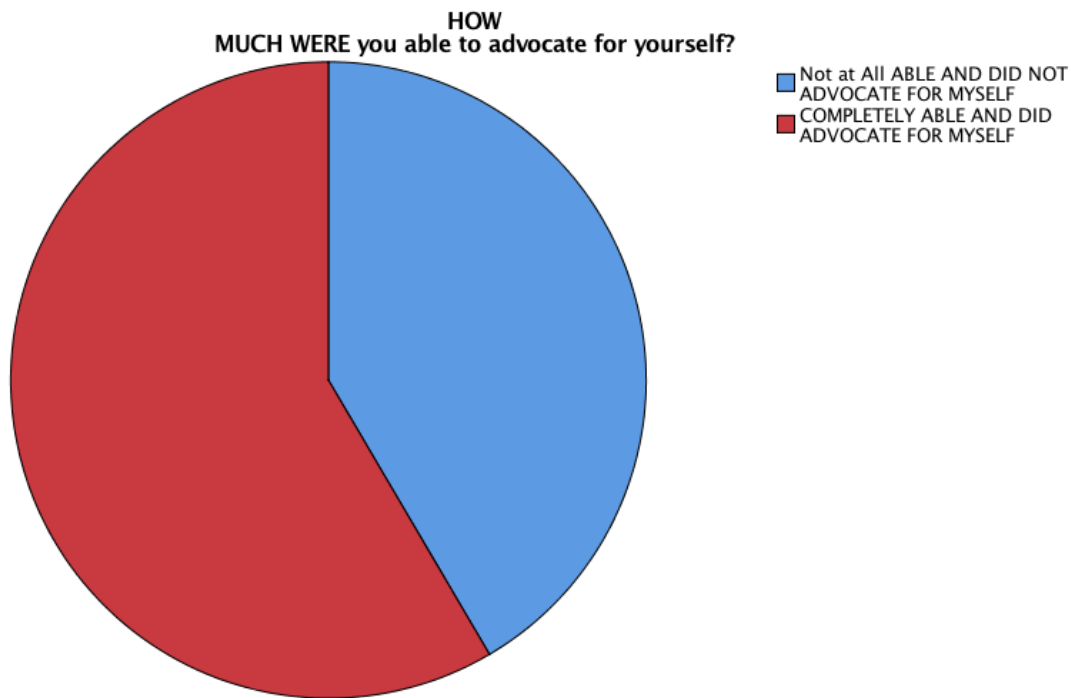
HOW MUCH WERE you able to advocate for yourself?

N	Valid	65
	Missing	4

**HOW MUCH WERE you able to advocate for yourself?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at All ABLE AND DID NOT ADVOCATE FOR MYSELF	27	39.1	41.5	41.5
	COMPLETELY ABLE AND DID ADVOCATE FOR MYSELF	38	55.1	58.5	100.0
	Total	65	94.2	100.0	
Missing	System	4	5.8		
Total		69	100.0		

Q65 Pie Chart



Q108

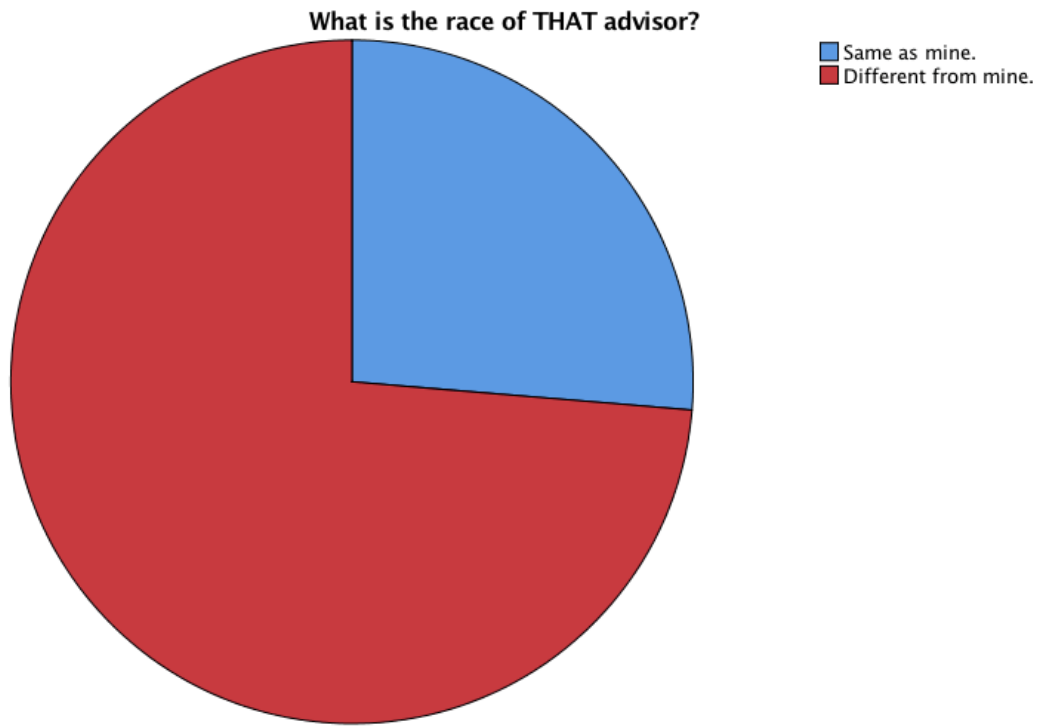
What is the race of THAT advisor?

N	Valid	57
	Missing	12

**What is the race of THAT advisor?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Same as mine.	15	21.7	26.3	26.3
	Different from mine.	42	60.9	73.7	100.0
	<b>Total</b>	<b>57</b>	<b>82.6</b>	<b>100.0</b>	
Missing	System	12	17.4		
<b>Total</b>		<b>69</b>	<b>100.0</b>		

Q108 Pie Chart



Q126

What is the RACE of the SUPERVISOR from whom you experienced racial microaggressions as a student supervisee?

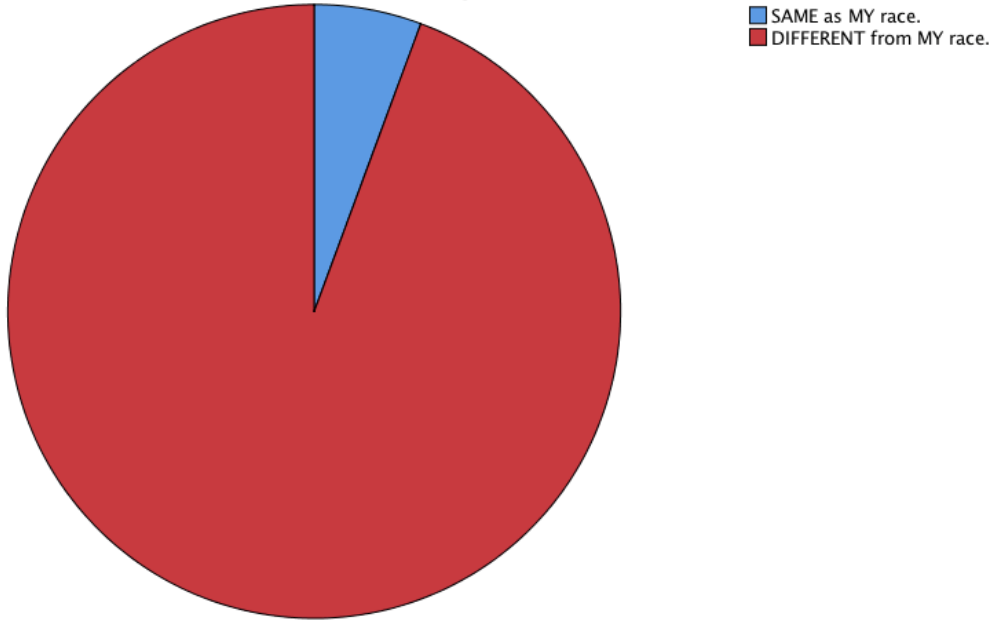
N	Valid	53
	Missing	16

**What is the RACE of the SUPERVISOR from whom you experienced racial microaggressions as a student supervisee?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SAME as MY race.	3	4.3	5.7	5.7
	DIFFERENT from MY race.	50	72.5	94.3	100.0
	Total	53	76.8	100.0	
Missing	System	16	23.2		
Total		69	100.0		

Q126 Pie Chart

What is the RACE of the SUPERVISOR from whom you experienced racial microaggressions as a student supervisee?



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