

Summer 7-29-2022

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### Recommended Citation

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**Distress and Growth in the Black Community**

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Masters Thesis

July 14<sup>th</sup>, 2022

### **Abstract**

Racial discrimination is an unfortunate reality that people of color regularly experience. This leaves lasting impacts on the health of individuals and communities. With the increased use of social media, videos depicting violence against black bodies are widely circulated. The consequences of being exposed to these race related traumatic events online (TEO) can be damaging to the mental health of the black community, maybe even more so if one's racial identity is important and salient to their overall wellbeing. Though witnessing these race related TEO often lead to posttraumatic stress, positive change may also be possible known as posttraumatic growth.

## **Introduction**

Witnessing racial discrimination can be just as traumatic as directly experiencing it. This exposure often leads to many negative posttraumatic stress symptoms, but there's a new area of research focusing on the positive changes following traumatic events known as posttraumatic growth. An individual's personal connection with their racial identity may exacerbate or act as a buffer against experiences of racial discrimination. The purpose of this study is to research mental health outcomes among Black adults living in the US. Specifically, this study explores the relationships and associations between repeated exposure to race related traumatic events online and Black identity contribution to the amount of distress and growth experienced by individuals in the Black community. Past and current literature on this topic tends to focus on the negative consequences and outcomes following adverse events, ignoring the potential growth, resilience, and recovery that can occur within the Black community. Understanding the factors that may contribute to negative and positive consequences following adversity can lead to a better understanding of ways to best support individuals within the Black community.

## **Impact of Racial Discrimination**

Racism and discrimination are unfortunate and inescapable realities of the society we live in. The impacts of racism and discrimination are a huge issue leading to many negative health outcomes like cancer, cardiovascular disease, diabetes, inflammation, and cortisol dysregulation (Williams, 2018). The American Psychological Association Dictionary of Psychology (2020) defines racism as a form of prejudice that assumes that members from racial groups have distinctive characteristics which make them inferior. Racial discrimination is the behavioral manifestation of racism and is a combination of racial superiority and social structures and

behaviors that are associated with dominance (Kirkinis et al., 2021). Individuals, institutions, and the culture express racial discrimination through avoidance of people of color (POC), hostility towards POC, and denial of access to opportunities and resources (Kirkinis et al., 2021).

Researchers like Boyd stress that racism should be treated as a public health issue because of how the way it contributes and maintains racial health inequities (2018). Some health disparities and outcomes among racial/ethnic minority groups within the US include (1) higher incidence/prevalence of disease; (2) premature/excessive mortality from specific conditions; (3) greater global burden of disease; (4) poorer health behaviors and clinical outcomes; and (5) worse outcomes on self-report measures (Duran and Perez-Stable, 2019). Crucially, racism, discrimination, and prejudice directly affect children's developmental processes through social interactions in specific inhibiting or promoting environments (Tynes et al., 2019).

Past research has shown that Black people have high rates of psychological distress, and report lower levels of psychological well-being (Williams, 2018). When experiencing mental illness, Black people and Latinx tend to have episodes that are more severe, persist for longer periods of time, and are more debilitating than other racial/ethnic groups (Williams, 2018). Compounding this issue is the fact that, Black people have been shown to view mental illness as stigmatizing resulting in low treatment-seeking – with older adults viewing depression as a weakness (As cited in Ward et al., 2013). Though research has also shown Black people have a positive belief about the effectiveness of mental health services, these beliefs didn't translate to seeking out help (Ward et al., 2013). Decades of cultural mistrust of health care providers also contributes to a lack of treatment seeking with some Black men harboring mistrust towards providers due to initial presentation of treatment (Hankerson et al., 2015). Though there are a

plethora of negative effects of experiencing racism and discrimination, there are multiple pathways of functioning after experiencing these traumatic events.

### **Variation in Trauma Responses: Posttraumatic Stress and Posttraumatic Growth**

#### *Posttraumatic Stress*

Though racism is linked to many negative health outcomes, the connection between racial discrimination and post-traumatic stress disorder (PTSD) symptoms is even more prominent and unique (Williams et al., 2021). PTSD is a psychological disorder triggered by witnessing or experiencing a traumatic event (NIHM, 2019). Some symptoms include flashbacks, avoidance of reminders of the event, nightmares, hypervigilance, and negative thoughts about oneself (NIMH, 2019). A longitudinal study found that Black and Latinx American adults' frequency with experiences of discrimination significantly predicted PTSD, but not other anxiety and mood disorders (Sibrava et al., 2019). The presence of multiple stigmatized identities may also have a compounding effect on traumatization with a study finding that gendered racial microaggressions towards Black women with HIV predicted PTSD symptoms and posttraumatic cognitions greater than discrimination based on race or HIV-status alone (Dale & Safren, 2019).

#### *Posttraumatic Growth*

Even though experiences of racism and discrimination can be debilitating, previous research has shown that they can also promote positive change (Chan et al., 2017). This concept is known as **posttraumatic growth (PTG)** – where significant adversity and traumatic events bring about positive changes and resiliency (Evans et al., 2016). Individuals who experience posttraumatic growth can cope by identifying significance or purpose in the traumatic event

(Evans et al., 2016). This however is different from resilience which is the ability to continue with life after adversity and positive adaptation in challenging life situations (Calhoun & Tedeschi, 2006; Tedeschi & Calhoun, 2004). Resiliency is the recovery to pretrauma baseline psychological functioning, while PTG takes it a step further and is the transformation and change beyond pretrauma levels of adaptation (Calhoun & Tedeschi, 2006). With PTG the individual has done more than just survive, but experiences deeply profound improvements that go beyond a return to baseline and the status quo (Tedeschi & Calhoun, 2004).

PTG is the positive psychological changes experienced as a result with highly challenging life circumstances which can result in greater appreciation for life and personal strengths, recognizing new possibilities for one's life, improved interpersonal relationships, and spiritual development (Chan et al., 2016). Within the PTG model, there are three categories of positive change: (1) changed perception of self, (2) change interpersonal relationships, and (3) changed philosophy on life (Tedeschi and Calhoun, 1996). Previous research has shown that experiencing adversity may promote positive change and growth in refugees (Chan et al., 2016), but not considering one's exposure to race-related traumatic events online. However, for PTG to develop and manifest, some degree of posttraumatic stress is necessary that challenges one's core beliefs to later prompt cognitive processing (As cited in Lowe et al., 2013). When individuals core beliefs, assumptions about the world, sense of safety, and identity are shaken up and challenged, they attempt to understand what is happening to them overall (Tedeschi and Calhoun, 2004).

In the early stages of the recovery process, individuals may ruminate on thoughts and replay the memories associated (Berntsen & Rubin, 2006). Berntsen and Rubin (2006) refer to this as **event centrality**, defined as the personal meaning given to a negative event in relation to

individual identity. Too much focus on the negative event may increase PTSD, anxiety, depression, grief, and physical symptoms, but researchers have found that high event centrality could still lead to later PTG after an initial decrease in functioning regardless of high trauma exposure (Berntsen & Rubin, 2006; Bernard et al., 2015; Boal and Schuettler, 2011). This allows individuals to begin to make sense of what happened to them and how they feel and start to resolve the tension between pre-existing assumptions and new-trauma related information (Joseph, 2011, p. 113). PTG, in some cases, could mark functional growth with adaptive and meaning changes in one's life; but could also mark illusionary growth with positive illusions, self-deception, and avoidance (Lowe et al., 2013).

### **Psychological Impact of Media**

Through modern technology we have instant and easy access to information, news, and media from all over the world. This exposure and access to technology can lead to positive impacts on education, connectivity, and other aspects of society (Akram & Kumar, 2017). Unfortunately, this exposure can have negative impacts as well – specifically when witnessing traumatic events online or indirectly. Researchers Ahern et al., (2002) conducted research analyzing the effects of viewing people jumping from the World Trade Center during the September 11 terrorist attacks and found that people who watched this frequently were more likely to have PTSD and depression than people who did not. Those who were directly impacted by this experienced a lack of control and increased risk of psychological symptomatology than those who did not (Ahern et al., 2002). Holman et al. (2018) compared media viewing versus direct exposure following the Boston Marathon bombing and found that watching six or more hours of the bombing-related media coverage was associated with higher acute stress than direct exposure to the bombing itself. These events can be even more lethal when it applied to a

vulnerable population already experiencing health inequalities. Another study observed that children of color who spent more time viewing TV coverage of Hurricane Katrina and Hurricane Gustav experienced more PTSD symptoms (Weems et al., 2010).

Social media platforms have become widely used by people and ingrained within multiple cultures worldwide. With approximately 4.2 billion active social media users (Johnson, 2021) the exposure of these platforms is undeniable. Media coverage of traumatic events can be a common trigger to remember suppressed traumatic memories, reactivate PTSD in veterans, and cause immediate physiological arousal in adults who have experienced various kinds of traumatic events (Elliot 1997; Kinzie et al., 1998; Long et al., 1994; Moyers 1996). Little research has been done to understand the many negative effects of being exposed to racism and discrimination online on the mental health of people of color.

This gap is crucial, given the recent murders of George Floyd and others, and the concurrent tension between the Black community and the police continuing to rise. There is a historical mistrust of police officers within the Black community leading to overall negative perceptions of the police (Davis et al., 2015). People of color are more likely to have contact with the police, while also twice as likely to have force used against them (Davis et al., 2015).

Chronic police brutality can cause communities to experience consequences like depression, anxiety, anger, fear, and problems surrounding trust (Bryant-Davis et al., 2017). Police brutality against Black people has been widely circulated within the mainstream media. Videos of racism, discrimination, and the mistreatment of Black bodies – with a recent example being the murder of George Floyd– are played across multiple social media platforms reminding Black people that their lives aren't valued the same as their white counterparts. On YouTube

alone, videos talking about and showing the murder of George Floyd have millions of views. On Twitter, analysts found evidence of strong condemnation of George Floyd's murder through the frequent use of popular hashtags #nojusticenopeace and #georgefloyd, and the daily use of the #BlackLivesMatter hashtag surpassed 1 million (Nguyen et al., 2021). Through social media these race-related traumatic events can be circulated even more across multiple social media platforms – a problem that some scholars have with the spread of police brutality against Black men. Though these problems have come to forefront in mainstream society, little research has explored the effects of repeated exposure to race related traumatic events online (TEO) among minority populations (Tynes et al., 2019). Such research is necessary due to the many negative psychological symptoms that can occur because of media exposure to traumatic events (Tynes et al., 2019). The broad objective of this study is to shed light on the impacts of being exposed to race-related traumatic events online on the mental health of Black adults.

### **Race Related Traumatic Events Online**

While Trayvon Martin was walking home from a convenience store, he was killed by George Zimmerman, carrying only a bag of Skittles and iced tea. The shooting of Trayvon Martin and the acquittal of George Zimmerman received mass media attention and was heavily discussed with many Black people interpreting the situation as a form of racism (Thompson & Cohen, 2013). Thomas and Blackmon (2015) describe witnessing racism or violence against a member of one's racial or ethnic group as a vicarious cataclysmic event. These events are salient and meaningful because the effects of racism are manifested through personal and vicarious experiences. After the shooting of Trayvon Martin, parents reported fearing their children and youth would face racism with the face the possibility of violence and death (Thomas &

Blackmon, 2015). A stronger connection and relationship with one's Black identity may exacerbate the impacts of these events.

Tynes et al., (2019) discusses the detainment of undocumented immigrants in cages and police killings of unarmed civilians as examples of TEO. Latinx participants showed increased levels of depressive symptoms associated with these videos which is consistent with studies showing increased psychological distress in Latinx parents surrounding immigration policies and news coverage (Tynes et al., 2019; Chou et al., 2012). Persistent news coverage and dehumanizing face-to-face experiences demeaning Latinx people may exacerbate a climate of heightened depressive symptoms toward Latinx adolescents who already show higher rates of depressive symptoms than other groups (Tynes et al., 2019). When shown videos of police brutality and police shootings, participants experienced poor mental health, increased depressive symptoms, PTSD symptoms, increased rumination, decreased sense of control, and self-identified with the victims (Tynes et al., 2019). Not having a sense of control over events can increase the risk of PTSD, with imagery of the traumatic event reviving the feelings of no control (Hendin & Haas, 1984; Pittman et al., 1987). Witnessing these TEO can have impacts on communities and regions – known as collective trauma. Indeed, researchers have observed that people who lived in states where unarmed Black Americans were killed by police experienced poorer mental health just days after the event (Bor et al., 2018).

Direct and indirect exposure can cause individuals to have intrusive thoughts about police brutality, try to escape police interactions, and remain in a hypervigilant state (Bryant-Davis et al., 2017). Communities of color experience a collective sense of anger and frustration when being reminded of the enduring impacts of racism known as shared recognition or linked fate (Carlson et al., 2017). Psychological problems such as PTSD can arrive when this exposure to

violent content on social media is combined with lived experiences of racism (Carlson et al., 2017). This further has impacts on social and cultural conditions as well leading to passed down intergenerational trauma impacting future generations (Sotero, 2006; Carlson et al., 2017).

Trauma can be defined as a sudden, unexpected, overwhelming intense blow(s) that affect the person(s) externally which soon become incorporated into the mind (Terr 1990, p. 8). Intergenerational trauma is the complex experience of various groups with a history of being subjected to discrimination, colonialism, and violence (Carlson et al., 2017). The effects of intergenerational trauma are sinister and impact the entire person or people by altering the way they think, the way they learn, how they remember things, how they feel about themselves, how they feel about others, and the way they perceive the world (Carlson et al., 2017). It's not the trauma itself that causes the damage, but how one's mind and body react to the traumatic experience in combination with an individual's social group (Carlson et al., 2017). Re-traumatization is further reinforced through social media, videos, television, news, and other forms of media when viewing racism and discrimination (As cited in Carlson et al., 2017).

### **Black Identity and Racial Socialization**

Black people are not a monolith, and the individual experiences of Black people can greatly vary. How meaningful and significant one's racial/ethnic identity is also varies between individuals. Racial identity can greatly vary between individuals which directly influences the role of race in behaviors and across situations (Scottham et al., 2009). Scottham et al., (2009) created the Multidimensional Model of Racial Identity (MMRI) that separates racial identity into four dimensions: Saliency, Centrality, Regard, and Ideology. (1) **Saliency** is the extent to which race is relevant to oneself in different contexts. (2) **Centrality** refers to how much one

emphasizes racial group membership as a part of their identity. (3) **Regard** refers to how positively or negatively one feels about their race and is separated into two dimensions, *public* and *private*. *Public regard* refers to how one feels about how other people view the Black community, while *private regard* refers to how one feels about the Black community and their membership within that. (4) **Ideology** refers to one's beliefs about the way Black people should behave and act (Scottham et al., 2009). Where an individual lies on these dimensions may determine how they react to discrimination. For this study, I will focus on two dimensions of Black Identity: Centrality and Regard.

High levels of centrality and regard may increase one's resilience in the face of discrimination (Sellers et al., 2003). There are mixed findings about how one's identification with their racial group impacts their psychological well-being and functioning. One study found that when in environments that are racially hostile, cue stereotyping, and have high pressure to conform to make white people feel more comfortable, those with a strong racial identity may feel threatened or less accepted (Perry et al., 2016). Previous research has shown that neither racial centrality, private regard, nor public regard did not moderate against the experiences of discrimination, depressive symptoms, and overall psychological wellbeing (Seaton & Iida, 2019).

High centrality (one's race being central to their identity) may exacerbate depressive symptoms, daily racial discrimination incidents, and the effects of experiencing discrimination (Burrow & Ong, 2010; Hogard et al., 2015; Neblett et al., 2004). There's also a significant link between centrality and perceived stress with high race centrality being associated with higher levels of stress, which in turn, cause more symptoms of depression and anxiety (As cited in Sellers et al., 2003). Individuals whose race is more central to their identity may perceive racial

discrimination more often and may perceive racially ambiguous situations as being discrimination contributing to higher levels of stress (Sellers et al., 2003).

A strong identification with one's racial identity and group can also be a very positive thing. One's racial identity may serve as a protective factor and predict better psychological functioning (Sellers et al., 2003). Though high racial centrality and high private regard (feeling positive about one's racial group) may not buffer against discrimination (Seaton et al., 2011), Sellers et al (2003) found that young adults with a more central racial identity appear to be more resilient in the face of racial discrimination. One's racial ideology and public regard associated with their racial group can protect and buffer the negative mental health consequences of perceived discrimination (Sellers et al., 2003). High private regard levels are related to feeling positive about one's race which may offset negative effects of discrimination (Seaton & Iida, 2019). Previous research has shown that low public regard (perception that others view one's race negatively) can act as a buffer and protective factor against discrimination (Sellers et al., 2006). Individuals with low public regard levels may not be as impacted by discrimination because having the perception that others view Black people negatively is consistent with experiences of discrimination (Seaton & Iida, 2019). Strong identification with one's racial identity causes one to feel more connected with their group which buffers the negative effects of discrimination (Sellers et al., 2003). With connection to others, individuals can feel good about themselves by focusing on the positive aspects of themselves and their group (Sellers et al., 2003).

These messages of centrality and regard are passed down from generation to generation through racial socialization. Racial socialization is a process by which Black parents raise their children to have racial pride, positive self-concepts, exposure and knowledge to cultural practices

and Black culture, and resilience in the face bias and discrimination (Hughes et al., 2006). Previous research has shown that racial socialization with parents and other members of the community can produce many positive psychological effects (Thomas & Blackmon, 2015). This process has been linked to being a protective factor against racism, higher self-esteem, better school efficacy and achievement, lower levels of depression and anxiety, and better anger management within children and adolescents (Bannon et al., 2009; Constantine & Blackmon, 2002; Davis & Stevenson, 2006; Marshall, 1995; Neblett et al., 2008; Stevenson & Arrington, 2009; Harris-Britt et al., 2007). Parents who higher levels of education and with a higher socioeconomic status are more likely to racially socialize their children (Thomas & Blackmon, 2015). These messages and values are derived from one's experiences with racism and discrimination, cultural heritage, self-pride and racial pride, racial equality values, spirituality, and coping (Stevenson, Cameron, Herrero-Taylor, & Davis, 2002).

### **Purpose of this Thesis**

As the conversation of racism and discrimination continue to be more openly discussed, there is also a need to understand how these experiences impact the well-being of marginalized groups – especially with the prominence of social media. Understanding the positive and negative consequences of such exposure can inform researchers the full process of PTG and PTS in individuals and communities of color. Past studies found that higher levels of exposure to traumatic events and trauma-related stressors predict both PTG and PTS (Lowe et al, 2013). The question that begs to be answered is if witnessing race related TEO has a similar impact on participants as witnessing other types of traumatic events like natural disasters and terrorist attacks. This study examines the link between PTS and PTG and how the dimensions of centrality and regard (both public and private) impact the relationship between witnessing race

related TEO and symptoms of PTG and PTS. **Hypothesis 1** is PTG and PTS will be significantly correlated with each other. **Hypothesis 2** is participants who have a high centrality, high private regard, and low public regard scores exposed to race related TEO will have increased symptoms of PTS. **Hypothesis 3** is participants who have a high centrality, high private regard, and low public regard scores exposed to race related TEO will have increased symptoms of PTG.

## Methods

### Participants

The sample for the present study consisted of 96 participants ( $N = 96$ ) with 77 of them being female and 19 of them being male. 56 of the participants identified as straight, 39 identifying as a sexual minority, and 1 chose not to disclose. Participants mean age was 32 ( $SD = 10$ ). Most of the participants were employed (77%).

### Measures

#### *Posttraumatic Stress*

PTS reactions were assessed using the Impacts of Events Scale-6 (Thoresen et al., 2010). Participants were asked to respond to six items on a 5-point Likert scale ranging from *not at all* to *extremely* about experiences following exposure to race related traumatic events online. A sample question is “I had trouble concentrating.” Reliability analyses revealed a high internal consistency, as shown by a Cronbach’s alpha of .86 (Horowitz et al., 1979).

#### *Posttraumatic Growth*

PTG was assessed using a short form of the Posttraumatic Growth Inventory (PTG-SF)

*Posttraumatic Stress* containing 10 items (Tedeschi & Calhoun, 1996). Participants were asked to respond on a 6-point Likert scale ranging from *not at all* to *a very great degree* about perceived positive change following exposure to race related traumatic events online. Scores can range from 10 to 60, with higher scores indicating more perceived positive change. A sample question is “I am able to do better things with my life.” Reliability analyses revealed a high internal consistency, as shown by a Cronbach’s alpha of .94 (Tedeschi & Calhoun, 1996).

#### *Race Related Traumatic Events Online*

Three self-report items were used to assess the frequency of participants’ experiences of witnessing race-related traumatic events online over the last month. The items correspond with (1) people from my racial group being beaten, (2) people from my racial group being arrested or detained, and (3) a person from my racial group being shot. The frequency of each event was rated from 0 = *never* and to 5 = *every day*. Scores were averaged to create a composite score, with higher scores corresponding to more frequent experiences of witnessing race related traumatic events online (Tynes et al., 2019). Reliability analyses revealed a high internal consistency, as shown by a Cronbach’s alpha of .85 (Tynes et al., 2019).

#### *Black Identity*

To assess one’s racial identity the Multidimensional Inventory of Black Identity-Teen (MIBI-t) scale was used. The subscales of centrality, public regard, and private regard were used with each subscale having three questions. Participants were asked the how much they agree or disagree with items on a 5-point Likert scale ranging from strongly disagree to strongly agree. Participants’ scores are averaged into a composite score for each subscale. The centrality scale ( $\alpha = .55$ ) assesses how important race is to an individual’s identity with higher scores indicating

race is a more central identity (Scottham et al., 2008). The private regard subscale ( $\alpha = .77$ ) assesses how positive an individual feels towards other Black people and being Black (Scottham et al., 2008). The public regard scale ( $\alpha = .66$ ) assesses how individuals feel other groups feel positively or negatively towards Black people (Scottham et al., 2008). Higher scores on the regard scales indicate more positive feelings towards Black people (Scottham et al., 2008).

### **Sampling Procedure**

Data for this study was drawn from an online survey of Black people living in the US assessing the thoughts, emotions, behaviors, and physical health following exposure to race-related traumatic events online. Participants were recruited through social media platforms such as Facebook, Instagram, Twitter, and TikTok. Participants were also encouraged to share the link with others. A consent form and questionnaire were presented to participants requiring a maximum time of 25 minutes to complete. At the end of the study, participants were encouraged to contact the authors and given crisis resources (National Suicide Prevention Line, Crisis Text Line, National Domestic Violence Hotline, and Elder Abuse Hotline) in case they experienced distress while completing the survey. Individuals who were ineligible to participate were directed to the end of the study.

### *Data Analysis*

Data was exported and cleaned in SPSS. The data was then exported to JASP where the descriptive statistics and statistical analysis were run. A correlation was run to measure the relationships between all the variables and to see if PTS and PTG are associated with each other. To measure if centrality, public regard, and private regard influenced the relationship between race related TEO and PTS/PTG, a mediation analysis was run.

## Results

### *Descriptive Analysis*

Figure 1 presents the means and standard deviations for posttraumatic stress (PTS), posttraumatic growth (PTG), race related traumatic events online (TEO), and black identity. On average, the participants reported feeling low levels of PTS, PTG, witnessing race related TEO, and public regard. Participants, on average, reported feeling high levels of centrality and private regard towards the Black community with these variables being positively correlated ( $r = .70, p < .001$ ).

**Fig 1.** Means and Standard Deviations for Variables in the Study

<b>Variables</b>	<b>Mean</b>	<b>SD</b>
<b>Posttraumatic Stress</b>	<b>1.60</b>	<b>0.74</b>
<b>Posttraumatic Growth</b>	<b>15.1</b>	<b>9.28</b>
<b>Centrality</b>	<b>3.93</b>	<b>1.08</b>
<b>Public Regard</b>	<b>2.16</b>	<b>1.09</b>
<b>Private Regard</b>	<b>4.51</b>	<b>0.75</b>
<b>Race Related TEO</b>	<b>0.174</b>	<b>0.97</b>

### *Correlation Table*

Figure 2 presents the correlation coefficients for the variables within the study (PTS, PTG, centrality, public regard, private regard, race related TEO, and age). Hypothesis 1 was supported by the analysis. The results displayed in Figure 2 revealed that PTS has a significant,

positive relationship PTG ( $r = .24, p \leq .05$ ). As PTS increases, PTG also increases. The results also show that PTS has a significant, negative relationship with age ( $r = -.46, p \leq .001$ ). As someone's age increases, their PTS score decreases.

Race related TEO has a significant, positive relationship with PTS ( $r = .40, p \leq .001$ ) and PTG ( $r = .33, p \leq .001$ ), and a negative relationship with public regard ( $r = -.32, p \leq .001$ ). For the dimensions of black identity, PTS has a significant, negative relationship with public regard ( $r = -.42, p \leq .001$ ). Centrality and private regard are positively correlated ( $r = .70, p \leq .001$ ). PTG has a significant, positive relationship with both centrality ( $r = .31, p \leq .001$ ), and private regard ( $r = .29, p \leq .01$ ).

**Fig. 2** Correlation Table for all Variables

Variables							
	Posttraumatic Stress	Posttraumatic Growth	Centrality	Public Regard	Private Regard	Race Related TEO	Age
Posttraumatic Stress	-						
Posttraumatic Growth	<b>0.24*</b>	-					
Centrality	0.15	<b>.31***</b>	-				
Public Regard	<b>-0.42***</b>	-0.05	-0.15	-			
Private Regard	0.11	<b>0.29**</b>	<b>0.70***</b>	-0.14	-		

Race Related TEO	<b>0.40***</b>	<b>0.33***</b>	0.15	<b>-0.32***</b>	0.17	-	
Age	<b>-0.46***</b>	0.06	-0.01	0.08	-0.03	-0.06	-

Note: \*\*\*  $p \leq .001$ , \*\*  $p \leq .01$ , \*  $p \leq .05$

#### *Mediation Analysis for Race Related TEO, Public Regard, and Posttraumatic Stress*

Hypothesis 2 was supported by the analysis. Participants age and sex were controlled for during the mediation analysis. The results suggested that the indirect effect of the race related TEO on PTS through public regard was statistically significant ( $B_0 = .0756$ ,  $B_{se} = .0340$ ,  $CI = .0212, .1513$ ).

#### *Mediation Analysis for Race Related TEO, Centrality, and Posttraumatic Growth*

Hypothesis 2 was not supported by the analysis. Participants age and sex were controlled for during the mediation analysis. The results revealed that the centrality did not mediate the relationship between witnessing race related TEO and experiencing posttraumatic growth ( $B_0 = .3109$ ,  $B_{se} = .3825$ ,  $CI = -0.4298, 1.1113$ ).

#### *Mediation Analysis for Race Related TEO, Private Regard, and Posttraumatic Growth*

Hypothesis 2 was not supported by the analysis. Participants age and sex were controlled for during the mediation analysis. The results revealed that private regard did not mediate the relationship between witnessing race related TEO and experiencing posttraumatic growth ( $B_0 = -.4894$ ,  $B_{se} = .3297$ ,  $CI = -0.1508, 1.1750$ ).

#### *Post Hoc Analysis*

A post hoc analysis was run to measure the influence of centrality and private regard on PTG. To test this a multiple regression model was ran and revealed that PTG had a positive relationship with centrality, race related TEO, and private regard. Such that, as PTG increases, centrality, private regard, and race related TEO also increased. ( $R^2 = .23$ ,  $F(1, 5.33) = 1986.798$ ,  $p < .001$ ).

### **Discussion**

Few studies have looked at how witnessing racial discrimination online impacts the mental health of Black, Indigenous, and people of color (BIPOC) communities. This study looked at link between posttraumatic stress (PTS) and posttraumatic growth (PTG) among Black adults living in the US. The main purpose of this study was to examine how a person's racial identity mediates the relationship between witnessing race related traumatic events online (TEO) and psychological outcomes of distress and growth. The results indicate that there is a significant positive correlation between PTS and PTG which is consistent with previous research (Lowe et al., 2013). The results also indicate low levels of public regard influence the relationship between witnessing race related TEO and PTS. The post-hoc analysis showed that high levels of centrality and private regard as well as race related TEO predict experiencing PTG which is consistent with previous research (Seaton & Iida, 2019).

### **Link between Posttraumatic Stress and Posttraumatic Growth**

No known PTG studies including Black participants have assessed exposure to frequent traumas in their communities making this research even more necessary. Observing this relationship will advance the research on understanding the phenomenon of PTG and its link to PTS. Past research has looked at the link between posttraumatic stress and posttraumatic growth

in survivors of Hurricane Katrina (Lowe et al., 2013). Lowe et al., (2013) found that after one-and-three years post Hurricane Katrina, posttraumatic stress and posttraumatic growth were significantly, positively associated. Survivors with probable PTSD that had high levels of posttraumatic stress, also had high levels of posttraumatic growth (Lowe et al., 2013). This indicates the process of experiencing both PTG and PTS may be very similar. Knowing these effects and impacts can inform future interventions, preventions, and clinical work that will be the most effective related to racial trauma.

### **Mediating Effects of Black Identity**

This study specifically examined if centrality, public regard, and private regard mediated the relationship between witnessing race related TEO and experiencing PTS and PTG among Black adults. Though there are mixed findings regarding the mediating effects of black identity dimensions, some of the results of this study are aligned with previous research on this topic (Seaton & Iida, 2019).

Hypothesis 2 was partly supported with public regard being negatively associated with PTS as well as influencing the relationship between PTS and witnessing race related TEO. This is inconsistent with previous research showing that low public regard buffer against the effects of discrimination (Sellers et al., 2003; Sellers et al., 2006). The reason why public regard and PTS have an inverse relationship could be because someone with a low public regard will be more likely to believe that others already have a negative perception of them probably leading to higher levels of perceived stress and perceived discrimination. Racially ambiguous events will likely be coded as involving racial discrimination.

Hypothesis 3 was not supported, but the post-hoc analysis revealed that centrality, private regard, and race related TEO predict experiencing PTG. This is consistent with previous research finding that black identity can predict better psychological functioning, as well as high levels of centrality predicting resilience (Sellers et al., 2003). This could be because if someone scores high on centrality and private regard, they would be more likely to see positive aspects of themselves and their identity allowing them to grow from such experiences and see positive aspects of their groups (Sellers et al., 2003).

### **Limitations**

There exist several limitations within this study. The sample size of the dataset is relatively small potentially limiting the ability to fully analyze the relationship between these variables. Although data was able to be analyzed from this dataset, the original dataset was not designed to answer this research questions potentially limiting the ability to fully investigate these research questions. Another limitation could be the way the survey was conducted. The timing of witnessing the race related TEO could be another possible reason why black identity didn't mediate the relationship between witnessing race related TEO and PTS/PTG. The survey assessed participants exposure to race related TEO within the *past month*. Results may be different if exposure to race related TEO was assessed within the last years or even within the past week.

### **Practical Application and Conclusion**

The results from this study are important for reframing the conversation around trauma and racial discrimination. This study reveals the negative impacts of witnessing online racial discrimination while also illuminating the positive changes that may be possible after exposure.

This study shows that though these experiences may be debilitating, they can also be a catalyst for change and better psychological functioning. This can allow for Black and Indigenous People of Color to come together to discuss such experiences and how to grow and cope after exposure. Future research on this topic should include a wider sample to examine if the process of experiencing both PTS and PTG is similar in different racial/ethnic groups.

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