MPhil College of Health and Life Sciences

Dissociative Experiences in Black people of African and African Caribbean descent in the UK: An adaptive response to perceived racism or evidence of mental ill-health?

By

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Thesis submitted in fulfilment of the requirements for the degree of

Master of Philosophy

College of Health and Life Sciences

Department of Life Sciences

Brunel University London

2017

Dissociation in Black people of African & African Caribbean descent

Abstract:

Black people of African and Caribbean descent are 3.3 times more likely to be diagnosed and treated for schizophrenia than their White counterparts are. The reasons why remain unclear, however, Black people living with schizophrenia often give racism as the cause of their health and financial difficulties. A series of within-subjects design and web-based survey methods were used to test the validity of these two scales designed to measure perceived racism and examine the relationship between perceived racism, self-depreciation, and the frequency of dissociative experiences in a nonclinical sample of the Black population in the UK. Self-depreciation, the effects of perceived obsession with aspects of the Black body on future social interaction, and race-related schemas were found to significantly contribute to the frequency of dissociative experiences overall. However, race-related schemas need not be derogatory to undermine identity security in those Black people sensitised to perceived racism. Simply mentioning anything race-related might be sufficient to induce dopamine dysregulation in those sensitised to perceived racism and susceptible to schizophrenia spectrum disorders. Study limitations and implications for health and social care policy are considered.

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Degree: MPhil in College of Health & Life Sciences

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Chapter 1

Introduction

In a previous study exploring the lived worlds of a small group of Black people detained under the Mental Health Act 1983 (amended in 2007) for the assessment and treatment of schizophrenia, I found that perceived race-related academic and socioeconomic failure and defeat were prominent features in the disorganised narratives of the participants interviewed (De Maynard, 2005, 2008). Although their autobiographies were rational given their circumstances, it was impossible to distinguish their presenting symptoms – disrupted integration of thought, self-perception and identity – from depersonalisation/derealisation clinicians might expect in dissociative identity disorder (DSM-V, 2013). The impact of stress those interviewed believed to be race-related should not be surprising, given their systematic experience of social disadvantage and discrimination (Berthoud, 1999, 2000; Chakraborty & Bhui, 2002). The symptomology of schizophrenia and dissociative disorders are difficult to differentiate (Moskowitz & Heim, 2011; Moskowitz, Schafer & Dorahy, 2008), and Western cultural ideas about these disorders have historically been imposed on communities in which emotional distress is understood differently (Dein, Williams & Dein, 2007).

Racism is a common experience for Black people in the UK from an early age (DCLG, 2007; Home Office, 2012). Black people detained under the Mental Health Act 1983/2007 for the treatment of schizophrenia often attribute their health and financial difficulties to racism (Gilvarry, Walsh, Samelle, Hutchinson, Mallett, Rabe-Hesketh, Fahy, van Os & Murray, 1999). The stress of real and anticipated socioeconomic failure and defeat is associated with dopamine dysregulation, which is

correlated with schizophrenia (Selten & Cantor-Graae, 2005). In this chapter, I will outline the concepts of schizophrenia and dissociation and argue that diagnosing and treating schizophrenia in Black people is unsafe due to this difficulty in differentiating between the symptomology of schizophrenia and dissociative disorders. I will then go on to conceptualise racism as it a function of the Black body, devise tools to measure it which can then be validated, and derive and tested a hypothetical theory that accumulative and chronic perception of racism could so sensitise the Mesolimbic Dopamine System that dissociative experiences, indistinguishable from those that might be indicative for schizophrenia, ensue.

1.1   Schizophrenia

Schizophrenia is a debilitating mental disorder of unknown aetiology, characterised by positive symptoms, negative symptoms, interpersonal difficulties, deterioration in self-care and social dysfunction (Moskowitz, Schafer & Dorahy, 2008). Positive symptoms include unusual perceptual, cognitive, affective, sensory and behavioural experiences, such as paranoia, delusions, hallucinations, and disorganised thought. Negative symptoms include flat affect, avolition or loss of motivation, and speech peculiarities. Interpersonal difficulties often take the form of withdrawal and a reluctance to participate socially, or other forms of social dysfunction, such as social anhedonia, ambivalence and social anxiety. There may be an unusual deterioration in personal hygiene and self-care. Age of at onset can vary according to gender: onset in males is typically in late adolescence, while women characteristically develop the disorder in their early twenties.

The prevalence of schizophrenia in the UK and culturally related countries is between 0.7 and 2%, similar to that in the Caribbean (Coid Kirkbride, Barker, Cowden, Stamps, Yang & Jones, 2008; Perala, Suvisaari, Saarni, Kuoppasalmi,

Isometsa, Sami Pirkola, Partonen, Tuulio-Henriksson, Hintikka, Kieseppa, Harkanen, Koskinen, Lonnqvist, 2007). Black people accounted for approximately 2.9% of the UK population in 2008 and 3.4% in 2011 (Office for National Statistics (ONS), 2001, 2011). However, they accounted for 11.24% in 2008, and in in 2010, 10.9% of all psychiatric inpatients detained under the Mental Health Act 1983 (as amended in 2007) for the assessment and/or treatment of schizophrenia (Community and Mental Health Team, Health and Social Care Information Centre UK, 2011, 2013; Health and Social Care Information Centre, 2008, 2009). Black men are more likely to be detained under the Mental Health Act for longer than Black women (Aleman, Kahn & Selten, 2003). Black women are more likely to be detained for the assessment and treatment of schizophrenia than their female counterparts of any other ethnicity (Lawlor, Johnson, Cole & Howard, 2012).

Although Black people are no more prone to suffer from mental disorders in general, or to use mental health services any more prolifically, than other ethnic groups in the UK (Health and Social Care Information Centre UK, 2013), they are 3.3 times more likely than their ethnic counterparts to be:

1) Diagnosed with schizophrenia (Commission for Healthcare, Audit & Inspection, 2005; Community and Mental Health Team, Health and Social Care Information Centre UK, 2010, 2011, 2013; Quality Care Commission, 2010);

2) Detained under the Mental Health Act and subjected to community treatment orders (Bhui, 2003; Morgan, Mallett, Hutchinson, Bagalkote, Fearon, Dazzan, Boydell, McKenzie, Harrison, Murray, Jones, Craig & Leff, 2005; Quality Care Commission, 2010);

3) Evaluated as violent and aggressive, and controlled, restrained and held in isolation by health and social care professionals (Coid, Kirkbridge, Barker, Cowden,

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Stamps, Yan & Jones, 2008; Jarvis, Kirmayer, Jarvis & Whitley, 2005; Littlewood & Lipsedge, 1987);

4) Administered antipsychotic medication as opposed to talking therapies (Callan & Littlewood, 1998); and,

5) Brought to the hospital by the police and administered emergency injections (Jarvis, 2008; King, Nazroo, Weich, McKenzie, Bhui, Karlsen, Stansfeld, Tyrer, Blanchard, Lloyd, McManus, Sproston & Erens, 2005).

The Present State Examination (PSE; Wing, Cooper & Sartorius, 1974), originally used to diagnose schizophrenia, was based on the First Rank Symptoms (FRS) proposed by Schneider (1951). The Schedule for Clinical Assessment in Neuropsychiatry (SCAN; Wing, Babor, Brugha, Burke, Cooper, Giel, Jablenski, Regier & Sartorius, 1990) evolved from the older (PSE). SCAN is a set of four instruments aimed to assess and classify psychopathology in adults, including PSE−10 (the 10th edition of the Present State Examination). Symptoms are defined in the SCAN glossary. The Item Group Checklist (IGC) is used to identify symptoms that can be rated directly (for example, from case notes) and the Clinical History Schedule (CHS). In the International Statistical Classification of Diseases, Tenth Revision (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V, 2013), the presence of one of Schneider FRS is symptomatically sufficient for to diagnose schizophrenia.

Although these standardised, diagnostic, clinicians developed semi-structured interview schedules to meet the ICD and DSM diagnostic criteria for schizophrenia, they are based on dissociated thinking in schizophrenia. Bleuler (1911/1950) derived the term schizophrenia from dementia praecox and included dissociated thinking in his list of presenting symptoms, defined as 'the disconnecting of ordinarily associated threads in thought and language... [In which] all the association threads fail, and the

thought chain is entirely interrupted' (Bleuler, 1911/1950, pp. 21-22). Schneider (1939) proposed the following FRS for schizophrenia:

'Audible thoughts; voices heard arguing; voices heard commenting on one's actions; the experience of influences playing on the body (somatic passivity experiences); thought withdrawal and other interferences with thought; delusional perceptions and all feelings, impulses (or inner drives), and volitional acts that are experienced by the patient as the work or influence of others. When any of these modes of experience is undeniably present, and no underlying somatic illness can be found, we may make the decisive clinical diagnosis of Schizophrenia.' (pp. 133-134)

Since dopamine dysregulation explains many of the positive symptoms of schizophrenia, the Royal College of Psychiatrists (2012) recommend a Dopamine-2-antagonist, such as 'Thorazine' or 'Haloperidol' in addition to psychological therapy in all cases of schizophrenia. In treatment-resistant cases, however, clinicians recommend an atypical antipsychotic such as 'Clozapine'. Dopamine-2-antagonists/antipsychotics have numerous side effects, including hypertension, tardive dyskinesia, obesity, diabetes mellitus, hyperlipidaemia, sexual dysfunction and sedation, which are often poorly monitored and rarely treated (National Collaborating Centre for Mental Health (NCCMH), 2010). Despite improving cultural competence and pathways to care (Sass, Moffatt, Bhui & McKenzie, 2009) and the prevalence of hypertension in the Black community (Krieger & Sidney, 1996; Merritt, Bennett, Bennett, Jr., Williams, Edwards, & Sollers, 2006), clinicians may still prescribe 'Clozapine in Black treatment-resistant cases. Clozapine is contraindicated in those

with concomitant pathological hypertension. The financial and health implications for individuals, families and communities are considerable (Bhui, 2002; Harrell, Hall & Taliaferro, 2003; McKenzie, 2006). Andrews, Knapp, McCrone, Parsonage and Trachtenberg (2012) estimate the cost of treating schizophrenia in England and Wales at £11.8 billion per annum.

According to Nordgaard, Arnfred, Handest and Parnas (2008), the 'DSM and ICD emphasise FRS to the degree that is not supported by empirical evidence' (p. 137). FRS may be found in non-schizophrenic conditions and are thus not necessarily specific to schizophrenia. The absence of a phenomenological approach to ascertain the essence of observed behaviour during the interview prohibits adequate eliciting and description of the psychopathological phenomena, resulting in doubtful FRS ratings (Nordgaard et al., 2008). For schizophrenia to be diagnosed, affective disorder should arguably be absent and psychotic symptoms should not be comorbid with any other disorder (Nordgaard et al., 2008). Many studies report comorbid diagnoses of affective disorders in Black people (Frisher, Crome, Martino & Croft, 2009; Wright, Gournay, Glorney & Thornicroft, 2000). Interestingly, many FRS of schizophrenia are also relevant to trauma-related mental illnesses, such as Dissociative Identity Disorder (Courtois, Gold & Howell, 2005; Fink & Golinkoff, 1990; Moskowitz, 2011; Ross & Keyes, 2004). For instance, significant positive correlations between dissociative experiences and psychotic symptoms have been demonstrated (Ross, Miller, Reagor, Bjornson, Fraser, Anderson, and Novotny 1990; Ross & Keyes, 2004). Yet Black people are 3.3 times more likely to be detained under the Mental Health Act 1983/2007 for the assessment and treatment of schizophrenia than their White counterparts are (Care Quality Commission, 2010; The Information Centre for Health and Social Care (UK), 2011).

The reasons why Black people continue to be over-represented in the mental healthcare system in the UK remain elusive (Cantor-Graae, 2007). Pregnancy and birth complications are significantly associated with schizophrenia (Thomas, Harrison, Zammit, Lewis, Horwood, Heron, Hollis, Wolke, Thompson & Gunnel, 2009), as are migrant status and migration (Cantor-Graae, 2007; Jetten & Wohl (2012); childhood abuse, psychological distress and trauma (Galletly, van Hooff & McFarlane, 2011; Spauwen, Krabbendam, Lieb, Wittchen & van Os, 2006); cannabis use (Frisher, Crome, Martino & Croft, 2009); urbanicity, low socioeconomic status, low educational achievement, extended periods of unemployment and other psychosocial factors (Broome, Woolley, Tabraham, Johns, Bramon, Murray, Pariante, McGuire & Murray, 2005; Cooper, Morgan, Hutchinson, Doody, Harrison, Leff, Jones, Ismail and Murray, 2008; Saha, Scott, Varghese & McGrath, 2011); and dopamine dysregulation (Selten & Cantor-Graae, 2005). Possible risk factors for schizophrenia also include institutional racism and different explanatory models of illness (Dein et al., 2007). Independently, however, none of these risk factors demonstrably large effect on schizophrenia in Black people (Cantor-Graae, 2007).

The PSE (Cooper, Sartorius & Wing, 1974) based on FRS is still used to diagnose schizophrenia today. The presence of Schneideran FRS in cases in which dissociative disorder is equally likely significantly confounds diagnosis (Ross et al., 1991; Ross & Keyes, 2004; Stickley & Nickleas, 1991). According to the DSM-V (2013), however, FRS must persist for more than six months, accompanied by impaired social and occupational functioning, to diagnose schizophrenia. Nordgaard et al. (2008) argue that FRS are outdated and should no longer be used as diagnostic criteria for schizophrenia. Where a diagnosis of dissociative identity disorder is equally likely, the confluence between dissociative experiences and schizophrenia may

make the diagnosis of schizophrenia in Black people unsafe (Ross & Joshi, 1992; Spitzer, Haug & Freybeyer, 1997; van Os et al., 2008).

Dissociative disorders may be confused with schizophrenia (DSM-V, 2013; Moskowitz & Heim, 2011). For instance, persecutory and inner voices heard criticising an individual for not sending money home to family in another country might be mistaken for psychotic auditory hallucinations (Dein et al., 2007; DSM-V, 2013, p. 295). Perceived loss of control over thoughts could be confused with signs of thought disorder. The preponderance of dissociative symptoms distinguishes dissociative disorders from schizophrenia where the duration of schizophrenia spectrum symptoms is brief (Bhui, 2002; McKenzie, 2006). In the literature, risk factors associated with schizophrenia are also associated with dissociative disorders (Moskowitz et al., 2008). In the following section, I explore the concept of dissociation.

1.2   Dissociation

In the DSM–V (2013), dissociation is defined as a 'disruption or discontinuity in the ordinary integration of memory, identity, consciousness, memory, perception, motor control and behaviour' (p. 291). Putnam (1989) defined dissociation as 'a typical mental process that is initially used defensively by an individual to handle traumatic experiences [that] evolves into a maladaptive or pathological process' (p. 9). Such definitions depend upon the assumption of unity or integrated wholeness of the self. This unity is supposedly threatened in situations of perceived danger (Moskowitz et al., 2008). Dissociative symptoms are experienced as unwanted intrusions into awareness and behaviour are usually accessible and controllable, resulting in detachment from surroundings and difficulty recalling autobiographical information for time, whole or specific events, identity or life history (DSM-V, 2013). An

individual might have mild dissociative experiences, such as, (e.g. daydreaming or losing oneself in a book or film (Edge, 2004). However, it is not until these dissociative experiences begin to interfere with the way an individual behaves within that these initially adaptive ways of experiencing the world become "pathological" (van der Kolk & van der Hart, 1998). Some Black people may have learned how to dissociate their thoughts and feelings in response to perceived threat or danger, assuming a second identity that is more "passive" in response to perceived threat (Carter, 2007; Sue, 1981). There is a debate in the literature about how dissociation is conceptualised.

According to Janet (1925), dissociative disorders should be considered a categorical construct and people who dissociate ("dissociators") differ qualitatively from those who do not (Irwin, 1999). This view is based on the assumption that dissociation is not an everyday experience and that only certain people are prone to dissociating. Others argue that dissociative experiences typically follow a traumatic event and experienced in a mild form by a significant proportion of the general population (Johns, Cannon, Singleton, Murray, Farrell, Brugha, Bebbington, Jenkins & Meltzer, 2004; Reininghaus, Craig, Fisher, Hutchinson, Fearon, Morgan Dazzan, Doody, Jones, Murray & Morgan, 2010). At one end of the dissociation continuum are those with a propensity to daydream, and who perform well-learnt tasks without conscious awareness. At the other end are those who tend to forget significant events in their lives or to complain about feeling detached from themselves or their surroundings (Gershuny & Thayer, 1999; Verdoux & van Os, 2002). The failure to integrate explicit mental representations (or schemas) may be evident in how individuals recount everyday experiences; however, an absence of connectedness not necessarily indicate a dissociative disorder (Ruiz, Pincus & Ray, 1999). Some people remain functional even with high levels of dissociative symptoms (Edge, 2004).

Disruptive and benign dissociative symptoms might differ qualitatively; however, the dissolution of usually integrated schematic mental representations of episodic, autobiographical and procedural memories remain the same regardless of severity (van de Hart & Nijenhuis, 2001).

Five types of dissociative disorders are listed in the DSM-V (2013):

a) Dissociative Identity Disorder – this disorder is characterised by an individual appearing to have more than one distinct identity or personality state that surfaces in the person on a recurring basis, complete with its set of memories and abilities.

b) Dissociative depersonalisation – this disorder is characterised by recurrent feelings of detachment or distance from one's experience of the body, self or the world around. The person is aware that their feelings of disconnectedness do not reflect a real physical detachment.

c) Dissociative Fugue – this disorder is characterised by an individual suddenly leaving familiar surroundings for hours or longer, having lost his or her certainty about his identity or having assumed a new identity, unrelated to the one by which she or he has been known in the past.

d) Dissociative amnesia – this disorder is characterised by a blocking out of critical personal information, usually of a traumatic or stressful nature. Four subtypes of dissociative amnesia have been identified according to the extent of the amnesia: localised, selective, generalised and systematised. The disorder result of other medical trauma, such as a blow to the head (DSM-V, 2013).

e) Dissociative disorder, unspecified – this refers to situations in which dissociative symptoms are present, but the criteria for a particular dissociative disorder have not been met.

Dissociative symptoms are often the result of traumatising experiences, such as assault, abuse or neglect, which may arise from conflict between an individual and salient social situations (work, school, family or society). Identity fragmentation, amnesia, depersonalisation, derealisation, reduced awareness of the surrounding and blunted emotional response often follow traumatic experiences (Ross & Keyes, 2004; Moskowitz et al., 2008). The prevalence of dissociative experiences is similar to that of schizophrenia in the general population, 1.5 to 2% (DSM-V, 2013). The reinforcement and conditioning of dissociative behaviour, however, prohibits the development of alternative, effective, more creative ways of dealing with trauma. The individual might appear to be activating dissociative mechanisms to facilitate healthier functioning in areas of his or her life, but dissociation in times of stress appears automatic (Moskowitz & Hein, 2011).

Since there is considerable overlap between schizophrenic and dissociative symptoms, schizophrenia might best be placed on continuum of dissociative experiences with commonly reported, transient, non-disruptive dissociative experiences at one end and more disruptive dissociative experiences at the other (Merckelbach & Giesbrecht, 2006; Moskowitz et al., 2008; Startup, 1999; van Os, Linscott, Myin-Gemeys, Delespaul & Krabbendam, 2009). In this thesis, dissociation is defined as the psychological processes whereby the usually integrated functions of consciousness, memory, identity or perception are disconnected, characterised by distinct changes in a person's culture-bound sense of identity, memory or consciousness (Cardeña, Van Duijl, Weiner & Terhune, 2009). Psychotic symptoms such as distorted thinking, delusional perceptions and feelings, hallucinations and paranoia are often comorbid with schizotypal disorder, dissociative disorders and other anxiety and trauma-related disorders, although to a less dysfunctional degree than those with schizophrenia (Hamner, Frueh & Arcana, 1999; Rosh & Joshi, 1992; Ross

& Keyes, 2004). The dissociative symptoms often evident in the narratives of schizophrenics may reflect a sense of depersonalisation, derealisation, imaginative involvement, identity confusion and identity alteration, long associated with psychological stress and trauma (Castillo, 2003; Kilcommons & Morrison, 2005; Spauwen et al., 2006; Ross & Keyes, 2004). Therefore, in the next section, I will explore the conflation of dissociative experiences with schizophrenia and their relation to trauma.

1.3 Schizophrenia, dissociative experiences and trauma

The relationship between trauma and dissociative experiences is a recurrent theme in the literature (Frischholz, Braun, Sachs, Hopkins, Shaeffer, Lewis, Leavitt, Pasquotto, & Schwartz, 1990). Race-related trauma could give rise to dissociative experiences in Black people (Bryant-Davis & Ocampo, 2005). Schizophrenia may originate from the stress of high levels of childhood physical and sexual abuse (Read, van Os, Morrison & Ross, 2001). Some Black people may find racism and the fear of racism so physically and emotionally traumatic that dissociative experiences, indistinguishable from schizophrenia spectrum disorder ensue (Butts, 2002; Bryant-Davis & Ocampo, 2005; Carter, 2007; Sanchez-Huclés, 1998). Racism is a common everyday experience for Black people from a very early age in the UK (DCLG, 2007; HORDSD, 2007; Home Office, 2012), and is positively correlated with schizophrenia spectrum disorders in the UK and the Netherlands (Karlsen & Nazroo, 2002; Janssen et al., 2003). Not everyone exposed to trauma experiences schizophrenia (Briere, 2006). In susceptible Black people, however, racism may be "traumatic enough" to explain the psychotic symptomatology of schizophrenia (Carter, 2007; Spauwen, Krabbendam, Lieb, Wittchen & van Os, 2006). There is little evidence in the literature for how dissociative experiences might mediate race-related trauma in the wider Black

community in the UK. Studies have shown that moderate to severe dissociative experiences, observed in Black people over and above those reported by other ethnicities, are likely to be directly related to race-related stress (Bryant-Davis & Ocampo, 2005; Carter, 2007, Dunn et al. 1994; Essed, 1991; Ross, Joshi & Currie, 2001; Sanchez-Huclés, 1998). It is unclear from these studies whether the excess of dissociative experiences the White, population is due to race-related trauma.

The comorbidity of dissociative symptoms in posttraumatic stress disorders, affective disorders such as depression, and psychoses have been demonstrated (Vogel, Spitzer, Barnow & Freyberger, 2006; Ross, 2001; Putnam, 1989; Norton, Ross & Novotny, 1990; Kluft, 1987). The Dissociative Experiences Scale II (DESII; Bernstein & Putnam, 1986) was developed to determine whether dissociative experiences vary across different clinical groups. The 28-item scale was administered to 31 non-clinical adults, 31 college students, 14 people living with alcoholics, 29 agoraphobics, 24 patients with a phobic-anxious disorder, 20 persons living with post-traumatic stress disorder, 20 people with schizophrenia and 20 with multiple personality disorder in the USA. All participants were at least 18 years old and volunteered to participate. There was no indication whether this tool applies equally well to a different gender, ethnic or racial groups. The findings revealed a significant difference in dissociative experiences between those with and without mental illness or personality disorder.

Frischholz et al. (1990) conducted a study under laboratory conditions on the validity and reliability of the Dissociative Experiences Scale (DES), in both clinical and nonclinical groups. Two hundred and fifty-nine medical students, 33 patients with multiple personality disorder (MPD) and 29 with dissociative disorder not specified (DDNOS) were asked to complete the DES under laboratory conditions. Their scores were subjected to a reliability analysis of internal consistency. Individuals diagnosed

with MPD and DDNOS scored significantly higher on the DES than did medical students (mean DES score = 23.8).

Dunn, Paolo, Ryan, Dunn and Fleet (1994) conducted a study on the impact of race on the dissociative experiences of a group of 48 White and 48 Black veterans undergoing treatment for alcohol and polysubstance abuse in a VA Medical Center in the USA. Comorbid psychiatric disorders were excluded. When age, education and number of previous therapies, IQ, employment status, marital status, childhood abuse and psychological discomfort were controlled for, Black participants scored on average five points higher. Their scores did not reflect more severe psychopathology. Although the reported frequency of dissociative experience in Black participants was significantly higher than in their White counterparts, the authors argued for a cautious interpretation of the results, as the sample size was small. A higher reported frequency of dissociative experiences may not, however, necessarily indicate increased psychological discomfort or psychopathology.

In a study looking on the comorbidity of psychotic symptoms with combat-related PTSD in different ethnic groups, David et al. (1999) found that Hispanic and African American veterans in the USA were more likely to exhibit psychotic symptoms, such as delusions, auditory hallucinations than were their White counterparts. No significant relationship between psychotic symptoms, combat-related PTSD and dissociative symptomology was observed. Monnier, Elhai, Freuh, Sauvageot and Magruder (2002) compared self-report measures and structured interview measures of PTSD, depression, dissociation and general psychopathology in White and Black veterans, finding no significant differences in symptomology. Black veterans were, however, more likely to be diagnosed with a psychotic disorder than were their White counterparts.

Douglas (2009) examined dissociative experiences in 317 undergraduates at a large university in the USA. The sample consisted of 190 Whites and 127 racial/ethnic minorities. African and Asian American undergraduates reported significantly higher frequencies of dissociative experiences than did their White counterparts. There was no significant association between anxiety, depression, trauma symptomology and reported dissociative experiences. Race/ethnicity moderated the relationship between dissociative experiences and depression, anxiety and trauma symptomology. The author concluded that, and 'higher levels of dissociation may serve as protective mechanisms against psychological distress' (p. 33). The proportion of variance in frequency of dissociative experiences attributed to psychological adjustments was unclear.

Anglin, Polanco-Roman and Lui (2015) studied the relationship between traumatic life events and positive psychotic symptoms in a nonclinical sample of 549 ethnic minority young adults. The sample included 224 Black, 168 Asian and 157 Hispanic undergraduates. Psychotic and dissociative symptoms were highly correlated ($r = .62$, $p < .01$). Although no gender difference in reported trauma history was found, Black participants reported significantly higher frequencies of trauma than did either Hispanic or Asian participants. Whereas dissociative experiences mediated the relationship between traumatic life events and psychotic symptoms, dissociative experiences did not appear to mediate this relationship in Hispanic and Asian participants to the same extent that it did in Black participants. The significant correlation between reported trauma history and psychotic symptoms was weaker, but remained significant, in Hispanic participants. This reduction might be because Hispanics reported less trauma than did Black participants, or because Black people are culturally predisposed to dissociation as a means of dealing with trauma than Hispanics or Asian participants were.

Dissociative experiences are a common direct response to traumatic experiences (Vermetten, Dorahy & Speigel, 2007; Campbell & Robinson, 2005) or an indirect response to disorganised attachment styles (Ijzendorm, Scheuengel & Bakermanans-Kranenburg, 1999). Whether race-related trauma gives rise to dissociative experiences in Black people in the absence of disorganised attachment styles remains uncertain. Dissociative experiences arguably exist along a continuum, with nonclinical dissociative experiences at one end (e.g., daydreaming) and clinical dissociative experiences (e.g., psychogenic amnesia) at the other (Edge, 2004). Paranoia might exist along a continuum, with nonclinical paranoia at one end (e.g., cultural paranoia) and clinical paranoia at the other (e.g., persecutory delusions and thought disorder) (Combs, Penn, Cassisi, Michael, Wood, Wanner & Adams, 2006). Hallucinations are also a common experience in clinical populations. Perhaps hallucinatory experiences, too, should be conceived of as existing along a continuum, with clinical hallucinatory experiences at one end and nonclinical hallucinatory experiences at the other (Barrett & Etheridge, 1992). Black people may be 2.5 times more likely to report hallucinatory experiences than their White counterparts are (Johns, Nazroo, Bebbington & Kuipers, 2002). However, Black people might not perceive hallucinations as evidence of mental illness in the same way as do their counterparts in other ethnic groups (Al-Issa, 1995; Dein et al., 2007).

Dissociation may be a means of "setting aside" traumatic psychic material until the individual can accept, digest and ultimately assimilate the intolerable. The potentially accumulative nature of racism might ensure that seemingly harmless or minor race-related events could trigger a stress reaction (Carter, 2007). Other psychological defence mechanisms might be brought to bear on the trauma of the subjective experience of racism (Cramer, 1987; Ellenberger, 1970). However, these other defence mechanisms would not give rise to the observed dissociative symptoms

often found in people with schizophrenia spectrum disorders. McWilliams (1994) defined psychological defence mechanisms as the mental and behavioural processes that protect the individual by helping to avoid or manage threats to the psychodynamic system. Andrews, Pollock and Stewart (1989) designed the Defense Style Questionnaire to measure 17 different psychological defence mechanisms and categorised them into three main groups: mature, 'neurotic and immature. Mature psychological defence mechanisms include suppression and sublimation. Neurotic defences include reaction formation and undoing, and immature defences include splitting, isolating (dissociating), and autistic fantasy. Dissociation is associated with high levels of anxiety and repression with low levels. Both involve the "turning away" of unwanted psychic material – known or unknown to the person (Brewin & Andrews, 2000).

Ashley and Holtgraves (2003) suggested that maintaining a façade of calm collectedness in the face of adversity indicates lower levels of anxiety and the repression of emotionally distressing content. If Black people repress their subjective experiences of racism, however, they might not necessarily be consciously aware of this unwanted psychic material and thus the reasons for their high levels of emotion and anxiety as observed in and associated with schizophrenia. Wegner and Zanakos (1994) defined 'suppression' as a psychological defence mechanism whereby the individual actively suppresses intolerable psychic material. They designed the White Bear Suppression Inventory (WBSI) to measure the tendency to suppress unwanted experiences. Holtgraves and Stockdale (1996) have shown that people who dissociate are fundamentally different from those who repress emotionally distressing experiences. Using the WBSI to examine the relationship between dissociation and suppression, Muris and Merckelbach (1997) found that dissociation was significantly and positively correlated with suppression, indicating that both immature and mature

defence mechanisms may be invoked to defend against unwanted thoughts and feelings. Black people who dissociate appear similar to those who suppress emotionally distressing experiences. Unlike those who suppress unwanted and distressing material, however, those who isolate unwanted thoughts and feelings seem to exert no conscious control over the process. Suppression may occur, whereby unwanted thoughts and feelings are isolated, but then the unwanted thoughts and feelings would not be visible to the individual or those assessing Black people for evidence of mental illness.

Dissociators may well be similar to suppressors, but Black people who find it difficult to suppress such unwanted thoughts might be more likely to become arrested at the dissociative phase of the cognitive process. Determining to what extent dissociative experiences enable Black people in the UK to control unwanted thoughts and feelings associated with the subjective experience of racism may, therefore, be useful in devising an appropriate treatment for those Black people who appear to be unable to deal constructively with the trauma of racism. Black people may consciously or unconsciously suppress their hurt feelings in response to the subjective experience of racism, and suppression may become automatised with anticipated racist experience (Steinberg, 1994). Since Black people are more likely to attribute their health and financial difficulties to racism than their counterparts from other ethnic groups (Gilvarry et al., 1999; Cooper et al., 2008), perhaps dissociative experiences are invoked to help manage race-related distress. Dissociative experiences may continue until Black people can better assimilate and accommodate the unwanted thoughts and feelings associated with perceived racism (Pinderhughes, 1973; Ross & Keyes, 2004).

A marked discontinuity may 'characterise dissociative experiences in the sense of self, agency, cognition, affect and behaviour, causing clinically significant distress and impaired social, educational and occupational functioning not attributable to

substance abuse or another medical condition' (DSM-V, 2013, p. 292). Unwanted intrusions into awareness and behaviour reflected in the fragmentation of identity, depersonalisation and derealisation, and the ability to access information or control mental functions normally readily accessible or controlled, could be as indicative of schizophrenia as of dissociative disorders. The symptomology of dissociative disorders and schizophrenia are both associated with cumulative and chronic stress (Selten & Cantor-Graae, 2005), and Black people often give the stress of perceived racism as the cause of their health and financial difficulties (Gilvarry et al., 1999). In broader society, the majority of Black people may actively suppress race-related cognitions, giving observers the impression of coping (Carter, 2007; Douglas, 2009; Sue, 1981). When Black people are unable to suppress race-related schemas, however symptoms of dissociative disorders and schizophrenia not readily distinguishable from each other may ensue (Moskowitz & Heim, 2011; DSM-V, 2013). In the next section, Western explanations of health and illness are critically evaluated.

1.4   Problems with Western explanations for Black emotional distress

Black people are often treated as one homogenous ethnic grouping or 'community whose heritage offers important characteristics in common between its members which make it distinct from other communities' (Berthoud, Modood & Parkin, (1997, p. 13). However, significant 'within-group' variation often ignored in the scientific literature (Babujani, Magani, Minch & Cavalli-Sforva, 1997). This within-group variation not only reflects a diversity of phenotype, religion, history and culture, but also a diversity of genetic background resulting from interactions with climate, migration and miscegenation over time (Risch, Burchard, Ziv & Tang 2002; Smedley & Smedley, 2005; Templeton, 1998). Although slave traders bought and sold Black African people in the UK from 1550 until the abolition of slavery in 1833

(Fanon, 1963), mass Black Caribbean economic migration did not begin until the 1950s, and mass Black African political migration until the 1970s (Gilroy, 1992). As economic migrants, the vast majority of Black people in the UK tend to live in the major conurbations such as London, Manchester, Leeds and Birmingham (Harrison, 2002). Over 78% of Black people of African descent and 61% of Black people of African Caribbean descent in the UK live in London (ONS, 2001, 2011). Although residing in the main conurbations or inner cities may provide the best means of finding and keeping paid work, it is also a major source of stress, social disadvantage and racial discrimination, all of which correlate significantly with schizophrenia (Cantor-Graae, 2007).

The social status of Black people in the UK is typically unrelated to their Black African cultural heritage, in the way it is in Brazil or France, for instance (Fanon, 1963. 1967; Hall, 1992, 1995). A silent animosity persists between Black people of African Caribbean origin and Black African people, that is rarely if ever expressed in the scientific literature (Cross, 1991; Harvey, Labeach, Pridgen & Gocial, 2005; Phinney, 1990; Reynolds, 2004). Whether this 'within-group' animosity is related to the historiography of Black people of Caribbean and African descent remains unclear. Some ethnic Black people go to great lengths to create a collective identity of their own, to define what is and is not 'Black culture' (Durkheim & Dixon, 2005). Those who fail to conform to such definitions often present as a 'problem or enigma' (Hall, 1995), risking isolation in and alienation from their ethnic group (Nobles, 1973). Some differences in the experience of being Black in the UK are evident in the social trends observed in UK national statistics. These indicate that all Black people do not experience discrimination and disadvantage equally. For instance, Black African students are more likely to outperform their Black Caribbean counterparts

academically and less likely to leave school without any qualifications than are their Black Caribbean counterparts are (ONS, 2011).

Even when differences in educational achievement are controlled for, Black people do not seem to reap the rewards in the workplace (Alleyne, 2004; Carmichael & Woods, 2000). For instance, although Black African and African Caribbean people occupy similar managerial or professional occupations and routine or semi-routine occupations to White British people, Black African people are 2.7 times as likely to be unemployed than their Black African Caribbean counterparts are (ONS, 2011). The 'Home Office Citizenship Survey (Home Office Research, Development and Statistics Directorate (HORDSD (2004, 2004, 2006) and Department for Communities and Local Government (DCLG), 2007, 2008) have consistently shown that up to 35% of Black people believed they had been denied employment because of their race. Unemployed Black people with low educational achievement and those who are poorly paid are likely to live in the poorest neighbourhoods and to experience overt and covert racial discrimination (Cantor-Graae, 2007; Campbell, 2011; Kirkbride, Morgan, Fearon, Dazzan, Murray & Jones, 2007). Such socioeconomic factors limit life chances and undermine Black families intergenerationally (Allen, 2009; Reynolds, 2004), putting them at risk of social defeat and failure in the wider society (Selten & Cantor-Graae, 2005). To speak of Black people as though their experience of being Black in the UK is homogeneous can, therefore, lead to serious errors in government policy and consequent disparities in their intergenerational effect (Black-Hawkins, 2010; Campbell, 2013; Gillian, 2009; Reynolds 2004; Sashidharan, 2003, 1993, 1990).

Within-group differences in the sense of belonging and intragroup marginalisation affect how Black people feel about themselves as individuals and as an ethnic group (Brown, 2008; Franklin, 2004; Greer, 2007; Ogbu, 1999; Ojala & Nesdale, 2004). Ethnic density may appear to protect health in Black African UK

citizens, but may not be as protective of Black Caribbean people in the UK as some researchers suggest. For instance, Bécares, Nazroo and Stafford (2009) found that ethnic minority people living in areas in which they believed the majority of people shared their ethnic identity reported less racism and psychotic symptomology and better health outcomes than their ethnic counterparts in areas of low ethnic density. This disparity, however, was not significant in areas in which Black Caribbean people perceived that the majority of people shared their ethnicity (Bosqui, Hoy & Shannon, 2014; Whitley, Prince, McKenzie & Stewart, 2007). Most studies to date suggest that Black people, living in areas where they are a majority, experience social and economic difficulties disproportionately to their counterparts living in areas where they are in the minority (Pickett & Wilkinson, 2008). The reasons why this should be the case remains unclear. Whereas ethnic density provides some protection against from perceived racism for some minority ethnic groups, this does not appear to be the case for Black Caribbean people (Bécares, Nazroo, Jackson & Huevelman, 2012).

Black people using mental healthcare services in the UK often complain that too many health and social care professionals do not share their understanding of being-in-the-world as Black people, or are unable to understand the difficulty some Black people face in dealing with the problem of racism (Keating, Robertson, Francis & McCulloch, 2002; Newbigging & McKeown, 2007). Black people may construct and cognitively appraise aspects of their lived worlds differently from those evaluating them (Dein et al., 2007; Kareem & Littlewood, 1992; Rose, 1997). Mental health professionals who are unable to understand the significance of this difference in construing everyday experience are more likely to derive different interpretations of recounted experience. Difficulties will more likely be attributed to disposition rather than rather the situation (Bentall, Corcoran, Howard, Blackwood & Kinderman, 2002; Jadhav, 1995; Littlewood, 1996). A 'fundamental attribution error' may arise,

confounding corresponding explanations for health or illness (Allisson & Mellick, 1985; Bentall et al., 2001, 2002). Furthermore, Black people who may not share Western conceptual explanations for everyday experiences are more likely to disagree with a diagnosis of mental illness and to refuse to comply with any treatment offered (Littlewood, 2002).

Differentiating between criteria indicating a dissociative disorder and psychosis remains difficult. Each presents with an array of symptoms and must cause significant distress to the sufferer to invoke professional concern. In Figure 1, Escobar (2004) shows how in different parts of the world dissociative states appear to be valid forms of expressing psychological distress. These presentations are not considered evidence of mental disorder requiring treatment, in the same way as they might be in Western societies. On the one hand, reported dissociative experiences might suggest that slight deviation from the norm is a meaningful way of separating aspects of everyday experience from loss of memory or interrupted flow of consciousness (Csikszentmihalyi, 1992; Csikszentmihalyi & Csikszentmihalyi, 1988). When observed in some Black people, this kind of dissociation is a pervasive response to the experience of racism, but not maladaptive (Douglas, 2009). On the other hand, some Black people may be unable to deal constructively with the threat to the integrity of their own racial/ethnic identity in relation to inferences others make about their "Blackness" (Bryant-Davis & Ocampo, 2005; McWilliams, 1994; Sanchez-Huclés, 1998).

Figure 1

Escobar (2004) Dissociation/Possession States

Table

Dissociation/Possession States

Asian

Amok: period of brooding followed by an outburst of violent behavior

Latah: hypersensitivity to sudden fright; trance-like behavior

Latin American

Susto: illness attributed to a frightening event that causes the soul to leave the body; symptoms are variable

El espanto: synonym for *susto*

El duende: an evil spirit who possesses a person

Mal ojo: "evil eye," mainly afflicts children; heats the blood and causes fever and vomiting

North American Indian

Ghost sickness: preoccupation with death; symptoms include weakness, fainting, dizziness, anxiety and hallucinations

Jewish Folklore

Dybbuk: soul of a dead person that enters the body of a living person and controls them

Source: Escobar JI (2004)

Jarvis (2007) draws attention to the vivid descriptions of Black people in distress over time. Such descriptions have not changed since the 1840s. For instance, the idea that 'freed' Black people were 'inherently more susceptible to psychotic symptoms than their White counterparts, and unless constrained physically or medicinally, they will become victims of their excesses' (Jarvis, 2008, p. 231). In the past, such views were expressed to maintain the prevailing social order, (i.e., slavery).

'Emancipation, according to White physicians, freed the slaves to a condition of deteriorating physical and mental health by their inability to exercise restraint and proper self-care. In the perception of health professionals, the natural tendencies of blacks to suspicion, superstition, excitement and lack of emotional control predisposed them to psychosis. In general, blacks were felt to have lower rates of psychosis in what were understood by whites to be less demanding environments such as slavery compared to freedom and, later, living in the traditional South versus the industrial North.'

(Jarvis, 2008, p. 232)

Western explanations for the expression of emotional distress in Black people often conflict with the explanations that Black people themselves provide. Often, Black people may appear to lack insight into or awareness of their mental health state, simply because their explanation differs from that of clinicians and others in positions of authority (Kilshaw, Ndegwa & Curran, 2002). Mental health professionals unable to understand the significance of this difference in construing everyday experience are more likely to derive different interpretations of recounted experience. These differences may reflect a predisposition to diagnose schizophrenia in Black people or serve as evidence of an attributional error. Nonetheless, racism and the potential effect

of racism on future social interaction may be sufficiently traumatic to induce dissociative experiences in Black people (Bryant & Ocampo, 2005; Sanchez-Huclés, 1998). In the next section, I will explore dissociation as a function of health or illness.

1.5   Dissociation in Black people: health or illness

Dissociation may be delineated along a continuum of dissociation, from pathological non-pathological dissociation (Moskowitz, 2011). Individuals who isolate distracting or threatening aspects of their lived worlds from waking consciousness may not necessarily be mentally ill. Edge (2004) points out that some people, such as Shamans, purposefully seek to dissociate from everyday experience and enter a 'dream state' in a way that appears to have cultural validity and nothing to do with mental illness. Dissociation has long been described as a psychological defence mechanism with psychological components such as self-identity encompassing the body, social roles, values, attitudes and goals (Foote, Smolin, Kaplan, Legatt & Lipschitz, 2006). Some Black people seem to invoke this psychological mechanism to defend against perceived racism. Hooks (1992, p. 169) describes racism as follows:

> I want to focus on that representation of Whiteness that is not formed in reaction to stereotypes but emerges as a response to the traumatic pain and anguish that remains a consequence of White racist domination, a psychic state that forms and shapes the way Black folks "see" Whiteness.

Hooks (1992) described racism as traumatic pain and anguish arising from the domination of Black people by White. However, racism is not simply about domination; it is about perceived negative appraisal and rejection of the Black body in contexts in which proximity is important (MacDonald & Leary, 2005).

Although skin tone as a single distinguishing criterion has been widely discredited (Berthoud, Moodley & Parkin, 1992), I have previously argued that skin tone and country of family origin remain distinguishing features that set Black people apart without making them independent (De Maynard, 2006). Central to the experience and anxious expectation of race-based rejection is perceived concern and preoccupation with aspects of the Black body, and the effect that perceived concern and preoccupation could have in the context of future social interaction. In work-related situations in which status and money are coveted, Black people may find themselves relating to individuals who do not appear to value that within which Black people are embodied (Dovidio, Kawakami & Gaertner, 2002). In such situations, Black people may be required to maintain proximity to those with opinions about Black people that conflict with their own and undermine self-perception and identity security (Downey & Feldman, 1996; Freyd, Martorello, Alvarado, Hayes & Christman, 1998). Judgements about the aesthetic or functional value of the whole or part aspects of the physical Black body determine the degree to which others grant or deny proximity (Bandura, Barbaranelli, Capara & Pastorelli, 1996; Bowlby, 1969, 1973, 1980; Downey & Feldman, 1996). Black people may construct "relational race-based schemata" to represent these relationships, whereby proximity to those who can help and support the Black people depends on the positive evaluation of their attributes and characteristics. These mental representations of oneself in relation with the world may then be used to interpret new or different future experiences in ways that reflect a form of "racialised body image disturbance", internal conflict, and emotional distress (Cash & Grasso, 2005; Westen, 1985, 1991).

Although racial differences are not based on empirical fact (Templeton, 1998), race and racism as social constructs are confounding variables in the aetiology of schizophrenia (Dein et al., 2007; Jarvis, 2008; McKenzie, 2006). Perceived concern

and preoccupation with an individual's Black body constrains the extent to which Black people as an ethnic group embed, and are embedded, in their family relationships, social networks, communities and society (Morgan & Swann, 2004; Morley, 2012; Reynolds, 2004). An imbalance of institutional, interpersonal, social and power characterises the political and social construction of race and racism, increasing the propensity of some Black people to interpret everyday sensed experience as derogatory and directly related to his or her phenotype (Carter, 2007). In the absence of other explanations, Black people sensitised to perceived racism are more likely to attribute accumulative and chronic academic and socioeconomic failure to factors beyond their control than to any enduring shortcomings in themselves (Bentall, Kinderman & Kaney, 1994; Hoyt, Aguilar, Kaiser, Blascovich & Lee, 2007).

Olweus (1994) defines bullying as 'repeated exposure to the negative actions on the part of one or more person resulting in physical and emotional injury' (p. 1173). Race-related bullying may be real or imagined, but a true reflection of experience. Race-related bullying is defined here as '*repeated exposure to negative actions, on the part of one or more persons, resulting in physical and emotional harm and the need to question self-perception and identity"*. Perceived race-related bullying is defined here as '*the perception of repeated exposure to negative actions on the part of one or more persons, resulting in physical and emotional harm and the need to question self-perception and identity'.* Perceived race-related bullying or perceived racism stems from the belief that a particular ethnic group should treat other ethnic groups differently according to the extent to which perceived phenotypical, cultural or religious differences are appraised and evaluated (Chakraborty & McKenzie, 2002), and begins from an early age. The Department for Education and Schools (DfES, 2002) in the UK found that 25% of minority ethnic pupils in the sample had experienced racist name-calling in the previous seven days. The abuse had continued

over an extended period for one in six of those interviewed. In 2005, the Hampshire Education Authority found that one-fifth of Year Nine pupils had experienced race-related bullying at school in the previous 12 months. In Years Six and Seven, the proportion was approximately a quarter (23% and 25%, respectively), and in Year 2 it was more than 37% (DfES, 2006). Black people worry about race-related incidents (DCLG, 2003, 2004; HORDSD, 2006, 2007, 2008; Home Office, 2012, 2016). This anticipatory fear or worry of racism is likely to have a negative impact on their mental health (Bryant & Ocampo, 2005; Carter, 2007; Miller, 2009; Sanchez-Huclés, 1998; Sue et al., 2007).

Interestingly, as mentioned above, Black people detained for the assessment and/or treatment of schizophrenia often blame racism for their presenting health and financial difficulties (Chakraborty & McKenzie, 2002; Cooper et al., 2008; Gilvarry, et al., 1999; Kirkbride et al., 2008; Lawlor, Johnson, Cole & Howard, 2012). Institutionally-derived positive or negative behaviour towards an individual or group based on positive or negative beliefs about that individual or groups might constitute a form of social betrayal trauma that compounds pre-existing trauma. According to *Betrayal Trauma Theory* (Freyd, 1994), betrayal of trust, particularly childhood abuse and neglect, can cause severe emotional distress and social dysfunction, increased risk of further victimisation, perpetration of ill-treatment and various mental health and social problems. The symptom cluster known as Post-Traumatic Stress Disorder (PTSD) arises from two conceptually independent dimensions of trauma (Freyd, De Prince & Zurbriggen, 2001). The first dimension of 'life-threat' might be most salient where symptoms of anxiety, hyperarousal, and intrusive thoughts and memories are evident. The second dimension of 'social betrayal' is more salient when symptoms of dissociation, numbness, and constricted or abusive relationships are present. Under such conditions, Black people often find themselves in social situations they cannot

avoid and in which their views, attitudes and values conflict with those they relate to and those in positions of relative power. Jaspers (1951) referred to situations that threaten to annihilate a person in relation to others as 'limit situations'. In limit situations a person cannot avoid, such as the classroom, work or hospital, social betrayal trauma might give way to mental disorder (Freyd, 1994, 1996).

Deriving an integrated model that adequately deconstructs the subjective experience of racism as a function of the negative appraisal of the Black body has not yet been attempted. Some researchers propose a gene-environment interaction hypothesis for schizophrenia, implicating accumulative and chronic social failure or 'social defeat' in the sensitisation of the mesolimbic dopaminergic system, which increases the risk of schizophrenia (Selten, van der Ven, Rutten & Cantor-Graae, 2013). The accumulative and chronic effect of real or perceived race-related stress and subsequent academic, economic, and social failure or defeat thus sensitises the mesolimbic dopaminergic system in the brain, increasing susceptibility to psychosis. Race or ethnicity might not determine whether mental health services systematically pathologised and detained Black people under the Mental Health Act in the UK (Burns, Tyrer, Islam, Parsons & Crawford, 2013; Singh & Burns, 2006, 2007). However, 'minimal attention has been devoted to understanding the stress that stems from (racial) discrimination and other conditions associated with membership in a stigmatised group' (Brown, 2008, pp. 54-55). The conflation of 'race', nationality and ethnicity (Brown, 2008) and the inconsistent methods of measuring perceived racism in research (Paradies, 2006; Thompson & Neville, 1999) might ensure that the relationship between psychosis and the subjective experience of racism remains elusive.

As there is little evidence of misdiagnosis in the literature (Selten & Hoek, 2008), it would appear that either there is a clinical bias towards diagnosing

schizophrenia in Black people (Dein et al., 2007; Jarvis, 2008) or that environmental factors conspire with biological and genetic factors, resulting in schizophrenia-like symptoms disproportionately occurring in Black people (Selten et al., 2013). Without determining the relationship between perceived racism and schizophrenia and ensuring appropriate and consistent application and interpretation of measurement instruments (Zandi, Havenaar, Limburg-Okken, van Es, Sidali, Kadri, van den Brink & Kahn, 2008), the overrepresentation of Black people in the mental healthcare system in the UK is likely to persist (Sashidharan, Duffy & Bhui, 2014; Selten & Hoek, 2008). Perceived racism might limit personal agency, self-efficacy and confidence in Black people. The context within which Black children and young adults learn how to deal with perceived hate, disgust and intolerance is crucial to their developing resilience (Castelli & Tomerelli, 2007; Howarth, 2006; Crocker & Major, 1989; Gopaul-McNicol, 1988, Thomas, 2000). Black children learn as much about themselves in groups of their peers as they do from their parents (Castelli, Carraro, Tomelleri & Amari, 2007; Castelli, Zogmaister & Tomelleri, 2009; Harris, 1995; Morrow, 1999; Verkuyten, 2002). The opportunity to talk through race-related issues using social networks might reduce race-related stress (Helms, 1990; Phinney, 1992; Pinel, 1999; Sellers, 1997), but the effects of ethnic group orientation, ethnic pride and social capital on race-based rejection sensitivity might be limited in the absence of sufficient knowledge and skills to develop resilience (MacDonald & Leary, 2005). Some Black people may maintain kinship ties with families and friends, which are beneficial to a sense of belonging and ethnic identity (Maxíme, 1986; Reynolds, 2004). In the absence of sufficient self-efficacy, personal agency and confidence to achieve academically, economically and socially, however, the effect of social capital on race-related stress seems limited (Ajrouch, Reisine, Sungwoo, Sohn & Amid, 2010; Lightsey & Barnes, 2007; Bécares, Nazroo, Jackson & Huevelman, 2012).

Risk factors outside individual or ethnic group control might limit the extent to which personal agency, self-efficacy and confidence bolster resilience to social adversity (Sue et al., 2007). Black parents might use negative overtones about skin colour when communicating with their children and adolescents, almost as though they forget that their children are Black (Banks, 1992). Black children may mimic their parents or take subliminal cues from factors in their lived worlds (Berry, 2003; Castelli, De Dea & Nesdale, 2008; Sinclair, Dunn & Lowery, 2004). When mentally represented, these relational race-based schemata enable those children to apply prejudicial thoughts and feelings about Black people to new and different future interactions (Westen, 1985, 1991). By identifying with their parents, more securely attached Black children may also identify with their prejudice (Banks, 1993; Castelli, Zogmaister & Tomelleri, 2009). Less securely attached Black children are not likely to acquire the prejudices of their parents (Sinclair, Dunn, Banks & Lowery, 2004). Contexts tinged with the perception that trust is threatened or betrayed may further compound the anxious expectation of race-related rejection, promoting insecure ethnic identity, psychopathology and ill health (Bryant-Davis & Ocampo, 2005; Freyd et al., 2001; Mendoza-Denton, Downey, Purdie, Davis & Pietrzak, 2002; Sanchez-Huclés, 1998). The apparent inability of a Black person to help and support him or herself financially – to be self-efficacious and have personal agency – often results in family and friends referring their loved ones to mental health services as I and others have previously argued (De Maynard, 2008; Morgan et al., 2005). Unfortunately, involving health and social care services might be perceived as a 'betrayal of trust', further traumatising an already vulnerable Black person who is susceptible to psychosis and sensitised to perceived racism (Freyd, 1994, 1996; Freyd et al., 2001).

Where academic and socioeconomic failure and defeat is weighted against the parental, personal and societal expectation of success (Benner & Mistry, 2007; Zhang,

Haddad, Torres & Chen, 2011), the fear of academic and subsequent socioeconomic failure might prove so debilitating that mental illness ensues (Selten et al., 2013). Superficially, Black people might seem to cope with race-related stress, while harbouring deep-seated anger, intrusive thoughts and feelings, vulnerability and sadness (Armstead, Lawler, Gordon, Cross & Gibbons, 1989; Franklin & Boyd-Franklin, 2000). Whether stigma consciousness or the anxious expectation of being stigmatised can pre-empt academic, social and economic failure or defeat remains unclear (Pinel, 1999). However, the accumulative and chronic effect of perceived race-related socioeconomic disadvantage and deprivation, compounded by perceived social betrayal, can result in dopamine dysregulation and dissociative symptoms in Black people susceptible to psychosis and sensitised to perceived racism (Freyd, 1994; Selten et al., 2013).

Although a considerable body of research on the effects of childhood abuse exists (De Prince & Freyd, 2001; Freyd, 1994, 1996), few studies on the positive and negative effect of racial discrimination on self-esteem and identity security in Black people in the UK from an early age. According to Sanchez-Huclés (1998), emotional abuse 'consists of both acts of commission and omission that are psychologically damaging and can be perpetuated by groups or by individuals' (p. 73). Miller (2009, p. 41) highlights the difficulty that non-dominant group members might experience in attributing psychological trauma to race-based stressors in situations in which racial discrimination is 'insidious, pervasive and ubiquitous'. Race-related incidents involving verbal, physical or other abuse and resulting in injury fit the standard definition of trauma at the individual level (Carter & Forsyth, 2007). Therefore, race-related experiences could be traumatic for Black people for whom 'race' is salient, inducing dissociation to the same extent as in other cases of neglect, abuse or post-

traumatic stress disorder (Bryant-Davis & Ocampo, 2005; Carter, 2007; Sanchez-Huclés, 1998; Sue et al., 2007).

The DSM-V (2013) defines PTSD as an anxiety disorder that 'always follows a traumatic event which causes intense fear and helplessness in an individual' (Code 309.81). The symptoms often appear shortly after the event but may take years to develop. Symptoms include re-experiencing the trauma through nightmares, obsessive thoughts and flashbacks. The duration of symptoms is at least one month for this diagnosis. The individual avoids situations, people or objects that remind him of the traumatic event. For example, a person experiencing PTSD after a serious car accident might avoid driving or being a passenger in a car. Finally, there is a general increase in anxiety, often including a heightened startle response (Bryant, 2007). Dissociation is more likely to mediate traumatic life events and psychotic symptoms in Black people than in their Hispanic, and Asian counterparts are (Anglin et al., 2015), but this may be due to Black people reporting more traumatic life events.

Perceived racism may not only be considered stressful in those sensitised to it (Crocker & Major, 1989; Utsey, 1998; Clark, Anderson, Clark & & Williams, 1999), but also traumatic in those Black people for whom race is salient (Bryant & Ocampo, 2005; Carter, 2007; Sanchez-Huclés, 1998; Sue et al., 2007). Some Black people may well re-experience the race-related trauma through nightmares, obsessive thoughts and flashbacks, and thus be more likely to avoid people, places and events that remind them of such experiences (Franklin, Boyd-Franklin & Kelly, 2006). Where the objective or subjective experience of racism invokes the possibility of death, serious injury or physical or emotional harm damage, racism can be as traumatic as any other form of abuse (Bryant-Davis & Ocampo, 2005; Carter, 2007; Jernigan & Henderson, 2011; Scurfield & Mackey, 2001).

Trauma-induced dissociative attachment prohibits reality checking (Allen, Coyne & Console, 1997). Hence, some Black people might anxiously anticipate the experience of racism but fail to test their assumptions against reality in new or different social situations (Freyd, 1994, 1996). The subjective experience of racism might explain the disorganised thought, paranoia and persecutory delusions mental healthcare professionals often found observed in Black people in distress in the UK (Combs et al., 2006; Spauwen, Krabbendam, Lieb, Wittchen & van Os, 2006). Psychologically dissociating the self from the meaning attributable to one's phenotype may indicate the extent to which an individual's psyche integrates everything that constitutes a person's racial or ethnic identity in relation to a lived world that appears constantly hostile (Landrine & Klonoff, 1996; Sinason, 2000). Black people who dissociate may assume an altered identity to avoid or escape the emotional pain of race-related lived experience (Bryant-Davis & Ocampo, 2005). They may be unable to recall important information in a way too extensive to be explained by ordinary forgetfulness, prompting family and friends to seek professional help (Freyd, 1996, 1994).

In those experiencing the perception of stereotypical threat, the danger is very real (Steele & Aronson, 1995); especially when directed towards a whole or part aspect of their Black person (Larsen, 2004). Human identity, however, appears bi-directional, incorporating both individual and ethnic group membership (Krippner, 1997). Movement along a continuum of stigma consciousness might transcend social identity as an ethnic group, yet tend towards social identity as an individual in the other (Pinel, 1999). In proposing that many of the dissociative phenomena observed in people may be misidentified, Krippner (1995) further developed this bi-directional model into a 'model of cross-cultural comparisons', emphasising the extent to which reported experiences and observed behaviour appear disconnected yet culturally-

bound. Van Deurzen (1997), however, suggested that there are physical, social, personal and spiritual ways of being-in-the-world. Therefore, being-in-the-world may best be perceived as a relational, multidimensional construct. Mild, transient feelings of depersonalisation, derealisation and imaginative involvement appear to be normal experiences for most people and reflect an individual's ability to imagine him or herself in various ways of being-in-the-world (Bernstein & Putnam, 1986; Carlson & Putnam, 1993; Edge, 2004). Accumulative and chronic dissociative experiences, however, might not be commensurate with health, a sense of well-being and a sense of personal worth in Black people.

Purposeful induction of altered states using meditation differs qualitatively from the pursuit of an altered state with the specific purpose of dealing with traumatic or disturbing experiences only at the level of conscious awareness and control (Castillo, 2003; Krippner, 1997). Dissociation may be achieved purposefully for its sake (Brunet, Holowka & Laurence, 2001) and for the specific purpose of defending against unresolved issues (Ellenberger, 1970). Without carefully considering the context within which the presenting mental state is found and critically appraising presenting symptoms using standardised tests, the implicit attitudes of clinicians will probably continue to compound the assessment and treatment of Black people who present in a state of emotional distress, with obvious intergenerational consequences (Moskowitz, Stone & Childs, 2012). Clinical evaluation of Black people's behaviour in mental health care settings may seriously conflict with the experience of those being evaluated (Keating et al., 2002; Secker & Harding, 2002; Wilson & Francis, 1997).

Black people who fail to resolve psychological issues arising from perceived racism are likely to employ psychological defences such as dissociation. Sue (1981) commented on the apparent calmness, imbued with some anxiety, expressed in relation to experienced racism. McWilliams (1994) argued that some forms of

dissociation might not only make everyday functioning possible but might also enhance an individual's ability to function. Apparent calmness and a little anxiety, however, are not usually associated with dissociation (Holtgraves & Stockdale, 1997). Dissociation is not the only mechanism employed for this purpose, but people show a preference for employing some psychological defence mechanisms as opposed to others, according to their early experiences (McWilliams, 1994). Indeed, Rose (1997) described how young children brought their "internalised racism" into the therapeutic counselling session and externalised or projected their anger, shame and guilt about being visibly Black compared to the therapist. Pervasive, persistent shame acquired in early childhood tends towards a sense of low self-worth, powerlessness and negative self-image (Schmitt & Allik, 2005; Branscombe, Schmitt & Harvey, 1999). For 'the Black man amongst his own in the twentieth century does not know what moment his inferiority comes into being for others' (Fanon, 1967, p. 109), but in situations in which Black people's "will-to-power" seems thwarted, his or her inferiority reveals itself (Neimeyer, 1895/1968). Black people may dissociate in anticipation of the inevitable until they can safely assimilate and accommodate the inevitable (Pinderhughes, 1973; Ross & Joshi, 1991). In the next section, I will explore the human need for relatedness, and propose and apply an integrated object relations and social cognition model of racial identity to the development of the fragmented Black self.

1.6   Dissociation and the fragmented self

A primary assumption of Object Relations Theory is the human need for relatedness, beginning in infancy (Fairburn, 1952; Bowlby, 1969, 1973, 1980). People are motivated to associate themselves with those who can help meet their needs and

reject those who cannot. Personality distortions occur when the need for relatedness is 'thwarted, or not met, due to pain, anxiety-provoking, and unempathic experiences' (Westen, 1991, p. 431). In relation to the world, Black people do not merely internalise racism (Sellers et al., 1997), but actively construct mental representations or race-based relational schemas about themselves in relation to other people, places, things, events – "objects" in their lived worlds (Bandura, 1986). Object Relations Theory explains how individuals construct mental representations of self in relation to others (Greenberg & Mitchell, 1983), and Social Cognition of Object Relations concerns itself with how individuals process social information (Westen, 1985; 1991). The Model of Nigrescence proposed by Cross and Thomas (1971) presupposes the importance of developing a positive racial identity. Franklin-Jackson and Carter (2007) argued that the failure to presuppose the importance of racial identity might put some Black people at risk of experiencing emotional distress. A new model is therefore proposed and developed in Chapter 2. This integrates object relations, social cognition and racial identity, consistent with the notion that Black people construct mental representations of self in relation to others (Horowitz, 1988) and that these mental representations reflect the development of a racial/ethnic identity that is racialised in situations from a very early age (Shelton & Sellers, 2003). Attention will be drawn to the Black person's physicality as a racialised black object for others (Miles, 1989). The evaluation of the Black body determines the proximity others are prepared to maintain in relation to the person (Klein, 1959) and the quality of the attachments he or she has to significant others (Bowlby, 1982, 1973).

The human need for relatedness brings Black people into direct conflict with those who would apportion aesthetic or functional value (Heidegger, 1927/1962), determining the proximity that Black people are permitted (Downey & Feldman, 1996). It is difficult to form secure attachments with those who can help and support

the Black person to gain mastery over the world when those people cannot bear being in proximity to aspects of his or her Black body. Many writers have identified defining features, including skin tone, breadth of the nose and hair texture, as aspects of the Black body commonly ridiculed and devalued by others (Coard, Breland & Raskin, 2001; Hajnis, Farkas, Ngim, Lee & Venkatadri, 1994; Miller, 2001; Wade, Dyckman & Cooper, 2004b). Although there is nothing "wrong" with the physical features of the individual (Veale, 2004), in relations with others the individual may come to believe that something about his or her physical person is unattractive or socially undesirable (Cash & Grasso, 2005; Philips, Atala & Pope, 1995; Philips, Nierenberg, Brendel & Fava, 1996). The physical features that have come to define Black people in relation to others often lead to racialised body image disturbance. Mental representations or relational race-based schemas, constructed in relation to those who would ridicule or devalue those aspects of the Black body that have come to define Black people, may be reactivated when primed in new or different external, stable, ambiguous situations. Such experiences may result in the disintegration of the self-construct and the reinforcement of an earlier constructed negative self-schema (Sedikides & Green, 2000), according to the extent to which the subjective experience of racism is salient (Clark, 2004; Branscombe et al., 2002; Major & O'Brien, 2005). Some Black people might anxiously expect race-related rejection (Mendoza-Denton et al., 2002), especially when they have experienced race-related animosity or rejection as an individual (Downey & Feldman, 1996) or as a member of a stigmatised ethnic group in the past (Major & Croker, 1989).

When confronted with their sense of powerlessness to alter how others perceive their physicality, Black people may react differently, according to how they appraise the event/situation. Some may react violently (Combs et al., 2006); others may suppress their race-related thoughts and feelings (Wegner, 1989), becoming sad

and depressed (Jernigan & Henderson, 2011), or try to avoid or escape such experiences by embedding themselves in groups of people who share their phenotype (Stafford, Bécares & Nazroo, 2010). Early primal traumatic experiences of racism thus represent the primal 'split' - the fragmentation of the Ego. To protect the Ego, identity security and self-esteem, some Black people may invoke immature psychological defence mechanisms, such as dissociation (Cramer, 1991). Dissociation is a completely 'normal psychological process, that may initially be used defensively by the individual to handle traumatic experiences' (Putnam, 1989, p. 9). In the short-term, a person might appear to cope and function adequately in society (Douglas, 2009; Barnes & Lightsey Jr, 2007; Sue, 1981). However, when early primal race-related traumatic schemata are reactivated in the context of new or different race-related incidents, dissociation invoked defensively might become maladaptive, resulting in cognitive vulnerability (Selten & Cantor-Graae, 2005), low self-esteem (Helms, 1993; Landrine & Klonoff, 1996) and identity insecurity (Shweder, Minow & Marcus, 2002). Bolstering resilience in Black people from an early age might reduce the impact of race-related incidents on mental health, significantly improving the health of the nation as a whole (Morley, 2011).

It is still not clear why Black people in the UK are more than three times more likely to be detained under the Mental Health Act for the assessment and treatment of schizophrenia than are their White counterparts are. Research reveals that biological and socioeconomic factors are not significantly associated with schizophrenia in isolation. Black people with schizophrenia often attribute their health difficulties to racism. If accumulative and chronic stress is associated with social failure and defeat; accumulative and chronic race-related stress might be so traumatic in susceptible Black people that dissociative experiences indicative of schizophrenia spectrum disorders ensue. If racism is a common experience of Black people in the UK, Black

people commonly attribute their mental health difficulties to racism, and the symptomatology of dissociative disorders remains difficult to distinguish from that of schizophrenia, there should be evidence of this relation in a nonclinical sample of Black people in the UK. However, no studies have been conducted examining the relationship between perceived racism and dissociative experiences where the Black body is at the centre of the experiencing. Therefore, this thesis will examine the relationship between perceived racism and dissociative experiences in a nonclinical sample of Black people in the UK. In the next chapter, I will outline and operationalise race-related schemas, perceived appraisal of the Black body and the effect of that appraisal on future social interaction from an integrated object relations and social cognition model of racial identity.

Chapter 2

Introduction:

While there may be very few cultural differences between different ethnic groups within the UK (Solomos & Goulbourne, 2003), skin tone is still used to differentiate Black people from others phenotypically without making them independent as I have previously argued (De Maynard, 2006). Aspects of the Black body, such as skin tone and hair texture, are often stigmatised and have come to define Black people as an ethnic group, determining how events and social interaction involving Black people are appraised (Payne, 2001). To understand what it is about Blackness that invokes the cognitive miser in others requires it seems an exploration of what Blackness means. Nordgaard et al. (2008) suggested that the absence of a phenomenological approach with which to describe this behaviour means that these psychological phenomena remain poorly defined. In order to theorise how dissociative experiences might mediate the subjective experience of racism in Black people in the UK, it is, therefore, necessary first to 'go to the thing itself', (i.e., the object of others' intention – the Black body). Although Black people are more than the sum of their component parts, eidetic reduction employed in order to explore 'embodied Blackness' should reveal how Black people are often reduced to being an 'object for others', phenomenologically. In itself, skin tone is meaningless. When one considers the possibilities of someone possessing one particular skin tone as opposed to another in relation with others, the limitation of personhood might be readily inferred. The pre-existence of stereotypes based on evaluations of phenotype determine the extent to which rights and privileges are conferred in past, present and future situations.

Racism, real or imagined, can and does threaten mental health because it limits the possibilities that Black people may enjoy relative to others. The social context within which Black people find themselves is important in terms of how they symbolically represent and activate information in novel situations. Being stigmatised, or the fear of being stigmatised, in relation with others not only limits personal agency, confidence and self-esteem but may also cause some Black people to change their appearance to look more like the dominant ethnic group. Black people sensitised to racism may apply an attribution style that reflects an underlying anxious expectation of race-based rejection in stable, uncontrollable, ambiguous situations. Repeated challenges to racial identity and autonomy could result in ontological insecurity, identity confusion and fragmentation, manifest in the mental representations Black people have of themselves. In this chapter, Blackness is phenomenologically explored, to understand its essence and to develop an integrated model of object relations and social cognition of racial identity, to demonstrate how race-related experience might be represented mentally. This new theoretical model will be used to explain how, having attributed academic and socioeconomic defeat, for example, to cumulative and chronic race-related stress, Black people sensitised to perceived racism may mentally represent socially constructed experiences as race-related schemas.

2.1 A phenomenological approach to Black racial identity

Whilst phenotypical differences are objectively observable, such differences cannot be meaningfully quantified. Despite there being no scientific basis for either 'race' or 'ethnicity' (Diamond, 1999; Templeton, 1998), these constructs are often used interchangeably, both socially and politically, as a basis for differentiating between individuals and social groups (Bradby, 2012). The behaviours of ethnic groups are often perceived as fixed, immutable, and indicative of people who share

observed visible morphological characteristics. Such categorisation reflects the human propensity to rationalise experiences, limiting the extent to which social comparison and appraisal of ability, opinion, attractiveness, emotion and behaviour may be compared and appraised (Mussweiler & Epstude, 2009). According to the essentialist view, certain races are characterised by essential characteristics. Although the concept of 'race' is not based on scientific fact, racism in the form of prejudicial thoughts, feelings and behaviour towards certain races or ethnicities is very real to those experiencing it, adversely affecting health and well-being (Bhui, Stansfeld, McKenzie, Karlsen, Nazroo & Weich, 2005; Krieger, Smith, Naishadham, Harman & Barbeau, 2005). Before attempting to explore the problem of racism, however, it seems necessary to evaluate the concept of 'Blackness' as a project of the phenomenological investigation.

According to Heidegger (1927/1962), phenomenology is the study of appearances, a method of research that aims to discover 'how' things appear to the investigator or observer. Phenomenology begins with sensed experience and ends with verbalised thought and feeling (Husserl, 1925/1977). The investigator attempts to establish meaningful relationships in given contexts, using naming, description and categorisation. The aim is to establish prerequisites for lived experience. Establishing such pre-requisites requires prior knowledge of what constitutes an object or subject appears to be, and what the object appears to be doing in context (i.e., *a priori*). The investigator is required to suspend any preconceptions she or he might have in relation with the object and direct his or her embodied consciousness towards it. In this sense, the directedness of the act of sensing seems purposeful. The object of conscious experience remains to be discovered anew every time, however. Nothing exists outside of conscious awareness.

Husserl (1918/1983, 1925/1977) suggested that both what is and what is not ready-to-hand as a construct of embodied consciousness are worthy of investigation. People derive an understanding of the object of their intentions, and what the object may or may not be observed doing, from ascertaining the difference between what is and is not ready to hand. This method of experiencing relies upon the accurate naming, description and categorisation of what the observer or investigator senses before he or she can attempt to manipulate any aspect of what has materialised. Hence, the scientific investigation cannot begin until the observer has described the object as it appears to him or her at that moment in time and space. This is an important aspect of any investigation. In this particular context, the observer or investigator is asked to describe 'Blackness'. How does Blackness reveal itself? How people establish relationships between the meanings of what is revealed in a given time and context, and what is revealed as a consequence of intersubjectivity, is another important aspect of research (Ihde, 1986).

An application of this phenomenological method to the experience of Blackness requires the observer or investigator to set aside their prior judgements and describe the object of his or her intentional discovery as it appears to him or her in a given time and space. To illustrate, consider the picture of the Black person in Figure 2 below. At its horizons, the shape appears in a context in a given time and place. Further, eidetic reduction results in the deconstruction of the object of intention into its apparent constituent parts, such that, were it to cease to be a Black person – at its horizon – the object fades into an outdoor scene with trees and traffic, which would then come to the foreground. This seems important in terms of categorising the person, who, by virtue of the colour of his skin, appears 'black' against an outdoor scene or background. The investigator or observer may choose to acknowledge the humanity of the black object or not, predicated on his physical features and what the black person

is observed doing. Against an horizon that does not appear part of the same object, the object of our intention is no more than skin colour. Skin colour or relative Blackness has only the meaning one chooses to attach to it, transcendentally. Until the investigator attempts to enter into genuine dialogue with that Black object, the embodied Blackness remains undiscovered.

Figure 2

A Black person

Like inanimate objects, Black people appear to be made up of constituent parts or features that have come to define them. Although non-Black people have difficulty in distinguishing Black faces (Meissner & Brigham, 2001), they often subject aspects of the Black body, such as skin tone, to ridicule. Physical features such as thicker lips, wider noses, wider-spaced eyes that are vertically narrower with a greater inclination and longer, thinner faces with a longer upper (versus lower) face, set Black people apart from other human forms (Hajnis et al., 1994). Interestingly, it is precisely these aspects of the Black body that are often ridiculed and stigmatised (Coard et al., 2001; Miller, 2001; Wade, Dyckman & Cooper, 2004b). Skin colour remains meaningless beyond the statement of the factual existence of Black people as separate and distinct from other ethnic groups. However, other possibilities of what a person of this skin colour could be doing are typically not considered. Where does information about these defining features originate?

Apparently, the component parts of the object in Figure 2 are recognised as such. The point at which the 'Blackness' disappears appears clearly demarcated, and the connectedness of each point of the object has been revealed. Even without prior knowledge of the illustration, some idea of what it means to be a Black person must be categorised and deconstructed, psychologically. Until the observer invokes the transcendent, however, nothing else about the skin colour that could become 'known' remains a mystery until discovered. Where the object has distinguishable characteristics, such as skin tone, the observer or investigator can only ascertain that it belongs to him or that it belongs to someone else. The observer or investigator is, however, able to invoke the transcendent and consider the possible actions of which this skin colour is capable. On observation, the skin colour does not appear to be doing anything. The observer or investigator makes the movement from the 'thing' to the 'thing doing'. In so doing, subjectivity is conferred on skin colour. Of a range of

possible views and opinions about what this skin colour might be, the observer must locate skin colour as a symbol, from which people readily conjure meaning. In itself, it is nothing more than skin colour. It is *doing* nothing. Associating connected blocks of information confers meaning. What might be true about people of certain skin colours? This invokes the stereotype. Personhood need not reveal itself. It is inferred by the *gestalt* of that which is presented. Yet, in situations in which the Black person is separated from others without making him or her independent, no attempt is made to discover the object's subjectivity.

In simply observing, the investigator behaves as if the object of their intentions has revealed itself – he or she imagines that he or she knows the person when in fact he or she does not. If the observer proceeded beyond the purely empirical, he might be able to determine the intentions of others. Presuming the subjectivity of the object without first finding out something about the qualities of the object-in-itself might appear to be 'poorly done science' (Weiner, 2010). Similarly, attempting to predict the subjectivity of a Black person before it has revealed itself is arguably useless, as the person might choose to behave in unexpected ways. The problem does not appear to lie with the method of investigation, or indeed with its application because the subjectivity of the Black object remains undiscovered. The problem instead is a lack of desire to discover the subjectivity of the object beyond the observable. For some, being in relation with those whose intentions are obscure may be unbearable.

Acculturation has removed many of the barriers to social cohesion that were present in the UK 30 or 40 years ago (Solomos & Goulbourne, 2003). Stigmatisation of Black people persists, however, casting doubt on the extent to which intersubjectivity can be achieved (Castilo et al., 2004; Castelli, De Amicis & Sherman, 2007; Castelli, Zogmaister & Tomelleri, 2009). The term 'social identity' refers to the

status that society confers on an individual or group, such as builders, firefighters or doctors; social categorisation, comparison and appraisal are used to establish membership (Tajfel, 1969, 1970, 1981). Stereotyping a particular group exaggerates its characteristics, often without enhancing its uniqueness. Social groups arguably ascribe a particular set of attributes to confer 'in-group' membership; those who do not possess these attributes or match a given exemplar are afforded 'out-group' status (Turner, Hogg, Oakes, Reicher & Wetherell, 1979). Identification with the group not only enables individuation and the pursuit of individual tasks separate from the group but also limits how each individuation can occur. The pre-existence of stereotypes or exemplars of 'the other' enables and limits the assignment of rights and privileges between and within groups (Ogbu, 1999; Neal-Barnett, 2001).

The nature of this 'otherness' might not be readily identifiable. Studies in the US show that, even when White European Americans evaluate Black African Americans as favourably as they do their own group, anti-Black bias persists in White American public opinion (Dovidio, Kawakami & Gaertner, 2002; Greenwald, McGhee & Schwartz, 1998; Nosek et al., 2007). The incongruence between implicit and explicit attitudes towards Black people refutes the view that anti-Black sentiment is decreasing (Greenwald et al., 1998). Some researchers doubt whether tests devised to measure implicit attitudes are valid, however (Cameron, Alvarez & Bargh, 2000; Devine, 1998). For instance, using the classic bogus pipeline procedure (Sigall & Page, 1971) to evaluate implicit measures, Nier (2005) demonstrated that social desirability mediated the difference between implicit and explicit attitudes. Crown and Marlow (1960) defined social desirability as 'the need to obtain approval by responding in a culturally appropriate and acceptable manner' (p. 352). By producing a socially desired response, respondents may 'hide' their true prejudice. By minimising the ability to produce the desired response using the bogus pipeline

method, strong correlations were observed between explicit and implicit measures. Anti-Black implicit and explicit attitudes might not be as dissociated, as Greenwald et al. (1998) suggest.

Cinematic characters of the past that represented Black people, such as in '*Gorillas in the Mist*' (Kennedy, 1998), 'Mandingo' (Onstott, 1987), and '*King Kong*' (Selznick, Cooper & Schoedsack, 1933) not only dehumanised and objectified Black people as a social grouping, but also reflected, enhanced and reinforced contemporary views and opinions of Black stereotypes (Eberhardt, Dasgupta & Banaszynski, 2003). Ethnic or racial identity might well be based on passively internalised negative views, opinions and attitudes of the dominant ethnic grouping in ambiguous, unstable, uncontrollable situations (Burke, 1984; Helms, 1993; Weiner, 1986, 2000). However, Black people may co-construct their own racial/ethnic identity in relation to stereotypical portraits of Black people in the media, and those with whom they spend most of their time. In a series of experiments on the association between anti-Black implicit and explicit attitudes, White respondents endowed Black people with less than human attributes or dehumanised out-groups when primed (Goff et al., 2008). Being stigmatised and the fear of being stigmatised in relation with others in ambiguous, unstable, uncontrollable situations can undermine self-esteem, self-confidence and personal agency in those susceptible (Steele & Aronson, 1995; Major & O'Brien, 2005). When coupled with a self-fulfilling prophecy, implicit stereotyping by clinicians and teachers increases the risk of stereotype threat in Black people (Campbell, 2013; Dovidio et al., 2002; Eberhardt, 2005; Moskowitz et al., 2012).

Confronted with dehumanisation, some Black people might alter their physical appearance, mannerisms and the range and quality of their sociocultural interactions (O'Kawaza-Rey, Robinson & Ward, 1986; Keith & Herring, 1991; Howarth, 2006). There is no evidence to suggest that Black men are less likely to change their external

appearance than are Black women. The desire to change physical appearance to resemble that of the ideal of the dominant ethnic group indicates a desire to 'fix' aspects deemed less socially desirable (De Souza, 2005; Klein & Azzi, 2001; Kpanake, Munoz-Sastre & Mullet, 2010; Lonzozou et al., 2010; Thorpe, Ahmed & Steer, 2004). This kind of meta-stereotyping implies that the features of the Black body might become so undesirable in some social contexts that some Black people might prefer not to possess them at all (Mussweiller & Epstudes, 2009). In situations in which Black people seem unhappy with their physical form, a form of 'racialised body image disturbance' may be indicated.

An exploration of the concept of ethnic/racial identity based on the Black physical form seems critical to any exposé that seeks to describe how Black people may behave in ambiguous, unstable, uncontrollable situations where stigma consciousness is high (Pinel, 1999; Steele, 1992, 1997). Determining how best to relate to others without one form of humankind superseding another appears to be the work of humankind since time immemorial. To my knowledge, no one has explored the concept of ethnic or racial identity in the context of the Black human condition as a function of racialised body image disturbance predicated on anticipated race-related injury. Fundamental to such an approach are the relationships between personal, ethnic and racial identity, and reference group orientation (Brewer, 1991; Castelli & Tomelleri, 2007; Deaux, 1993), as well as the effect of mental representations of perceived appraisal of the Black physical body on self-esteem, self-confidence and personal agency (Stets & Burke, 2000; van Laar, 2000).

Race-related trauma,induced by race-related bullying or perceived racism, can significantly impact the mental health of Black people in the UK (Bryant-Davis & Ocampo, 2005; Carter, 2007; Douglas, 2009). Perceptions of responsibility mediate between outcomes and the actions of individuals (Weiner, 2000). The social contexts

in which Black people find themselves are, therefore, important when deliberating on the symbolic information mentally represented and processed (Westen, 1992). Perceived racism or race-related bullying has been associated with paranoid delusions (Combs et al., 2006), persecutory ideation (Janssen et al., 2003), post-traumatic stress disorder (Neria, Bromet, Sievers, Lavelle & Fochtmann, 2002), and schizophrenia as a form of social adversity (Chakraborty, McKenzie & King, 2009; Chakraborty, Williams, Yu, Jackson & Anderson, 1997; Gilvarry et al., 1999; Janssen et al., 2003). There is no integrated model that adequately explains how race-related bullying or perceived racism might be mentally represented and operationalised in novel situations in which race is salient. Such a model would be predicated on racism being a risk factor in the development of the fragmented self. In the next section, racism as a risk factor in the social construction of the fragmented self is explored.

2.2   Racism as a risk factor in itself

Some psychologists suggest that the subjective experience of racism reflects the propensity of some Black people to attribute negative experiences to external agents as opposed to internal events (Bentall, Kinderman & Kaney, 1994); for example, attribution theory (Bandura, 1977, 1986, 1989) and social cognitive learning theory, derived from social learning psychoanalytical theory (Miller & Dollard, 1941). In *Social Learning and Imitation*, Miller and Dollard (1941) present operant conditioning models of human behaviour, according to which behaviour was either reinforced or extinguished following interaction with different aspects of the environment and motivated by internal drives. Heider (1958) argued that the individual comes to attribute cause and effect through a process of observation or direct or indirect interaction with both animate and inanimate objects. By so doing, he or she understands something about him or herself in relation to the world. According

to Weiner (1986, 2000, 2010), individuals are positively or negatively motivated to reproduce observed behaviour or behaviour acquired through experience, depending on the locus, stability and controllability of the cause, ability and expectancy to achieve the desired outcome in a given social context.

By contrast, Bandura (1977, 1986, 1989) argued that individuals are not passive actors in or observers of the world around them, and that observed behaviour could be pre-meditated, reflexive, reinforced, ameliorated or extinguished. Emotion (affect) is not only an outcome of intrapersonal characteristics but also a modifier of human behaviour. How an individual feels about his or her behaviour or the behaviour of others is important in establishing consistent beliefs about cause and effect, and in determining future action or interaction with others (Aspinwall & Taylor, 1993). Black people may attribute cause and effect through the process of observation or direct and indirect interaction with the world-around. Societal constraints may limit the extent to which Black people are actively self-organising, proactive, self-reflecting, and self-regulating and participate in creating or socially co-constructing a worldview for themselves and attributing cause and effect accordingly. Acculturated Black people are not expected to attribute cause and effect differently from other ethnic groups who have grown up in the UK (Castilo et al., 2004). Black people who have recently migrated to the UK, or who have no previous knowledge or experience of British culture, may attribute cause and effect differently from those who have grown up within British culture (Markus & Kitayama, 1991). Recently-migrated Black people may, therefore, be more likely to attribute the adverse effects of perceived racism to external, stable, controllable causes than acculturated Black people are. Hence, Black people may be observed reproducing the behaviour observed or acquired through experience to help and support them in life, while avoidance that extinguishes the

desire to maintain proximity to that which emotionally distresses results from negative observed, primed or acquired behaviour.

Attribution theory may not be so far removed from social cognitive theory and social schema theory that their central concepts cannot be integrated (Augustinos, Walker & Donaghue, 2006). Like social cognitive theory, social schema theory explains how social experiences are encoded, stored, retrieved, processed, applied and mentally represented to attribute cause and effect. Unfortunately, errors may occur during the encoding, storage, retrieval, processing and application of schematic mental representations of cause and effect, resulting in faulty attributions (Allisson & Mellick, 1985; Kleider, Pezdek, Goldinger & Kirk, 2008). Black individuals actively participate in the processing of social information. During that process, however, the opportunity for cognitive error arises. According to Jones and Nesbitt (1972), 'there is a pervasive tendency for "actors" to attribute their actions to situational requirements, whereas observers tend to attribute the same actions to stable personal dispositions' (p. 80). Black people are more likely to attribute their behaviour to the prevailing social context and to attribute the decisions of outside groups to the prevailing personality traits of its members (Allison & Messick, 1985). In response to behaviour that appears to reflect the personality traits of the actor, the Black person may project their anger and disappointment into the space between him or herself and the actor. In so doing, however, he or she risks reinforcing any negative perception the actor may have of the Black person, and of Black people in general, resulting in further isolation and alienation (Snyder, Tanke & Berscheid, 1977). Those acting attribute their own behaviour to prevailing circumstances, and the self-fulfilling prophecy is acted out based on a fundamentally biased attribution of cause and effect. Where Black people expect and believe that perceived racism is based on the external, stable and

uncontrollable personality traits of those with whom they interact socially, ethnic pride is reduced and low self-esteem occurs.

The 'ultimate fundamental cognitive error' recurs whenever Black people are confronted by 'limit situations' they cannot avoid in everyday life (Jaspers, 1951; Kleider et al., 2008; Pettigrew, 1979). Black people may then attribute socially undesirable behaviour to the behavioural predispositions of others. Black people sensitised to perceived racism may develop a paranoia or excessive wariness of the others and the world around them (Combs et al. 2006; Fenigstein & Vanable, 1992). In such contexts, multiculturalism might give way to 'cultural mistrust' (Thompson, Neville, Weathers, Poston & Atkinson, 1990; McNeilly, Anderson, Armstead, Clark, Corbett, Robinson, Pieper & Lepisto, 1996). The Home Office Citizenship Survey (2003) found that one in five minority ethnic respondents worried about being physically attacked because of their ascribed race. Perhaps cultural paranoia has been normalised in multicultural societies (Combs, Penn & Fenigstein, 2002), indicating the way minority ethnic people cope with life in a hostile environment (O'Connor & Nazroo, 2002). Nevertheless, this paranoia or excessive wariness appears rooted in Black people's direct and indirect experience of being Black in a hostile environment (Thompson et al., 1990). This perceived existential threat might give rise to the anxious expectation of race-based rejection sensitivity (Mendoza-Denton et al., 2002).

McKenzie, van Os, Fahy, Jones, Harvey, Toone and Murray (1995) proposed a model according to which the chronic experience of racial discrimination gives rise to a 'paranoid attributional style', which puts people at risk of developing psychosis-like symptoms. Some Black people may attribute observed behaviour to the predispositions of others, but this may be incongruent with the reasons others give for their own behaviour (LaVeist, Sellers & Neighbors, 2001). Black people may attribute their behaviour to prevailing circumstances, while observers might attribute it to

behavioural predisposition. The tendency to attribute negative experiences to external agents might be based on experience (Bentall, Corcoran, Howard, Blackwood & Kinderman, 2001). When projecting themselves into the future, Black people sensitised to racism anxiously anticipate race-based rejection on an ongoing basis. Externalising blame might relieve the tension between 'ideal' and 'actual' perceptions of self (Bentall et al., 2001). Self-serving bias disappeared when independent raters evaluated causal statements on a reliable measure of attributional style (Martin & Penn, 2002). Humphreys and Barrowclough (2005) argued that the findings that self-serving bias is used to protect against real or imagined threats are inconsistent. Over time, Black people may develop a cognitive vulnerability to perceived racism that predisposes them to low self-esteem, and to the kind of paranoid thinking often observed in clinical settings (Bebbington, McBride, Steel, Kuipers, Radovovic, Brugha, Jenkins, Howard, Meltzer, & Freeman, 2013). Black people may attribute observed behaviour to the predispositions of those with whom they relate, but this may be incongruent with the reasons those people give for their own behaviour.

Perceived threat in specific situations and expectant threat in all situations (global) may determine the extent to which an individual interacts with others (Bentall, Kinderman & Kaney, 1994; Branscombe et al., 1999; Martin & Penn, 2001). In anxiety-provoking situations, cognitive inhibition of the threat appears weakened in those prone to dissociation and dissociative experiences. Such individuals may report heightened threat-induced anxiety, negatively priming otherwise inhibited race-related information (Dorahy, 2006). The movement from specific attribution of racism in the everyday life of a Black person to a more global attribution of racism in the everyday lives of all Black people, may reflect a weakening of cognitive inhibition during threat processing, resulting in a 'paranoid delusional style' of relating (Abramson, Seligman & Teasdale, 1978; Bentall et al., 2001; Dorahy, 2007). In contexts in which mental

health is assessed, a Black person's excessive wariness of those who represent all that appears oppressive in that Black person's lived-world stereotype threat-induced anxiety may give way to disorganised thinking, hallucinations, and paranoia (Bryant-Davis & Ocampo, 2005; Combs et al., 2006; Crocker et al., 1998). Trauma-induced dissociative attachment prohibits reality checking, rendering a person at risk of developing psychosis. Black people may anticipate the experience of racism but fail to check out their assumptions against reality in a social situation (Allen, Coyne & Console, 1997). Consequently, Black people may construct or automatically reactivate categories of mental representations or relational race-related schemas to assign meaning to sensed experience that threatens or challenges their free will, confidence, personal agency and identity, employing psychological defence mechanisms such as dissociation to defend against the threat of personal injury arising from anxiously expected racism. In the next section, racial identity theories will be reviewed, since how the Black body is appraised in relation to others seems important in the development of racial identity.

2.3   Racial identity theories

Racial identity is a sociopolitical construct not based on biological fact (Mayr, 2002). Most racial identity theorists, however, describe the process of self-categorisation as a process of *becoming* a racialised Black person (i.e., Nigrescence). The process of accepting genetically predetermined phenotypical characteristics begins in early childhood and culminates in early adulthood. Racial identity theorists maintain that there is no avoiding this process (Cross, 1971; Thomas, 1971; Phinney, 1989; Helms, 1993). Racial identity should not, however, be confused with ethnic identity. King (2002) defined ethnicity as 'a sense of personhood and commonality derived from kinship patterns, a shared historical past, common experiences, religious

affiliations, language or linguistic commonalities, shared values, attitudes, perception, modes of expression and identity' (p. 247). According to Phinney, Dupont, Espinosa, Revill and Sanders (1994), ethnic identity is 'a feeling of belonging to one's group, a clear understanding of the meaning of one's membership, positive attitudes towards the group, familiarity with its history and culture, and involvement in its practices' (p. 169). Such definitions, however, imply that Black physicality is inconsequential when identifying with a particular ethnic group.

Race and racial identity cannot reliably be defined in terms of ethnicity and ethnic identity without considering the way the Black physical body is objectified and appraised wholly or partially in relation with others (Howarth, 2002; Coard et al., 2001). Human beings strive to maintain a positive view of themselves and identity security. Self-esteem and ethnic pride relate to how Black people might evaluate their self-worth (Lockett & Harrell, 1993; Coopersmith, 1967; McDonald, 2006; Rosenberg, 1965). Perceived racism threatens identity security, casting doubt on the value of the whole or part aspects of the Black person, resulting in the disintegration of the Black body construct and often in low self-esteem and psychopathology (Hughes & Hertel, 1990; Klonoff & Landrine, 1999; Sanchez-Huclés, 1998). However, not every Black person experiences a loss of self-esteem (Jordan, Spencer, Zanna, Hoshino-Browne & Correll, 2003; Charles, 2003). A review of Black racial identity theory is appropriate here.

Constantine, Richardson, Benjamin and Wilson (1998) reviewed the major racial identity theories over the 25 years prior to 1998. They distinguished between those theories that had received the most attention in the literature and those that remained obscure. The most prominent theories appeared to reflect the views of those with an academic ruling hegemony and those who subscribed to this opinion. 'Mainstream' interpretations of racial identity are based upon the internalisation of a

negative self-perception in response to the experience of racism. Thomas (1971) first conceptualised racial identity development as a staged process, beginning with withdrawal from an overdependence on white social groups for self-definition, and a movement towards Black social groups. This withdrawal stage is followed by a testifying stage, during which the Black person is confronted with the anxiety of becoming a self-defined Black person. The information processing stage follows, which involves acquiring knowledge about Black heritage and experience. The activity stage requires active involvement in culture-specific activities. The final stage, transcendence, requires the resolution of personal conflicts associated with 'being Black in relation'.

The Cross Model of Nigrescence (1971, 1978) was originally a developmental model, according to which the Black individual moves through a series of different stages of racial identity in the process of becoming Black. The process of becoming Black is predicated on the assumption that acknowledging that racism exists is required and that immersing oneself in Black culture would help resolve inner conflicts and encourage the development of a positive Black identity. The pre-encounter stage is characterised by anti-Black sentiment. The encounter stage is characterised by a shift away from anti-Black sentiment and identification with Black culture. The immersion-emersion stage is characterised by pro-Black sentiment to the exclusion of White sentiment, and engagement in Black activities. Lastly, the *internalisation-commitment* stage is characterised by the achievement of a positive Black identity in relation to other racial identities. Helms (1984) argued that changes in the individual's attitudes to racial identity indicate movement from one developmental stage to the next. Helms (1984, 1993) operationalised the model proposed by Cross and Thomas (1971). Parham (1989) and Cross (1991) developed the model, describing five different states of being, as opposed to the process of

becoming 'Black'. Test-retest reliability studies using the Black Racial Identity Attitude Scale (BRIAS; Helms, 1993) suggest that these states are relatively stable across short periods of time and space, likely ensuring that an individual may be shown to move into and out of the various states, according to prevailing circumstances (Vandiver et al., 2002).

Other identity theorists have focused on racial identity as a function of ethnic group identity. For instance, Atkinson, Morten and Sue (1979) proposed the Minority Identity Development Model (MIDM), which consists of five states: Conformity, Dissonance, Resistance, Introspection and Awareness. Qualitatively, each state appears similar to the racial identity models advanced by Thomas (1971), Jackson (1975) and Cross (1971), as well as the Racial Identity Attitudes Scale proposed by Helm (1985). The overarching themes may be labelled differently, but the individual transcends each state, culminating in the achievement of a mental state whereby racial identity or ethnic identity becomes an integral part of the personality of the Black person. Phinney (1989, 1992) developed the Multigroup Ethnic Identity Model (MEIM), based on the Ego identity work of Eriksson (1968; Marcia, 1980) and identified four states: diffuse, foreclosed, moratorium and achieved. The MEIM presupposes that ethnic identity is common to all and develops in each ethnic group in the same way. The diffuse and foreclosed states represent ethnic identities that remain unexplored but vary according to a commitment to a predetermined ethnic group orientation. The moratorium and achieved states represent ethnic identities that are explored but also vary according to a commitment to a predetermined ethnic group orientation. This model consists of two factors (an ethnic group search factor and affirmation, belonging and commitment factor), but does not differentiate between racial and ethnic classifications of identity. These racial and ethnic identity models show that racial and ethnic identity appears stable across situations where 'race' is

salient. However, the physicality of the Black person is never central to the process of being becoming Black in these models, nor do they adequately describe how the experience *being Black* might be mentally represented, and thus how it might underpin racial identity. Only the objectivity of the racialised person is called into being in circumstances in which 'race' is salient and, therefore, how the Black body is appraised in relation to others seems important in the development of racial identity.

Many authors have commented on the apparent ability of Black people to differentiate among different racialised groupings from an early age, and to attribute value to others based on the presence or absence of racially-defined aspects of personhood (Clark & Clark, 1947; Gopaul-McNicol, 1985; Hesse-Biber, Howling, Leavy & Lovejoy, 2004; Hraba & Grant, 1969; Katz, 1982; Bigler & Liben, 1993; Kohl & Yeshiva, 1995; Miller, 2001). Some have argued that very young children have no *a priori* theory of 'race' or its meaning, *per se,* but that they are hard-wired to recognise humankind and to categorise others according to their degree of perceived 'sameness' (Aboud & Mitchell, 1977; Milner, 1996). In relation to others, Black people are affirmed and not affirmed, validated and denigrated, or acknowledge and ignored based on an appraisal of that within which they are embodied (Augoustinos & Rosewarne, 2001; Rosenberg, 1979; Nesdale, Maass, Durkin & Griffiths, 2005). Awareness appears limited to perceived physical differences, but humankind comprises so much more than physicality (Hirschfeld, 1996, 1998; Nesdale et al., 2003). Nonetheless, 25% of pupils from ethnic minority backgrounds reported experiencing recent racist name-calling from their peers (DfES, 2002, 2005). There is no evidence to suggest that children do not understand what they are saying, or that the words used will not have the same meaning for them as it does when used by adults (Castilli et al., 2004). From an early age, children categorise one another according to perceived phenotypical differences and comments by important people in their lives.

In situations in which Black pride is threatened, Black people may identify with their oppressors in the hope that their distinctiveness will go unnoticed (Lieberman & van Horn, 2008).

Racial identity theorists in the US have considered the predisposition to think, feel and behave in a particular way as a function of racial identity (Byrd, 2012). The primary assumption is that positive racial identity is critical to success in the world. However, racial identity theories say little about the centrality of the Black body to sensed experiences or mental representations of self that might underpin racial identity attitudes. Caution is exercised in applying the US-derived racial identity theory to the experiences of Black people in the UK. It would be unreasonable to assume, however, that the experience of being African American in the US was utterly dissimilar to that in the UK. In the next section, I will explore identity confusion resulting from the prevailing uncertainty about the value and expectations that UK society places on Black people in general; delusions of reference and identity confusion may well give rise to identity confusion and mental ill health.

2.4   Identity Confusion

The delusions of reference observed in psychotic patients might well reflect a persistent confusional state involving Black and not-Black object relations. This confusional state, however, seems more indicative of dissociative disorders than of schizophrenia. Laing (1960) describes the individual who feels real, alive and differentiated from the rest of the world, and whose identity and autonomy are never questioned in relation to the concept of ontological security. Repeated challenges to personal identity and autonomy may result in ontological insecurity and identity confusion (Helms, 1993; Hossack, 1993; Alter et al., 2010). Chris Mullard (1973) best illustrates the issue of identity confusion or insecurity in his book *Black Britain*:

'You are not West Indian, Indian, Pakistani or African, because you were born in Britain, and know little or nothing about your parents' country. Even if you wished to you cannot pretend you are a Black immigrant, because embedded in your being is the knowledge that you are not. If you choose to ignore this, then it is forced upon you by the way Black immigrants see you, treat you, and react towards you when in the presence of fellow Black immigrants or White people. Similarly, if you choose to identify with Whites, the same mechanism goes into reverse gear. In the end, you have no alternative but to remain alone, insecure, without an identity of your own making. (pp. 13-14)

It is a broader society that sets the limit within which Black people can express themselves, and therefore that determines identity security (Shweder, Minow & Marcus, 2002). Any claim that society had prevented Black people from assuming an equal identity would need to identify how the expectations Black people have for themselves differ from those of society in general.

In his theory of human motivation, Maslow (1943, 1954) identified a hierarchy of needs that must be met in linear succession in order to reach an optimal state of being, self-actualisation or transcendence. Black people who have difficulty finding and keeping paid work are less likely to be able to participate in the everyday social activities necessary to satisfy their need for social, personal and spiritual security (Kolko-Rivera, 2006). Identity insecurity negatively affects the ability of Black people to maintain healthy and secure personal and social relationships (Freeman, 1994) and to successfully negotiate the interplay between social existence and organic dysfunction (Fernando, 2003; Chua & McKenna, 1995). Racism thus presents a problem, which Black people need to resolve both externally and internally. This

problem situation can be magnified in health and social care settings in which proximity to 'the love-object' – the caregiver – is denied or is physically, emotionally and spiritually, absent. In such situations, the Black person may reinvent the perpetrator in relation to others, exacerbating underlying anxiety, depression or psychosis (Lieberman & van Horn, 2008). In the next section, I will explore contexts in which identity confusion and insecurity may give rise to ontological anxieties.

2.5   Attachment theory and race-related distress

Attachment theory (Bowlby, 1969, 1973, 1980) and attachment style (Ainsworth et al., 1978; Cicirelli, 1989, 2004; Hazan & Shaver, 1987; Main & Solomon, 1990) seem critical to understanding how stereotype threat undermines identity security in contexts in which free will and personal agency are limited. Ainsworth, Blehar, Waters and Wall (1978) outlined three distinct mother-infant attachment styles: secure, avoidant and ambivalent. Black people exhibiting secure attachment styles enter willingly into relationships without concerns about the other being too close. Black people with an insecure avoidant attachment style may worry about others getting too close. Those with an anxious-ambivalent attachment style may be unconcerned about whether others are close or not. Early attachment schemata reflect the assimilation and integration of early interpersonal relations with meaningful others (Bowlby, 1969; 1973). In situations in which the source of the child's consternation is also the source of his happiness, the child might find it difficult to develop organised attachment patterns (Main, 1991). The child who cannot integrate and assimilate race-related rejection, and striving to control his or her emotions in some other way, may form insecure, ambivalent, avoidant or disorganised attachment patterns (Ainsworth, 1967).

Regardless of culture or ethnicity, both avoidant and ambivalent children often blame some aspect of themselves for the emotional and/or physical inattentiveness of their love object (Minde, Minde & Vogel, 2012; Mofrad, Abdullah & Uba, 2010). They may activate any one of the 31 different 'automatic psychological processes that protect the individual against anxiety and the awareness of internal or external dangers or stressors' (DSM-V, 2013, p. 807). Another defence mechanism is denial (Cramer, 1991; Valliant, 1994). Older children may develop more mature defence mechanisms, such as sublimation and suppression (Segal, Coolidge & Mizuno, 2007). Certainty as to whether stereotype threat or perceived race-related rejection is due to an act of omission or commission may induce to contact-seeking behaviours, such as calling or searching for the love object. Uncertainty as to whether perceived race-related rejection is due to an act of omission or commission may cause ambivalence (Ainsworth, Blehar, Waters & Wall, 1978). Perceived racism may not be traumatic for all Black people. For those so vulnerable to it, however (Briere, 2006), hypervigilance and a sense of imminent danger may always be present (Bentall et al., 2001; Combs et al., 2006; Kimmerling, Ouimette & Wolfe, 2002; McDonald, 2006; Miller, 2009; Payne, 2001).

In situations in which the perceived object of race-related rejection is either whole or part of the Black physical body, however, the unconscious activation of immature or maladaptive defences, such as projection and dissociation, may prove counterproductive. Chronically abused Black people may be predisposed to seek proximity with idealised others or love objects, particularly when those others have what they need, such safety and security, help and support, love and affection. Unfortunately, where the idealised love object and the perpetrators are the same, the traumatising event is likely to recur (Lieberman & van Horn, 2008). In such circumstances, Black people may adopt avoidant, ambivalent or disorganised

relationship patterns to maintain proximity to the idealised love object, by dissociating or 'separating out' those aspects of sensed experience that cannot yet be readily accommodated and assimilated, psychologically (Brumariu & Kerns, 2012; Pinderhughes, 1973; Ross & Keyes, 2004). In relation with others, some Black people may separate out those racialised aspects of their person and everyday lives, and assume a different racial identity that denies the pre-existence of an integrated Black physical identity (Parham, White & Ajamu, 1999). However, others may become so traumatised by subjective experiences of racism that psychopathology ensues (Bryant-Davis & Ocampo, 2005; Dunn et al., 1994; Jernigan & Henderson, 2011; Sanchez-Huclés, 1998).

In situations in which threat avoidance or escape is impossible, however, chronic dissociation may fail, and unwanted intrusions, paranoid ideation and persecutory delusions prevail (Green & Philips, 2004). Dissociation may disrupt the processing of race-related information by directing attention to less threatening stimuli in situations in which race is salient (Douglas, 2009). Post-traumatic cognitions about the relationship between the Black physical body and adversity firmly establish the Black body at the centre of racialising experiences. The visibly Black body experiences adversity in relation with the other; in so doing, the Black body may come to symbolise everything that should be kept at a distance but never made independent as I have p[reviously argued (De Maynard, 2006). There are many ways of coping with racialising experiences (Brondolo, ver Halen, Pencille, Beatty & Contrada, 2009), but suppressing anger cannot be considered coping, as suggested by Brondolo et al. (2009). Denying and suppressing anger requires effort (Cramer, 1987; Valliant, 1994; Wegner & Zanatos, 1994), and such feelings are likely to find expression through the Black body if not dealt with. For instance, Kreiger and Sidney (1996) found that 'blood pressure was highest among those reporting having experienced no racial

discrimination, and lowest among those reporting discrimination in one or two of the specified situations' (p. 1375), whether or not they talked to others about their experiences indicating a level of anxiety that is often not expressed.

Phenomenologically, Black people seem to be made up of physical features that have come to define them (Hajnis et al., 1994). Central to the experiencing of Black people appears to be the Black body – the object. A person's racial and ethnic identity may be construed as a 'complex integration of each individual's psychosocial context, physical characteristics, personality attributes, unique experiences, and personal choices' (Babad, Birnbaum & Berne, 1983, p. 37). Racial/ethnic identity, however, is a social construction relating his or her physicality and personal attributes to the world-around (Bliss, 2011; Brady, 2012). In relation with a lived world that appears to be constantly hostile, susceptible Black people may activate psychological defence mechanisms such as dissociation in order to protect against perceived racism, especially where physical avoidance or escape is impossible. Such race-related schemas may be reactivated in new race-related situations, to which they do not accurately apply (Dohrenwend, 2000; Pinderhughes, 1973; Rose, 1997; Rack, 1982). In the next section, an integrated object relations and social cognition approach to racial identity is developed, as this appraisal of the ethnic Black body is central to the experience of racism. When operationalised, this new theoretical model will then be used to infer cause and effect of social failure or defeat from the effect of relational race-based schemas on the dissociative experiences scale in a nonclinical sample of the Black population in the UK

2.6 An integrated object relations and social cognition approach to racial identity

Historically, Black people have rarely possessed sufficient inherent aesthetic expectancy or value in relation with others. Their functional value has arguably diminished exponentially since the end of the 19th century (Merleau-Ponty, 1945/1962; Ward & Lott, 2002; Lott, 1999). The enslavement of Black African people was common at the time of Herodotus, Aristotle and Mohammed, and was almost certainly introduced to the Spanish peninsula by ethnic Arabs during the occupation of Spain before Emperor Charlemagne finally defeated them in the 14th century (Segal, 2001; Segal, Coolidge & Mizuno, 2007). All countries in the world have enslaved people at different times historically, and it was not until the 17th and 18th centuries in European states, and the 19th and 20th centuries in South American states, that slavery was abolished (Gilroy, 2001). Some might argue that where the profits of enslavement are high and the risk of being penalised low, the desire to exert power or control by constraining personal liberty and disposing of their labour at will has never ended (Siddhartha, 1984; Wright, 2010). Today, Black men in the UK are twice as likely to be unemployed as are Black women, and four times as likely to be unemployed as their White counterparts (ONS, 2002; Census, 2011; The Black Training & Enterprise Group, 2014). Despite efforts to compete successfully socioeconomically (Leverenz, 1989), the potential for some form of social and economic enslavement remains high, especially where teachers engage in negative stereotyping and bias determines academic achievement. Black graduates are still twice as likely to be unemployed as their White counterparts (Census, 2011; Campbell, 2013). In the absence of any possibility to change in the social order, it might be best to consider the ways in which

Black people can better manage the devaluing effects of perceived racism and stress (Major & O'Brien, 2005; Berjot & Gillet, 2011).

From an existentialist perspective, Sartre spoke of how the Black people he had observed in the US appeared to be becoming objects for others. Perhaps, by becoming objects for others and refusing to accept their own objective responsibility for the choices they make in the world, some Black people cease to be for themselves and exist only for others. By assuming this position, the Black person achieves her or his aim in the world. He or she performs tasks with great diligence while absolving him- or herself from personal responsibility for his or her condition. In *Being and Nothingness*, Sartre (1943) describes a café waiter whose 'movement is quick and forward, a little too precise, a little too rapid' (p. 59). He comes towards the patrons with a step that is a little too quick. He bends forward a little too eagerly; his voice, his eyes express an interest a little too solicitous for the order of the customer. Finally, there he returns, trying to imitate in his walk the inflexible stiffness of some kind of automaton while carrying his tray with the recklessness of a tight-rope walker by putting it in a perpetually unstable, perpetually broken equilibrium, which he perpetually re-establishes by a light movement of the arm and hand. All his behaviour seems to us a game. But what game is he playing? We need not watch for long before we can explain it: he is playing at being a waiter in a café. Society almost demands that the Black person assumes the position of the object for others in relation, as though she or he were an 'automaton'. She or he is unable to separate out, accommodate or assimilate mentally represented experiences of racism from consciousness, becoming the 'automaton'. In these circumstances, the Black person's actions become mechanistic, devoid of all conscious effort. Here, some Black people could be accused of acting in bad faith. This argument would not be true, however, if

it could be shown that such actions were deliberate and executed with full consciousness.

From a social cognition and learning perspective, people are motivated to attend to, retain and reproduce the behaviour they observed in their early surroundings (Heider, 1955; 1958; Weiner, 1986), attributing cause and effect in their co-construction of everyday experience (Gergen, 1971, 1985; Bandura, 1977, 1989; Tajfel, 1981; Fiske & Taylor, 1984; Markus & Kitayama, 1991). In race-related situations in which personal agency and competence are limited, Black people may find it difficult to avoid situations that trigger inconsistencies in his self-concept (Festinger, 1954). Black people may be motivated to make social comparisons, but the social comparison may be limited where uniformity appears impossible. Black people are most able to maintain 'optimal distinctiveness' in relation to the wider society in which stereotype threat prevails (Brewer, 1977, 1991). However, where uniqueness threatens that proximity, a sense of belonging, self-esteem and stigma consciousness, optimal distinctiveness is challenged (Steele & Aronson, 1995; Steele, 1997; Pinel, 1999). According to Blascovich and Tomaka (1996), stereotype threat occurs when stigma-coping resources are exceeded. Inconsistencies between one's real and ideal self may give rise to anxiety, low self-esteem and emotional distress. When primed, schematic mental representations of stigma-induced experience may result in extreme feelings. Over time, chronic discrimination induces an expectation that discrimination will occur a priori, and a self-fulfilling prophecy is acted out *ad infinitum* (Jussim, Palumbo, Chatman, Madon & Smith, 2000). To maintain proximity to idealised meaningful others and to cope with the trauma of perceived racism and stereotype threat, some Black people may dissociate those aspects of body consciousness that conflict with their ideal sense of self and assume a different identity: a fragmented self (Greenberg & Mitchell, 1983; Valiant, 1994).

From an evolutionary perspective, the interrelations within and among social groups that best enhance the chances an individual will survive and reproduce are selected by the environment as they compete for scarce resources. Since time immemorial, lighter-skinned humans have exalted themselves over the darker skinned (Comas, 1960). Those with 'good enough' socio-political capital and the ability to conform to commonly held stereotypes about how Black people should behave in relation to the dominant social group are usually those who accept their place in the prevailing social order. Those who do not possess the necessary socio-political capital (Cote & Healey, 2001; Coleman, 1994) or who are unable to conform to the social demands for subordination are doomed to suffer continual frustration, anger and emotional distress.

From an object relations perspective, Black people are motivated to maintain 'good enough' relations with those who can help them meet their needs, maintain self-esteem and facilitate the development of abilities to gain mastery over his or her environment in pursuit of autonomy. Object relations theory is a Eurocentric view of psychological development based on the 'individual's interactions with external and internal (real and imagined) other people, and the relationship between their internal and external object worlds' (Greenberg & Mitchell, pp. 13–14). 'Object' is collective term encompassing people, places, events, situations and things that, when mentally represented, forms the basis of future interactions with the world. People learn from infancy how to categorise and differentiate others through interaction, and are motivated to form and maintain good enough relations with both internal and external objects (Fairbairn 1952; Guntrip, 1969, 1961; Klein, 1959).

Early in life, a child receives most of what she or he needs from his primary caregivers. The basis of the relationship is need-gratifying. She or he may form mental representations that reflect the quality of that Black child's relationship with these

external objects, passively or actively. Relations with good-enough-ethnic-Black-parents, good-enough-care, good-enough-home-environment, good-enough-school, etc., are internalised as important good whole or part objects. Conversely, relations with not-good-enough-objects, such as parents who fail to provide for the child's needs, are internalised as important bad whole or part objects (Banks, 1992; Harris, 1995). As the child grows up and explores the world, she or he forms relations with objects outside the home. She or he needs to find ways of expressing her or his innermost desires in relation to others who can best provide for her or his needs and to reject that which prohibits self-expression.

The Black child may be observed seeking others through which she or he can express him or herself. He or she encounters people, places, situations, and events that challenge his or her self-perception (Alter et al., 2010). She or he meets people who do not share his or her defining features, but in relation to whom she or he still seeks expression, through rejection. When relating to objects that do not appear to value his own defining features, the Black child may find it difficult to separate the good and bad part objects in his or her own mind. What he or she mirrors to others is denigration or disgust with some aspect of his or her person. The cognitive dissonance arising from social comparison frustrates the Black child (Festinger, 1954, 1957). The Black child finds his or her self needing to maintain proximity to those who will provide for his or her, and yet, at the same time, he or she may feel unwanted. On realising that she or he cannot reject the whole or part bad object because she or he depends upon the part good-object for his or her needs, the child confronts a dilemma. Determining how to preserve the internalised good part of the important love-object while rejecting the bad part of the object that frustrates appears to be the 'work' of relationship. One must choose whether to split the love-object or to seek someone else better able to provide for one's needs. Black people who embed themselves in Black culture at the

expense of all other cultures may be seeking others who validate the Black self-concept (Helms, 1993).

According to Winnicott (1896-1971), the 'true or authentic self' – one built on autonomy – develops in environments that are 'good enough'. By contrast, the 'false or inauthentic self' – one built in compliance – develops in environments that are 'not good enough'. Heidegger (1927/1962) might argue that Black people are thrown into a world not of their own choosing, that they exist in a state of dependency, oscillating in and out of a state of compliance and never really *being there.* For Guntrip (1969), this state represents the true 'schizoid' position – never realising a multidimensional integrated sense of self with any permanence. British society, as a whole or in part, appears locked into what Winnicott might refer to as the 'bad parental role'. Whether the parental style arises from guilt-arousing blame or gratification of its own need for mastery of the environment, is uncertain (Weiner, 2000). The responses of others to the Black person's demand for autonomy are often inappropriate or indifferent (Liotti, 2006). Not enough Black children learn how to become good-enough ethnic-Black adults – adult Black people who no longer need to live through British society, and are able to form 'mature object relatedness based on mutual love, respect, and concern' (Westen, 1991, p. 446).

To my knowledge, object relations theory has not as yet been applied to the 'Black human condition'. Although it constitutes a Eurocentric approach, there is no reason to believe that Black people do not strive to form 'good enough' object relations in the same way, as does everybody. Negative object relations to some extent accounts for how the illness behaviour of Black people detained under the Mental Health Act of 1983/2007 arose (Wilson, 1993). Unlike in Cross (1991), however, personal and reference group identity is deemed equally salient, and inextricable

(Castilli et al., 2004). Object relations cannot be directly measured; they are inferred from observation (Stricker & Healey, 1990; Westen, 1991).

From the social cognition perspective, people process information from the world and perceive themselves in relation to others (Fiske & Taylor, 1984). These cognitive and affective mental representations influence behaviour (Frith & Frith, 2007). Social cognition is concrete early in life, becoming more abstract with developmental maturity (Piaget, 1954; Werner, 1957; Western, 1991). Fundamental to social cognition in Black people is the perception of external cues for self-categorisation. According to Nesdale, Durkin, Maass and Griffiths (2005), children's racial and ethnic attitudes develop through a sequence of four phases. In the first stage, ethnic identity is undifferentiated from others and unimportant to Black children. By the age of three years, however, Black children are able to differentiate between self and other and apportion expectancy and value, accordingly. They may apportion more value to their own attributes and to those who share them. Preference for those who share defining features, however, depends upon the extent to which identity is threatened or challenged in relation to others. Turner et al. (1987) argued for a continuum between self-categorisation as an individual and as a group member.

According to optimal distinctiveness theory, individuals prefer to join groups, teams or collectives with particular properties (Brewer, 1977, 1991) while remaining distinctive, whether embedded in a collectivist culture or not. Movement along this continuum or orientation towards a particular reference group remain a function of the context within which these interactions occur and the social value allotted to group membership (Castelli, De Amicis & Sherman, 2007; Castelli & Tomerelli, 2007). Ethnic pride remains a function of the context within which race-related incidents occur and of the value society apportions to the identity, form and function of the reference group. Therefore, optimal distinctiveness or individuation depends upon

how the Black body is depicted in the literature and the media. Where the Black collective appears threatened or the value apportioned to Black people as a social group seems poor, the Black individual may abandon membership of his or her reference group and assume a different social identity, one that denies the pre-existence of this reference group (Badea, Jetten, Czukor & Askevis-Leherpeux, 2010).

Relational schemas in the cognitive sense and object relations in the analytical sense refer to the mental representations of people, places, things and spaces with which people interact in everyday life. These object relations are perceived as being good object relations (good relational schema) or bad object relations (bad relational schema) according to the extent to which they permit personal agency and autonomy (Westen, 1985). Object relations or relational schemas that frustrate the Black person are encoded and stored as dyad mental representations or relational schemas of the 'Black person and bad whole or part object'. It is not the object *per se* that frustrates, but the relationship of the subject with the perceptually bad whole or part object. Individuals form object relations with whoever can meet his needs until he can meet these independently. This requires cognitive and affective processes that enable the Black person to decide whether objects in the world gratify or frustrate his needs – the Black person as a judge (Weiner, 1991). In need-frustrating contexts, psychological defence mechanisms such as dissociation may be used to protect identity security until this need-frustrating information can be assimilated or accommodated, or until the needs and desires are realised (Greenberg, 1979).

2.7   The 'paranoid-schizoid' position

The paranoid-schizoid position emphasises the Black person's dilemma in relation to the important love-object: the one who meets all his or her needs (Klein, 1959/1993). Does he or she accept a positive racial identity attitude towards the

important whole or part love-object who appears to threaten his or her very existence, or does he or she risk losing the important whole or part love-object in the process? From an early age, children are wary of negative comments from their parents or peers; images in the media and teachers, who are often not Black, typically frustrate and threaten the identity security, personal agency and self-esteem of Black children (Banks, 1992; Castelli et al., 2009; Campbell, 2013; Maximé, 1980; Verkuyten, 2002). The Black person may feel unable to express her or himself positively through others or gain mastery over his or her lived world without threatening his or her relationship with the important or idealised love-object. Her or his frustration and fear of losing the important love-object may give way to existential angst as she or he attempts to assimilate or accommodate perceived negative race-related information (Sartre, 1943/1956). In external, stable, uncontrollable contexts, the Black person may attempt to separate or dissociate from the bad whole, or part objects psychologically, or repress the feelings of anger and aggression she or he cannot express from waking consciousness, psychologically.

2.8   Anger turned inwards - The 'Depressed' Position

In his paper entitled *Mourning and Melancholia*, Freud (1917) suggested that depression is 'anger turned inwards'. Black people who have been unable to deal constructively with the negative meanings attributed to some internal, stable and uncontrollable, often ambiguous aspect of their physical person, may direct the anger and frustration associated with such negative meanings and feelings towards the offending object – the Black body. Some Black people may be motivated to change their hair texture or skin tone to emulate the dominant ethnic group. Others are motivated to acquire personality characteristics alien to their reference group of origin, and to assume a different social identity, which denies the pre-existence of this

reference group (Badea, Jetten, Czukor & Askevis-Leherpeux, 2010). The mind appears to be 'doing violence' to itself as the Black individual 'battles' with mental representations of self in relation to need-frustrating others in the world he has constructed for himself. The Black person struggles to free him- or herself from the tension arising from relationships with need-frustrating others in the world; such challenges undermine his or her identity security, personal agency and self-esteem. Faced with imminent annihilation (being reduced to an object) or loss of the idealised loved-object, the Black child assumes the depressive position, which is akin to learned helplessness (Abramson, Seligman & Teasdale, 1978). Where the offending object is external to the self, the Black person may be perceived as being violent and aggressive in relation with others.

2.9   Anger turned outwards

Black people who are unable to deal constructively with the negative meanings assigned to stable, uncontrollable aspects of their physical person may direct the anger and frustration associated with such negative meanings and feelings towards the offending object, external to the self. Whether the locus of control is internal or external is important in the development of mental disorders (Neighbors et al., 1996). Identification with or idealisation of the abusive object may temper the fear of abandonment and annihilation, tempering the rageful response (Howarth, 2002). Black people who attribute their dejection and social exclusion to social structures such as 'the capitalist system' are more likely to direct their anger and frustration towards perceived offending external, stable, uncontrollable social situations without experiencing guilt, shame or low self-esteem (Bentall et al., 1994; Croker & Major, 1989; van Laar, 2000). When the offending object or perceived cause of all Black

people's suffering is believed to be part of the self, the anger and aggression, guilt or shame may be directed towards the self, resulting in low self-esteem.

2.10   Oscillating between the paranoid-schizoid and depressed position, contextually

On accepting that there is no avoidance of or escape from these stable, uncontrollable, ambiguous contexts, the Black person may appear to oscillate between the paranoid-schizoid position and the depressive position, realising that he may lose the good whole or part idealised love-object(s). Whether anger and frustration are directed outwards or inwards, however, the outcome is likely to be detention in the mental health care or criminal justice system (Jarvis, 2008; Jones, Singer & Magill, 2007). In situations from which there is no escape or avoidance, Black people face a dilemma they may or may not be motivated to resolve – Black person as a scientist (researcher) (Jaspers, 1951; Weiner, 1991, 2000). Where the Black person realises that the good and bad idealised whole or part love-objects are part of the same idealised love-object, he or she may be motivated to separate or dissociate from the bad aspects of idealised others. By so doing, he or she maintains self-esteem and is highly motivated to achieve the desired outcome in ambiguous, stable, uncontrollable contexts, despite low expectations and negative psychological outcomes (Crocker & Major, 1989; Crocker, Voelkl, Testa & Major, 1991). If the desired aim or goal is to be achieved, however, the susceptible Black person sensitised to perceived racism seems compelled to assume the paranoid-schizoid position. Transforming the paranoid-schizoid state to a depressed state in stable, uncontrollable contexts, in which the locus of control for the desired outcome is ambiguous, would indicate immanent fear of failure or the fear of losing whole or part of the idealised love-object.

Congruent with psychological distancing and separating bad whole or part idealised love-objects is the movement to avoid and escape from need-frustrating object relations that give rise to such intense feelings of anxiety, with a preference for relations with objects that do not. However, that which comforts is often also a source of consternation. In ambiguous, stable, uncontrollable contexts, Black people may be motivated to search for a cause for their presenting feelings. Where perceived racism is deemed the cause of their feelings, a flight or fight response might indicate trauma-based experience. Where frustration gives way to anger, a fight response may be observed. Interestingly, Holtgraves and Stockdale (1997) found that low anxiety was equated with repressing traumatic experiences. Black people may not feel guilt, shame or self-depreciation in stable, uncontrollable contexts if the locus of control is external (van Laar, 2000; Weiner, 1986). Dissociation may, therefore, also be associated with compliance and high self-esteem (Jordan et al., 2003). Black people who dissociate may appear calm and collected to observers (Sue, 1981). Whether such calmness comes from accepting that there are good and bad part idealised love-objects, indicative of giving up and identifying with the abuser, or evidence of denial and repression of unwanted thoughts and feelings, remains unclear.

Where frustration in stable, uncontrollable, ambiguous contexts gives way to unbearable emotional distress, a flight response may be observed. The immersion-emersion phase or state of racial identity (Helms, 1990, 1993; Vandiver et al., 2002; Worrell et al., 2004) reflects a flight from that which distresses, characterised by increased reference group orientation and anti-White sentiment. Black people expressing this state of racial identity appear to avoid contact with White people, and therefore are less likely to be confronted with the anti-Black sentiment. This flight response, however, does not necessarily mean that Black people who prefer to associate with people who share their phenotype are any more likely to value their

own Blackness than those who do not. The presumption that Black people may prefer to spend time with other Black people because they value their own Blackness is unsubstantiated. Black Caribbean people may be less likely to immerse themselves in Black Caribbean culture than Black African people are (Bécares et al., 2012).

Further, in certain contexts, Black reference group orientation can invite equal amounts of persecution and ridicule (Banks, 1992; Morley, 2011; Shelton & Sellers, 2000). Arguably, there should be some acknowledgement of the presence of Black and White people in order for anti-Black sentiment to be mirrored. Anti-Black sentiment following Black reference group orientation, however, may be more traumatic because it is unexpected. Here, the Black person fears the loss of the idealised Black love-object but also hates it: the paranoid-schizoid position. In external, stable, uncontrollable, ambiguous situations, the Black individual may construct defence mechanisms such as dissociation to separate or dissociate from the bad parts of the idealised love-object, in order to manage the frustration, guilt, shame and anger. Where the Black individual comes to realise that she or he cannot separate the bad parts of the important love-objects in relational race-based mental representations without losing the whole love-object, she or he may assume the depressive position until assimilation or accommodation is possible. Black people's response to perceived racism may vary according to the context within in which she or he finds him or herself because Black people differ when attributing cause and effect (Crocker et al., 1991; Shelton & Sellers, 2000; van Laar, 2000).

Ideally, the Black person should come to accept the probability that others will make value judgements about his or her physical attributes, and deal constructively with these judgements. In ambiguous, stable, uncontrollable contexts, the search for the cause of perceived racism may be located externally. In external, stable, ambiguous uncontrollable race-related contexts, the potential for perceived racism

may prove unavoidable. The Black person may believe that such experiences are less likely to occur in relation to those who value his or her defining features, and with those for whom race appears unimportant, but find that perceived racism is as likely to be experienced in Black reference group contexts. In their conceptualisation of the immersion-emersion state Worrell, Cross and Vandiver (2001) argue that paranoia or extreme wariness of the possibility of experiencing racism may override any changes in the environment (Bentall et al., 2001; Combs et al., 2006), tending towards a persistent racial identity attitude (Helms, 1984, 1993). Fear, low expectations and a reluctance to experience the emotional distress of perceived racism may prevent a change that would facilitate the achievement of desired aims or goals. In the next section, I will explore the cognitive dissonance that might arise between the perceived self and that mirrored by others.

2.11   Importance of cognitive dissonance to racial identity

According to social comparison theory, people are motivated to evaluate themselves in relation to others, where non-social comparisons are not possible (Festinger, 1954, 1957). Black people may avoid making social comparisons that threaten their self-esteem (Thornton & Arrowood, 1966). The reasons why Black people are motivated to compare themselves with White people remain unclear. The greatest cognitive dissonance between one's real and ideal self probably occurs in race-related limit situations, in comparison with others who are highly dissimilar in attractiveness and social desirability (Suls, Martin & Wheeler, 2002). Black people may be motivated to compare themselves to White people if they believe that such a comparison may lead to self-improvement or enhancement (Collins, 1996). Situations may occur in which cognitive dissonance is greatest, and all possibilities appear equally attractive. For instance, being with the racist may be attractive if the racist has

something the Black person needs or wants: it may be attractive even if the racist devalues the Black person's phenotype if the need remains attainable (Collins, 1996). Similarly, Black people may be less motivated to compare themselves to non-White people, unless such a comparison proves self-protective (Wills, 1981).

In limit situations in which race-based tension is low, the cognitive dissonance between real and ideal self is also low, and the Black individual is more likely to process social information that reflects a more tolerant attitude to his or her racial identity, irrespective of perceived attractiveness and familiarity. Conversely, in limit situations in which race-based tension is high, cognitive dissonance between real and ideal self is high and the Black individual is more likely to process mentally represented social information that reflects a less tolerant attitude to his or her racial identity, irrespective of perceived attractiveness and familiarity (Coetzee, Greeff, Stephen & Parrett, 2014; Fink, Bunse, Matts & Emiliano, 2012). The cognitive dissonance between real and ideal self depends upon prior observation or experience of being treated badly based on ascribed social factors, such as race – Black person as 'judge' (Weiner, 1991, 2000, 2010). In judging that racial tension is high and that cognitive dissonance between real and ideal self is also high, the Black individual may be motivated to change his racial identity attitudes in the direction of least resistance, since this would result in the less cognitive dissonance between the perceived real and ideal self: it would be self-protective. To reach their full potential and remain integrated, Wilkins (2010) argues that Black people will need to learn how best to constructively manage the intense feelings arising in the context of race-related incidents.

Helms and Piper (1994) proposed that a constellation of 'core' attitudes underpins racial identity and that it is impossible to hold more than one attitudinal state of racial identity at the same time and place. Black people may present an attitude

to the world that reflects a constant sense of oppression and wariness (Combs et al., 2006), but its expression is more likely in situations in which race is salient (Shelton & Sellers, 2000). Racial identity attitude expression, therefore, appears context-dependent. The extent to which a Black individual adheres to his racial identity attitude, however, depends upon the extent to which doing so proves self-protective and -enhancing (Suls, Martin & Wheeler, 2002). When mentally represented, his relational race-based schemas will always reflect his perceived evaluation or appraisal of his physical form and the context in which he finds himself. Such racial identity attitudes might not necessarily indicate an internal predisposition to behave in that way. The perceived race-related incident, event or situation may be real and taken directly from personal experience, from the experiences of other people or from imagined and constructed experiences. The emotions aroused, however, are likely to reflect how the person feels about the race-related schemas he or she has co-constructed in relation to others and the effect of perceived appraisal aspects of his or her Black body might garner in the future (Bandura, 1986; Weiner, 2000, 2010; van Laar, 2000). Where identity threat precedes social comparison, Black people are more likely to denigrate the situation or others, or to immerse themselves in Black culture (Wilkins, 2010; Helms & Parham, 1993). However, reference group orientation might not provide the self-protection the Black individual expects. The Black individual might not easily separate or dissociate from anti-Black sentiments, either physically or psychologically (Jost & Kuglanski, 2002; Malle, 2004). He or she may downplay or displace anti-Black sentiment to maintain some semblance of identity security and maintain his proximity to important others until successful assimilation and accommodation of anti-Black sentiment. In the next section, the Model of Nigrescence (Cross & Thomas, 1971) is explored from an integrated social cognition and object relations perspective. The Black body is central to experiencing racism, and to

allowing changes to racial identity attitudes according to which race-related schemas are activated in response to prevailing circumstances.

2.12   Transforming the 'Cross and Thomas model of Nigrescence.'

Horowitz (1988) defines a mental state as a recurrent pattern of cognitive-affective experience constructed from enduring relational schemas of self and others. The Black individual may appear to have constructed relational race-based schemas and to express behaviour indicative of the activation of such schemas with associated affect (Cox, Abramson, Lyn, Devine, Devine, Hollon & Steven, 2012). The resulting action, however, can only represent one state or generalised position at a given time. The Black person moves into and out of four different racial identity states according to perceived concern about and preoccupation with aspects of the Black body and the context within which he or she finds him or herself (see Figure 3). When mentally represented, these race-based schemas determine how the Black individual is likely to evaluate him or herself in comparison with others, and how they are likely to interpret future experience (Crocker et al. 1991; Major & Crocker, 1989; Mendoza-Denton et al., 2002; Westen, 1985, 1991). The four relational racial identity states are characterised as follows:

Object Relations and Social Cognition of Racial Identity - 1 (ORSCRIS1) describes a state of being whereby the Black individual develops a worldview according to which she or he is aware of her or his Blackness and how her or his physical features define her or his existence in relation to others. He or she co-constructs mental representations of the self from those who make derogatory comments about others, having not yet personally experienced racial discrimination. She or he is aware of how other people think about Black people in general, but he or

she has not experienced racial discrimination directly. Racial discrimination happens 'out there', to someone else, and has nothing to do with him or her. She or he is aware of her or his abilities and, so far, these abilities have allowed her or him to get to where she or he wants to in life without too much difficulty. She or he wants to believe that those with whom she or he associates, but is conscious of how others who share his or her defining features are denigrated value that within which she or he is embodied. This represents the primary 'split': the separation from ethnic group orientation and retraction into self for protection. He or she is aware of the mistreatment of those who share his or her phenotype, but there is no personal or emotional value attached to these indirect, relational race-based mental representations because those closest to her or him do not treat him or her in the same way. He or she co-constructs mental representations of the self in relation to those make derogatory comments about others with his or her phenotype

⇓　　　　Contextual Shift　　　　⇑
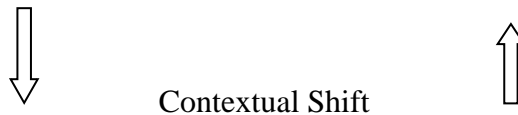
Object Relations and Social Cognition of Racial Identity - 2 (ORSCRIS2) describes a state of being whereby the Black person's lived-world changes, such that he or she is brought into direct contact with people who express hate or disgust for people who share his or her defining features. The Black person enters a state of identity confusion, as his or her worldview is challenged and frustrated. Previously held views about being-in-the-world no longer seem valid. When mentally represented, the relational race-based schemata constructed in relation with racialising objects that challenge and frustrate her or his existence reflect the cognitive dissonance experienced between the real and ideal self. The denigration of his or her whole or part Black body may give rise to extreme emotional pain: the primal wound. He or she

wants to avoid, or escape from, the source of his or her trauma and emotional pain by immersing her or himself in Black cultural activities or repressing the libidinal drive to maintain close proximity to the important love-object, which has what he or she wants or needs. He or she cannot risk losing the important love-object. He or she assumes the paranoid-schizoid position, separating from experience those aspects of his or her self that may draw unwarranted attention from those who would denigrate him or her. The primary 'split', the paranoid-schizoid position, is now invested with personal emotion and triggered when primed in relation to a lived-world that appears constantly hostile.

⇓ Contextual shift ⇑
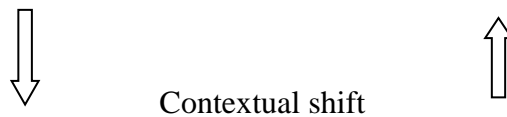
Object Relations and Social Cognition of Racial Identity – 3 (ORSCRIS3) describes a state of being whereby the Black person flees from perceived concern and preoccupation with aspects of his or her Black body, immersing him or herself in the Black culture in the hope that her or his defining features will be positively appraised. He or she co-constructs mental representations of the self-related to those who share his or her phenotype. He or she excludes those who challenge this view. She or he invites into his or her newly formed lived-world people who value his or her phenotype more than those of other ethnic groups. This need not be an absolute rejection of all things, not Black. However, the drive to locate a new, important love-object – the 'transferential-love-object' – excludes that which had previously threatened or frustrated. In the absence of object constancy, other Black people become that transferential love-object, just as when the child is first abandoned by his or her mother at bedtime and seeks comfort in a blanket or his or her thumb. Without successful association with the transferential-love-object, the Black child is more likely to develop psychological defence mechanisms such as repression, introjection,

projection, projective identification, displacement and dissociation. When channelled inwards, the narcissistic rage invoked in the Black person threatens to destroy the important love-object and this may be transformed into physical or mental disorder or illness. Whereas anger turned inwards is more likely to result in detention under the Mental Health Act of 1983/2007 (Gilbert, 1992), anger turned outwards is more likely to result in detention in the penal system (Jones et al., 2007).

⇓　　Contextual shift　　⇑
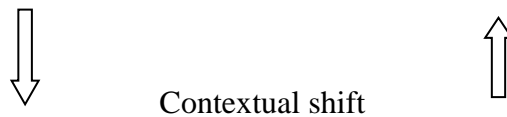
Object Relations and Social Cognition of Racial Identity – 4 (ORSCRIS4) describes a state of being whereby the Black person accommodates and assimilates the possibility that there may be aspects of her or his person to which others simply do not want to maintain proximity. He or she co-constructs mental representations of the self in relation to those who value their own phenotype as much as they do others. He or she realises there is no escaping that within which he or she is embodied or what his or her physicality might represent for others. He or she accepts that there will always be some people in the world who will set limits to the proximity his or her Black body may maintain, and the denied proximity may negatively impact the objectives he or she has set him or herself. Each new day will present anew the primal challenge of how to coexist with others who want to annihilate him or her. He or she appears thrown into limit situations, in which the possibilities and limitations will need repeatedly to be discovered and rediscovered in relation to a world that seems constantly hostile. He or she accepts that that within which she or he is embodied limits the extent to which self-evaluation through social comparison is possible: that is, he or she cannot transcend his everyday existence and become White. She or he also accepts that she or he can no more force others to maintain proximity to

something that disgusts them than he or she would feel obliged to force him or herself. The Black individual realises there are limits to the amount of change he or she can make to him or herself to reduce his or her own uncertainty. She or he is confronted with his or her sense of powerlessness in relation to the physical, social, personal and spiritual world and assumes the depressive position until better able to assimilate and accommodate challenging or frustrating race-related information. When he or she accepts that there are good and bad aspects of that within which she or he is embodied, she or he values his or her own racial identity.

According to my proposed integrated Object Relation and Social Cognition of Racial Identity (ORSCRIS) model, Black people will hold mental representations or relational race-based schemas of self that vary according to their perceived appraisal of the Black body and the prevailing social context within which the individual or group is situated in time and space. Which mental representations Black people operationalise and activate in relation to others is critical to the outcome of any subsequent or future social intercourse (Westen, 1985, 1991). The resulting behaviour might not necessarily represent a response to prevailing circumstances, but might rather indicate what is already believed to be true about the self in a given situation or represent an affect that a perceived appraisal might induce in the future. In Table 1, four different models of racial identity and their apparent relatedness are compared. My Object Relations and Social Cognition of Racial Identity model, however, attempts to identify those race-based mental representations that might underpin racial identity with the ethnic Black body at the centre of perceived race-related experience.

Table 1

A Comparison of Four Different Models of Racial Identity

Thomas (1971) and Cross (1971) Mode of Nigrescence	Multigroup Ethnic Identity Model (MEIM) (Phinney, 1989)	My Object Relations & Social Cognition Model of Racial Identity Development	Minority Identity Development Model (Atkinson, Morten & Sue, 1979)
Preencounter – characterised by the belief that Black people are inferior;	Diffuse – not explored, or committed to any group identity;	ORSCRIS1 - Individual exhibits a reluctance to accept that the important-ethnic-Black-self object is comprised of good and bad part objects (i.e., his or her Black-ness);	Conformity – racial dynamics experienced without question;
Encounter – direct experience of racism that has a traumatic effect	Foreclosed – not explored, but committed to a group identity;	ORSCRIS2 - shock or trauma experienced as individual encounters different/new situations where ethnic-Black-self-object is implicated in the ongoing social discourse; individual realises that bad whole or part objects are part of self, and she or he engages psychological defence mechanisms, (i.e., splitting, introjection, projection, and projective identification) in an attempt to protect self from the trauma and to manage intense feelings arise within self;	Dissonance – experiences confusion about previously held ideas about the nature of relationship with others
Immersion – internal conflict prompts movement towards people of similar race	Moratorium – explores, but not committed to any group identity;	ORSCRIS3 – the individual is unable to accept that the bad parts are part of self, and she or he attempts to avoid and escape from the emotional distress invoked in relation with others by immersing self into social groups that share his or her phenotype;	Resistance – challenges to self-concept are resisted; preference for association with people who share defining features;
Emersion – safe space within own culture no longer necessary for self-acceptance;			Introspection – awareness of good and bad aspects of self
Internalisation – acceptance of difference in self and others; resolved internal conflicts and able to be in relationship with others without feeling dejected;	Achieved – explores and commits to a group identity;	ORSCRIS4 - Is aware that there are good and bad part objects in everyone, and gives up his dependency on social relations that only validate and affirm his existence for those that both validate and affirm racial difference Awareness and acceptance of good and bad aspects of self and others and the individual learns to tolerate and manage the intense feelings of anxiety invoke.	Awareness – confusion subsides, and method of expressing true self is revealed in relation.

Figure 3

Four Dimensions of ORSCRIS
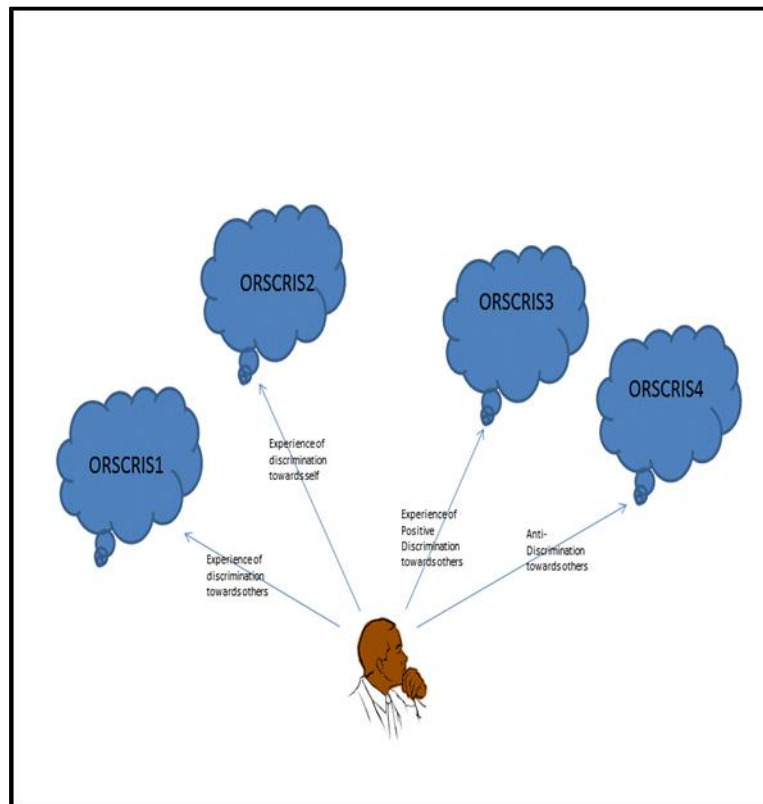
Chapter 3

3.1   Methodology

The purpose of this thesis was to examine the relationship between mental representations of the subjective experience of racism, a form of "racialised body image disturbance" arising from perceived obsession with the Black body, low self-esteem, and dissociative experiences, in a nonclinical sample of the UK's Black population. As racism is a common experience for Black people in the UK (HORDSD, 2008), and race-related stress could be traumatic for susceptible Black people (Bryant & Ocamp, 2005), a study on the relationship between race-based schemas and dissociative experiences in this population is justified. The thesis was based on the assumption that when race-related mental representations or race-related schemas are activated in new or different social situations, the stress of such experiences could undermine identity security, personal agency and confidence to the extent that dissociative experiences such as depersonalisation and derealisation ensue. For this thesis information was required about relational race-based schemas, perceived obsession with the Black body, self-depreciation and dissociative experiences, to be objectively collected, collated and analysed within the constraints of the resources that were available (Kumar, 2005). Before the proposed theoretical model could be tested, however, it was necessary to operationalise relational race-related schemas and perceived concern and preoccupation with aspects of the Black body, as well as the effect of these perceived concerns on future interaction from an integrated object relations and social cognition perspective. I designed the 'Object Relations and Social Cognition Model of Racial Identity (ORSCRIS)' to measure relational race-based

schemas and the 'Racialised Body Image Disturbance Scale (RBIDS)' to measure perceived concern and preoccupation (perceived obsession) with aspects of the Black body and the effect of that perceived obsession on future social interaction. Respondents were asked to specify those aspects of their Black bodies they believed concerned others during the validation of RBIDS, and their responsess were analysed thematically. The validity of my two new instruments will be tested in two separate studies, (i.e. Study 1 & 2, respectively).

A series of studies using a within-subjects design with survey methods was employed to collect and analyse data. This information could have been acquired using qualitative methods, such as interviews or experiential focus groups. Exploring these concepts and the relationships between them would not, however, revealed the size of the prevalence of the proposed relational race-based schemas in the wider Black community. Interviews and focus groups would also have introduced the risk of undesirable researcher-participant effects, such as interviewer bias, social desirability and halo effects, indirectly influencing responses and confounding outcomes (Duffy, Smith, Terhanian & Bremer, 2005). If focus groups or other qualitative methods were used, objectivity would be compromised because there is always the risk of co-construction of participant experiences in these situations. Although Fielding (1992) argued that co-construction should not detract from the potential value of qualitative research, and such issues could be addressed reflexively, Goodwin (1998) raised concerns about the implications of qualitative research in which theoretical assumptions are made about facts and events, and the strength of relationships derived from qualitative data. Establishing the strength of relationships is the aim of this thesis.

Quantitative methods of data collection and analysis are often employed where the measurement of facts about people, events or things and establishing the strength

of the relationship is required. A within-subjects design with survey methods enabled the examination of the prevalence of a phenomenon in a sample population by surveying a cross-section of the sample population at one place in space and time (Babbie, 1989). Various data collection methods were considered to help manage common method biases (Podsakoff, MacKenzie & Lee, 2003). A 'within-subjects' design using survey methods, however, minimises researcher influence on the outcome of the study. Therefore, three web-based multivariate questionnaires, which allowed the same subjects to be tested under similar conditions in cyberspace, were designed for use in this thesis. To my knowledge, using the internet to collect quantitative data from the chosen target population has not previously been attempted in the UK.

Using the internet to collecting data has various advantages. It is cheaper, faster and more cost-effective than mailing questionnaires (O'Neill, 2004). Further, it provides the opportunity to reach a broader target population than might be possible with individuals or groups of investigators at a physical site (Carbonaro et al., 2002). Response rates to internet surveys are typically higher, and handling time is reduced (Kittleson, 1997). The validity and reliability of data obtained using web-based questionnaires do not differ significantly from those of data obtained using paper methods (Schmidt, 1997). Evidence suggests that web-based surveys that are easy to access, provide clear instructions for the completion of the questionnaire and require minimal computer skills from respondents are more readily completed (Eysenbach & Wyatt, 2002). This method would also offer respondents the opportunity to answer questions about themselves that they might have had difficulty speaking about to a researcher directly, and they could complete the questionnaire at times of the day when researchers would not be available on-site (Johns, Chen & Hall, 2003).

Difficulties would only be revealed, however, by asking participants to comment on them.

Internet survey methods also present some disadvantages. Differences in computer equipment and the software used could confound results. Targeting Black people with access to the internet would exclude all those who did not have access. The proportion of the Black British population with a modest income, or who lack the necessary knowledge and skills to use the internet, might also be denied the opportunity to participate (Madden & Rainie, 2003). However, as most Black people in the UK live in inner-city areas (between 61% Black African and 78% Black people of African Caribbean descent in the UK, live in London alone; ONS, 2001), a significant proportion of Black people would have as much chance of gaining access to the internet as anybody else. Having to find the website on which the questionnaire was published might also limit the number of possible participants (Hewson, Yule, Laurent & Vogel, 2003). Every effort was made to advertise and promote the study on websites frequented by Black people, such as ethnicmedia.co.uk, lsbusu.ac.uk, the voice-online, ethnicnow.com, blackbritain.co.uk, blacknet.co.uk, blink.org.uk and blackukonline.com and in the local community to ensure that the sample of respondents fitted the selection criteria for inclusion in the study.

Various factors were considered when determining how best to encourage participation without compromising the integrity of the study. Different people have different interests in the virtual world, just as in the real world; for instance, 61% of the total population in the UK would have accessed the internet in the last three months to purchase goods, services or send emails (ONS, 2005). Selection bias and variability in computer hardware and internet software technology might reduce external validity, especially where colour was used in the survey (Eysenbach & Wyatt, 2002). However, selection bias might also have been introduced into the study (the

volunteer effect) if respondents had been asked to complete paper questionnaires at selected sites. Similarly, incentives used to encourage interest may distort results, providing an inaccurate reflection of the issues under investigation. The overrepresentation of Black people in mental healthcare services in the UK was a hot topic of conversation among activists in the Black community; amendments to the Mental Health Act mean that the relationship between racism and mental health remains an important topic in the Black community.

Despite probable internet competence, some Black people might not be interested enough to participate (Sterne & Priore, 2000). Even with repeated approaches to website administrators asking them to encourage Black people to participate in the study, it was difficult to acquire a reasonably sized sample without spamming prospective participants (Rosenspan (2000) defines spamming as the indiscriminate distribution of messages without the permission of the recipient or considering the appropriateness of the message). Other university campuses were restricted in their ability to support the research by Data Protection and anti-spamming legislation. Ipsos Mori did not possess a panel of possible survey respondents representative of the 'hard-to-reach groups' that the researcher wanted to contact. Permission marketing was thus considered most appropriate (Krishnamurthy, 2001) and a web page was designed to incorporate this function.

The possibility of a low uptake by Black people was a real possibility, an 'email contact response approach' could boost responses (Yun & Trumbo, 2000), although this approach also depends upon a pre-existing contact list and participant interest in the study. When consent rates were compared among groups matched on ethnicity and race in 20 different health research papers representing some 70,000 people in the USA, Black and ethnic minority people were no less likely than those in other groups to participate in health-related research (Wendler et al., 2005). Research

topics that are salient and meaningful to Black populations tend to receive the most participation; for instance, Elford, Anderson, Bukutu and Ibrahim (2006) examined the experience of Black African people living with HIV in East London, using a paper questionnaire, and the response rate was 73% of eligible patients. On the other hand, Freeman et al. (2005), looking at paranoia in university students and using a web-based questionnaire, only managed to recruit nine Black African students and nine Black African Caribbean students, as opposed to 98 Asian and 1001 white students. The researchers felt that as well as its relevance and importance to them; respondents might have been concerned about the implications of taking part in their study (Freeman et al., 2005).

This research was actively promoted as a health-related study on websites frequented by Black people. Access to the internet in the UK across all age ranges has improved significantly since the year 2000 and is approximately 61% nationally (ONS, 2005), and every effort to obtain a representative sample of Black internet users. For example, if most potential participants were politically active and had independently logged on to the internet for specific purposes other than taking participating in this study, this would distort the sample affecting generalisability (Duffy et al., 2005). Hence, tests for skewness (a measure of lack of symmetry) and kurtosis (a measure of 'peakedness' relative to normal distribution) were conducted to determine how far removed from the sample mean the data was.

3.2   Procedure

Three multivariate questionnaires were designed and published online. To ensure that all the ethical issues were addressed, and to protect both the organisation and the researcher against the potential legal implications of neglecting to address

important ethical issues, the web-based questionnaire was submitted for ethics approval at Brunel University and 'Charing Cross Ethics Committee before being published online. The Code of Ethics in Research (2006) of the British Psychological Society was applied throughout the study and any changes following this review were implemented (see Appendix P). With internet research, the researcher has less control over who participates. Implementations that are more complex have greater scope for procedural variability owing to the range of hardware and software configurations participants may be using (Birnbaum, 2004). Not being able to identify the respondents prevented measures to ensure that they did not belong to vulnerable groups and were not underage. However, the questionnaire was unlikely to distress respondents unduly (Bartram, 2005) and the contact details of the lead researcher were provided.

Potential respondents were reached by advertising on websites commonly frequented by Black people, such as New Nation, The Voice, Blackplanet.com, 100 Black Men and Colourful Network. Advertisements were published for a four-month period. The researcher offered to enter potential respondents into a prize draw as an incentive to participate. Responses to the questionnaire were to be sent directly by email to the researcher on submission and stored electronically on a computer to which only the researcher had access to, and, therefore, not held readily accessible to the public. Each response had a unique URL. The researcher could, therefore, check each response to determine whether the respondent lived in the UK or elsewhere.

The questionnaires were tested for functionality before being published. The questionnaires were designed such that, so that potential participants were required to read an information sheet and a consent form, before being permitted to continue with

the questionnaire. Although participants were requested to answer all items on the three questionnaires, they were instructed to leave questions blank if they did not want to answer them. Also, participants were informed of their right to discontinue the questionnaire at any time by simply navigating away from the website. There was no facility for not answering any of the questions, but respondents could either indicate a 'nil response' by leaving the item blank or agree to complete the entire questionnaire or none of it. The latter may have reduced the number of participants, but it was important to offer respondents all choices. A pilot study with 24 participants found that a single questionnaire would have met the criteria for within-group analysis, but the likelihood of recruiting that many people were slim. Therefore, three studies with three associated questionnaires were constructed rather than a single questionnaire comprising all instruments.

Using a within-subjects design in Study 1, the validity of my ORSCRIS (and RBIDS was tested by examining the relationships between relational race-based schemas, perceived obsession with aspects of the Black body and its effect on future social interaction, low self-esteem and appraised racist events were examined. The web-based multivariate questionnaire comprised a demographic component, my RBIDS, my ORSCRIS, the Schedule of Racist Events (SRE) (Landrine & Klonoff, 1996) and the Self-esteem Scale (RSES) (Rosenberg (1965).

Using a within-subjects design in Study 2, the validity of my ORSCRIS and RBIDS was tested by examining the relationships between race-based schemas, perceived obsession with aspects of the Black body and its effect on future social interaction, low self-esteem, and race-based rejection sensitivity. The web-based multivariate questionnaire comprised a demographic component, my RBIDS, my

ORSCRIS, the Race-based Rejection Sensitivity Scale (RBRS) (Mendoza-Denton et al., 2002) and Rosenberg's Self-esteem Scale (RSES) (1965).

Using a within-subjects design in Study 3, the proposed theoretical model was tested by examining the relationships between race-based schemas, perceived obsession with aspects of the Black body and its effect on future social interaction, low self-esteem, and dissociative experiences. Questionnaire 3 comprised of a demographic component, my RBIDS, my ORSCRIS, Bernstein & Putnam's (1986) Dissociative Experiences Scale (DESII)' and Rosenberg's (1965) 'Self-esteem Scale (RSES)'.

3.3   Analysis

The data were analysed using SPSS 15.0. Exploratory Factor Analysis (EPA) using a regression method was conducted to A) determine whether a pattern of relationships among the variables could be identified (Floyd & Widamen, 1995), B) whether the scale items adequately loaded on to unique factors, and C) whether conceptual validity was achieved in relation to the theoretical model proposed (Cohen, 1988). The inclusion of error variance and unrelated factors can occur when a non-restricted method such as principal component extraction with varimax rotation is used to explore data (Gorsuch, 1997). Further, it would be unreasonable to assume that factors in each of the scales are unrelated (Fabrigar, Wegener, MacCallum & Strahan, 1999). Therefore, it was more appropriate to use Principal Axis Factor Analysis with an oblique rotation technique to disperse and isolate the factors identified. Overall, the analysis should not only show whether the instruments demonstrated internal reliability and structural validity, but also external reliability and validity. Convergent

and divergent validity would enable the researcher to use the scales to substantiate the proposed theoretical model (Cohen, 1988).

EFA of each scale and subscale used should not only determine whether each scale was comprised of items that best reflected each dimension of the scale used, but also determine whether each scale hung together as a coherent structure; that is, demonstrated structural or conceptual validity. Factor retention was based on a minimum loading of three items (Floyd & Widamen, 1995), and a minimum factor coefficient of 0.45 for each item (Comrey & Lee, 1992). Confirmatory Factor Analysis (CFA) was conducted to test hypotheses corresponding to prior theoretical notions underlying my ORSCRIS and RBIDS. Adequate convergent and divergent validity of the two scales compared to the SRE (Landrine & Klonoff, 1996) and RBRS (Mendoza-Denton et al., 2002) were anticipated. This would demonstrate that relational race-based schemas, perceived concern and preoccupation with the Black body, the effect of perceived concern, and preoccupation with the Black body on social interaction correlated significantly with, and contributed to Appraised Acute Racist Events and Appraised Chronic Racist Events (Landrine & Klonoff, 1996) reported by Black people in the UK.

Cronbach's (1951) alpha coefficient was used to determine the internal reliability of the scales. Tests of normalcy and homogeneity of variance of the outcome measures preceded multivariate analysis of variance (MANOVA) with planned contrasts in the sample when differentiated according to gender and ethnicity. Categorical variables such as income were recoded into dichotomous one by assigning a dummy variable 1 for values below the median and a dummy value to 2 for values above the median. Hierarchical regression models were used to determine the extent to which the measures explained variance in dissociative experiences (Floyd & Widamen, 1995). Path analysis using structural equation modelling (LISREL 8.8)

confirmed predictor relations between expected and observed variables. Path analysis should indicate whether there was any evidence to support the proposed theoretical model: that preoccupation with perceived concern with the Black body and derogatory race-based relational schemas predict the frequency of reported dissociative experiences. The parameters in confirmatory factor analysis (factor pattern, factor covariance and uniqueness) are typically estimated using maximum likelihood (ML) factors of presenting factors contributing to the observed variance. Maximum likelihood factor analysis determined the goodness-of-fit of the proposed factor structure to confirm the structure of the proposed theoretical model. Figure 4 illustrates how the subjective experience of racism is co-constructed in relation to others, giving rise to race-based relational schemas of perceived concern and preoccupation with the Black body, the effect of perceived concern and preoccupation with the Black body on future social interaction, low self-esteem and dissociative experiences.

3.4   Expected outcome

In Study 1, derogatory race-based schemas, perceived obsession with aspects of the Black body and its effect on future social interaction, low self-esteem will have a significantly large positive effect on reported appraised acute and chronic racist events thus validating ORSCRIS and RBIDS. In Study 2, derogatory race-based schemas, perceived obsession with aspects of the Black body and its effect on future social interaction, low self-esteem will have a significantly large positive effect on reported race-based rejection sensitivity thus validating ORSCRIS and RBIDS. In Study 3, derogatory race-related schemas, perceived obsession with aspects of the Black body and its effect on future social interaction, low self-esteem will have a

significantly large positive effect on the reported frequency of dissociative experiences

in a nonclinical sample of the Black population in the UK.

Figure 4

Proposed theoretical cycle of Race-related Trauma

Subjective Experience of 'Racism'

Race-based Relational schemas

Racialised Body Image Disturbance

Dissociative Experiences
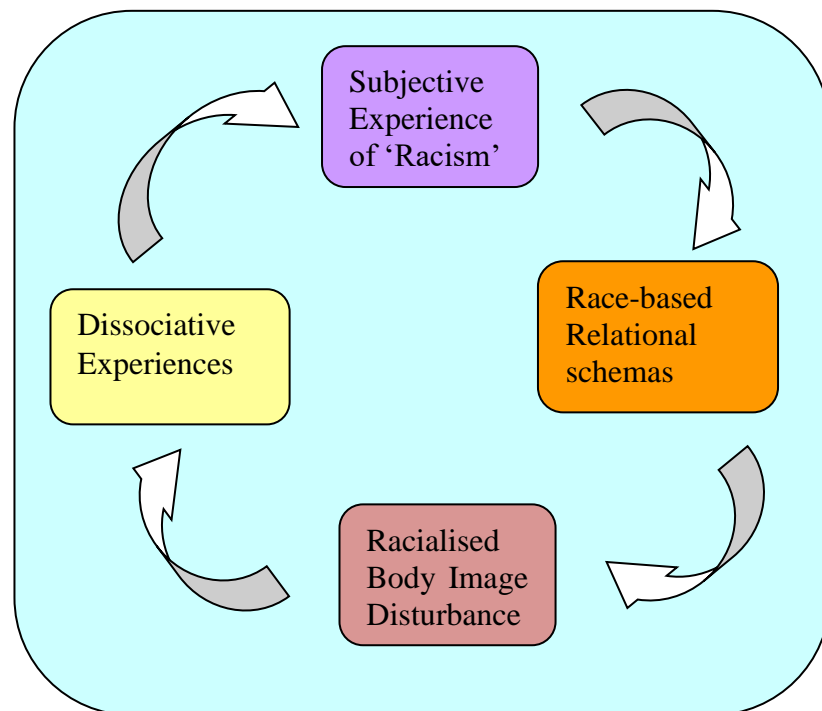
Chapter 4

Validation of my 'Object Relations and Social Cognition of Racial Identity Scale (ORSCRIS)' using Landrine & Klonoff's (1996) 'Schedule of Racist Events (SRE)' – Study 1

Using a within-subjects design in study 1, Landrine and Klonoff's (1996) 'Schedule of Racist Events (SRE)' tested convergent and discriminant validity of my 'Object Relations and Social Cognition of Race-related Incidents Scale (ORSCRIS)' and my 'Racialised Body Image Disturbance Scale (RBIDS)'. The main hypotheses are that:

(1) Perceived concern and preoccupation with aspects of the Black body and effect of this perceived obsession with the Black body on future social interaction with be significantly associated with and contribute to the variance in appraised acute and chronic racist events, (i.e., Hypotheses 1-2 & 7);

(2). Derogatory race-related schemas about self or others would be significantly correlated with, and contribute to the variance of, acute and chronic racist events, (i.e., Hypotheses, 2-6 & 7);

4.1   Hypotheses – Study 1:

1) Significant positive correlations will be observed between reported 'Appraised Acute Racist Events (SRE), and (1) perceived concern and preoccupation with the aspects of the Black body (RBIDS); and (2) the effect of perceived concern and preoccupation on future social interaction components of the 'Racialised

body Image Disturbance Scale (RBIDS)' that cannot be better explained by variation in age, gender, marital status, annual income, academic achievement, or skin tone;

2) Significant positive correlations will be observed between reported 'Appraised Chronic Racist Events (SRE), and (1) perceived concern and preoccupation with the aspects of the Black body (RBIDS); and (2) the effect of perceived concern on social interaction (RBIDS)' that cannot be better explained by variation in age, gender, marital status, annual income, academic achievement, or skin tone;

3) Significant positive correlations will be observed between reported 'Appraised Acute Racist Events (SRE)', and 1) reported mental representations of self in relation with people who made derogatory race-related comments about others (ORSCRIS1); and 2) mental representations of self in relation with people who made derogatory race-related comments about self (ORSCRIS2) that cannot be better explained by variation in age, gender, marital status, annual income, academic achievement, or skin tone;

4) Significant negative correlations will be observed between 'Appraised Acute Racist Events (SRE), and 1) reported mental representations of self in relation with people who made positive race-related comments about others (ORSCRIS3), and 2)reported mental representations of self in relation with people who valued each their own ethnicity as much as he or she did others (ORSCRIS4) that cannot be better explained by variation in age, gender, marital status, annual income, academic achievement, or skin tone;

5) Significant positive correlations will be observed between 'Appraised Chronic Racist Events', and 1) reported mental representations of self in relation with people who make derogatory race-related comments about others

(ORSCRIS1), and 2) reported mental representations of self in relation with people who make derogatory race-related comments about self (ORSCRIS2) that cannot be better explained by variation in age, gender, marital status, annual income, academic achievement, or skin tone;

6) Significant negative correlations will be observed between 'Appraised Chronic Racist Events (SRE)', and 1) reported mental representations of self in relation with people who made positive race-related comments about others (ORSCRIS3); and 2) reported mental representations of self in relation with people who value their own racial as much as they do others (ORSCRIS4) that cannot be better explained by variation in age, gender, marital status, annual income, academic achievement, or skin tone;

7) Reported mental representations of self in relation with people who make derogatory race-related comments about others (ORSCRIS1), reported mental representations of self in relation with people who make derogatory race-related comments about self (ORSCRIS2), perceived concern and preoccupation with the aspects of the Black body, the effect of perceived concern and preoccupation with the Black body on social interaction (RBIDS) and low self-esteem will significantly contribute to the variance of reported 'Appraised Acute and Chronic Racist Events (SRE)'.

4.2   Respondents

Of the 22 (39.3%) Black male respondents and 34 (60.7%) Black female respondents who responded to questionnaire 1, 26 (46.4%) described themselves as Black people African Caribbean descent, 20 (35.7%) Black people of African descent, and 10 (17.8%) as mixed Black descent. The age of the respondents ranged from 19-

57 years, and the mean age was 36.2 years (SD = 13.12 years), and median age = 39.5 years.

Self-reported estimates of skin tones ranged from light colouration (denoted 20 on the von Luschan (1922) chromatic chart) to darker colouration (denoted 36 on the von Luschan (1922) chromatic chart). There was very little difference between the mean skin tone (M = 27.52, SD = 3.43), and the median skin tone reported was 28.00 (denoted 28 on the von Luschan's (1922) chromatic scale.

Fifteen (26.8%) of Black respondents reported being married or cohabiting, five (9.0%) were either separated or divorced, and 36 (64.2%) reported being single. Twenty-six (46.4%) Black respondents reported educational qualifications below degree level, and 30 (53.6%) reported educational qualifications of degree level and above. Twenty-six (44.4%) reported annual incomes of less than £20,000 per annum, and 30 (53.6%) reported annual incomes of more than £20,000 per annum. The mean annual income for the sample population was £24,500 per annum, SD = £20,000 per annum. The median annual income was £20,000 per annum.

4.3 Materials:

Questionnaire 1 comprised of a demographic component and outcome component. The categorical or descriptive variables were chosen were age, gender, and ethnicity, the level of academic achievement, accessible annual income, and variation in skin tone. The skin tones used were copied from the original chart box per box using the paint programme's dropper tool from Felix von Luschan's (1922) book, 'Voelker, *Rassen, and Sprachen'*. These variables have been shown to influence the subjective experience of racism (Coard et al., 2001; Hajnis et al., 1994; Hughes &

Hertel, 1990; Tinsley & Jacobs, 2006), and therefore, likely to exert some effect on the following outcome measures.

My 'Racialised Body Image Disturbance Scale (RBIDS)' is a 9-item self-report scale, devised to measure: (1) perceived concern and preoccupation (perceived obsession) with aspects of the Black body; and, (2) perceived concern and preoccupation (perceived obsession) with aspects of the Black Body on future social interaction. For item 1, respondents were required to indicate whether they were 'not at all concerned' to 'extremely concerned' on a 5-point Likert scale. In item 3, respondents were required to indicate whether they were 'not at all preoccupied' to 'extremely preoccupied' on a 5-point Likert scale. In item 5, respondents were required to indicate whether they were experienced 'no distress' to 'extreme and disabling distress' on a 5-point Likert scale. In items 6-9, respondents were required to indicate whether there was; 'no interference' to 'extreme interference' on a 5-Likert scale. Scores for each item ranged from zero to four and calculated by taking the average of all scores. Higher scores indicated agreement with the proposed concept, and lower scores indicated disagreement with the proposed concept. The scale possessed good internal reliability and validity. Reliability analysis indicated that the Cronbach's (1951) correlation coefficient alpha for (1) perceived concerns and preoccupations about the Black body, $\alpha = .75$; and (2) the effects of perceived concerns and preoccupations on future social interaction, $\alpha = .83$.

My 'Object Relations and Social Cognition Scale of Racial Identity Scale (ORSCRIS)' is a 20-item self-report tool comprised of four categories of race-based relational mental representations or schemata that might underpin racial identity attitudes using a 7-point Likert scale (1 = strongly disagree to 7 = strongly agree; midpoint 4 = neither agree nor disagree). The first category ORSCRIS1 attempted to reflect mental representations of self in relation people who made derogatory race-

related comments about other people. The second category, ORSCRIS2, attempted to reflect those mental representations of self in relation people who made derogatory race-related comments about self. The third category, 'ORSCRIS3' attempted to reflect mental representations of self in relation other Black people who made positive race-related comments about self; and the fourth category 'ORSCRIS4 attempted to reflect those mental representations of self in relation people who appreciate their racial identity as much as do that of others. Scores ranged from 1-7 on each subscale. The score for each subscale was averaged. Higher scores indicated agreement with the proposed concept, and lower scores indicated disagreement with the proposed concept. Reliability analysis indicated that Cronbach's (1951) correlation coefficient alpha for each subscale was reasonable, ORSCRIS1, $\alpha = .70$; ORSCRIS2, $\alpha = .86$; ORSCRIS3, $\alpha = .73$; ORSCRIS4, $\alpha = .80$, respectively

Landrine and Klonoff's (1996) 'Schedule of Racist Events (SRE)' is 18-item self-report scale comprising three subscales to that measures the frequency of racist events in Black people over (1) the last year, and (2) over a lifetime, and (3) the extent to which they found these events distressing. For instance, item 1) States: *How many times have you been treated unfairly by teachers and professors because you are Black in the past year*? The individual answers using a 6-point Likert scale ranging from one (the event never happened to me) to six (the event happened all the time). The individual then appraises each event as an indication of the events stressfulness. Each appraisal item is answered using a seven-point Likert scale ranging from one (not stressful at all) to six (extremely stressful). Scores were derived by multiplying the frequency of the event by the extent to which respondents found the event stressful (appraisal). Scores range from 18 to 108 on each subscale, and the Cronbach's (1951) correlation coefficient alpha for Recent Racist Events, $\alpha = .95$; Lifetime Racist Events,

α = .95; and Appraisal, α = .94, respectively (Landrine & Klonoff, 1996; Klonoff, Landrine & Ullman, 1999).

There has been some debate as to whether Landrine and Klonoff's (1996) 'Schedule of Racist Events (SRE)' measures different types of racism, (e.g., Utsey, 1998). Greer (2010) applied Harrell's (2000) typology for race-related stress and concluded that SRE was comprised of three types of race-related stressors. 1) Seven items are pertaining to race-related stress in institutions, (i.e., chronic contextual race-related stress). 2) Six items related to daily degradation or slights because of one's ascribed race, (i.e., microstressors), and 3) three items related to acute and time-limited racism-related stress). All other items were removed from confirmatory factor analysis because they did not fit with the subjective experience of racism or implied any coping strategy. Cronbach's (1951) alpha for acute/recent racist events, chronic/lifetime racist events, and appraisal were .87, .92, and .92 respectively were found in the Greer (2010) original model. Cronbach's (1951) alpha, α = .85 for chronic-contextual stress, α = .84 for microstressors, α = .71 for racism-related events in Greer's (2010) alternative model, and an alternative model based unfair treatment alone was used here. In study 1, Exploratory Factor Analysis was conducted on all items and three times were extracted for further analysis. Appraised chronic-contextual race-related stress in the last year, (i.e., items 7ab, 8ab, 9ab, 10ab, 11ab, 15ab, 16ab, 17ab; 18ab); Appraised acute time-limited racist events in the last year, (i.e., items 1ab, 2ab, 3ab, 4ab, 5ab, 6ab, and their appraisal). Reliability analysis revealed Cronbach's (1951) alpha for: 1) Appraised Recent Acute Racist Events, α = .86; and, 2) Appraised Chronic Racist Events, α = .93, respectively.

Rosenberg's (1965) Self-Esteem Scale (RSES)' is a 10-item unidimensional instrument devised to measure global self-esteem in adolescents (See Appen*dix K). The scale, however, has been found to measure feelings of self-worth in adults* across

different ethnic and cultural groups and between male and female reliably (Greenberger, Chuansheng, Dmitrieva & Farrugia, 2003). Respondents were asked to indicate on the 4-point Likert scale the extent to which they agree or disagree with ten statements related to overall feelings of self-worth. For instance, respondents were asked: 'At times I think I am no good at all', or 'I feel that I have some good qualities'. There are equal numbers of positively and negatively worded items in the scale, and this reflects its two-factor structure, (i.e., self-appreciation and self-deprecation). The scale has been found to possess good internal consistency with Cronbach's alpha for various samples typically in the range of 0.77 to 0.88 (Rosenberg, 1986; Schmidt & Allik, 2005), and good reliability with test-retest correlations typically in the range of 0.82 to 0.88 in general populations (Blascovich & Tomaka, 1993). Lockett & Harrell (2003) used this scale reliably in Black populations, reporting two-dimensional structure: (1) self-appreciation, and (2) self-depreciation, respectively.

4.4   Sample Size

The sample size should have sufficient power to reduce the probability of achieving false positive (Type 1 error), and the possibility of false negative effects (Type 2 error), and hence, rejecting the null hypothesis out of turn. The null hypothesis was that there would be no correlation between relational race-based schema might underpin ethnic identity, or racialised body image disturbance, and the reported appraised racist events, $p < .05$. An appropriate sample size was computed using G*Power to determine the likelihood of detecting a small difference in the outcome measures. For an *a priori* analysis using 11 variables, the *F*-ratio in multiple regressions may be determined from a total sample size of 146 respondents would be

sufficient to stand a 95% chance of detecting a small effect size (.15) on the primary outcome measure, (i.e., Landrine & Klonoff (1996) 'Schedule of racist events (SRE)), in the sample population. Tables 2 & 3 shows a summary of scales used and abbreviations, and demographic variables, labels and dummy values used.

4.5   Response rate

Five thousand, eight hundred, and sixty-nine people visited the website. One hundred and fifty-seven potential respondents did not answer or left the item blank. Only 56 people completed to Questionnaire 1 comprised of a demographic component, my 'Racialised Body Image Disturbance Scale (RBIDS)', my 'Object Relations and Social Cognition of Racial Identity Scale (ORSCRIS)', Landrine and Klonoff's (1996) 'Schedule of Racist Events (SRE)', and Rosenberg's (1965) 'Self-Esteem Scale (RSES)'. No non-UK nationals were included for analysis, (i.e., response rate overall = .0095%).

Table 2

A summary table of scales and abbreviations used

Object Relations & Social Cognition of Racial Identity Scale	ORSCRIS
Racialised Body Image Disturbance Scale	RBIDS
Schedule of Racist Events	SRE
Race-based Rejection Sensitivity Scale	RBRS
Dissociative Experiences Scale II	DESII
Rosenberg's Self-Esteem Scale	RSES
Perceived concern	EPRBC
Effects of concern	EPRBC
Self-appreciation	SA
Self-depreciation	SD

Table 3

Variables, labels, and dummy values apportioned

Variable	Label	Value
Gender	Male	1
	Female	2
Ethnicity	African Caribbean	1
	African	2
	Mixed Black	3
Academic	No qualifications	0
Achievement	GCSE O Levels	1
	GSCE A Levels	2
	Diplomas/NVQs	3
	BA/BSc	4
	MA/MSc	5
	Ph.D./LLD	6
	Post-doctoral	7
Annual income (£)	£0-10,000	1
	11,000-20,000	2
	20,001-30,000	3
	30,001-40,000	4
	40,001-50,000	5
	50,001-60,000	6
	Over 60,001	7
Friends	Asian	1
	White	2
	Black African	3
	Black Caribbean	4
	Arab middle eastern	5
	Mixed Black African & Caribbean	6
	Mixed Black African & White	7
	Mixed Black African & Asian	8
	Mixed Black African & Middle Eastern	9
	Mixed Black Caribbean & white	10
	Mixed Black Caribbean & Asian	11
	Mixed Black Caribbean & Middle Eastern	12
	Equal time with friends from all ethnic groups	13
	Some other combination, please specify	14

4.6 Summary of response to the quantitative components of the Racialised Body Image Disturbance Scale (RBID)

My 'Racialised Body Image Scale (RBIDS)' is comprised of seven quantitative items measured using a 5-point Likert scale, and two qualitative components. Scores range from zero to four. When asked '*do other people appear concerned about the appearance of any part of your body, which they consider, especially unattractive*?' 12 (12%) respondents reported that other people did not appear concerned or preoccupied with the appearance of any part of your body which they consider, especially unattractive. Twenty-eight (28%) reported that other people appeared somewhat concerned or preoccupied with the appearance of any part of your body which they consider especially unattractive. Nine (9%) reported that appeared moderately concerned or preoccupied. Five (5%) reported that other people appeared very concerned or preoccupied. Two (2%) reported that other people appeared extremely concerned or preoccupied.

4.7 Summary of responses to qualitative components of my Racialised Body Image Disturbance Scale (RBIDS)

A semantic approach to thematic analysis was used to identify, analyse and reporting patterns (themes) that represent the sum of qualitative data received. Analysis indicated that three themes or patterns of meaning could be extracted from the data when respondents were asked '*what respondents felt other people's concerns were'. and the theme's coded accordingly.* The three codes or themes indicated perceived concerns and preoccupations with physical form or body, skin tone, or hair texture is summarised in were identified in Table 4. I did not attempt to go beyond what respondents had said, semantically.

Of the responses received, 16 (28.6%) thought that other people were concerned with their skin tone. Ten (17.9%) thought that other people were concerned with their hair texture. Thirty (53.6%) thought that others were concerned with their physical shapes such as large breast size; weight, or size and shape of the backside, the broadness of their nose, or the thickness of their lips.

Table 4

Respondents' perceived concerns and preoccupations about the Black body

Themes	Responses:
1) Physical form:	'Got a broad nose and fuller lips.' 'Big nose.' 'Extra-large lips and batty.' 'My bottoms too big.' 'Husband says I have a ridge at the top of my bottom.' 'My nose isn't straight like some.'
2) Skin Tone:	'Lightness/darkness of skin.' 'Well as a full Black person, my body is very light. People tease me and make jokes about being a white girl all the time.' 'Not currently, but mother was very rude about people with dark skin.' 'How dark I am.' 'The general fact I am Black.'
3) Hair Texture:	'I am asserting my ethnicity by leaving my hair natural, and not' chemically straightening 'Thinning hair ', 'baldness.' 'Dreadlocks. They are either patronising or over friendly or a little anxious.' 'Usually, my hair texture because it is (dread) locks. My first impression is that they consider me aggressive

When asked, 'If *you are at least somewhat concerned, do these concerns preoccupy you? That is, you think about them a lot, and they are hard to stop thinking about?'* Twenty-five (44.5%) of respondents said that they were not at all preoccupied with the concerns other people might have about their physical bodies. Eighteen (32%) said that they were somewhat preoccupied, seven (12.5%) said that they were moderately preoccupied. Five (8.9%) reported that they were very preoccupied, and one (1.8%) reported being extremely preoccupied. A semantic approach to thematic analysis was used to identify, analyse and reporting patterns (themes) that represent the sum of qualitative data received. Analysis indicated that seven themes or patterns of meaning could be extracted from the data when respondents were asked '*what effect their preoccupation with the concerns of others has had on their lives*'. The seven codes or themes indicated the effect of perceived concerns and preoccupations with physical form or body, skin tone, or hair texture on future social interaction, (e.g., lack of self-confidence or desire to fix their physical form, hair texture or skin tone), are summarised in were identified in Table 5. I did not attempt to go beyond what respondents had said, semantically.

Table 5

The effect of perceived concern about the Black body on future social interaction

Themes:	Examples:
1) Excessive wariness	*'Always think that they might be staring at me.'* *'I'm careful about where I go.'* *'I'm terrified to go shopping or taking the bus.'*
2) Identity Insecurity and Confusion	*'A difficult childhood, not knowing where I belonged.'* *'Insecurities about oneself.'*
3) Fear of damage due to skin or hair treatments	*'Every time I have it (hair) treated I worry that I'll be blinded or scar and go bald…it's like emotional torture. It's as though I am angry with people who don't accept me, but I agree with them (secretly)*
4) Frustration	*'When I am in a negative mood, my wish to be slimmer frustrates me and negates my sense of self-worth/attractiveness.'* *'It has a frustrating effect. I feel I have to battle for acceptance constantly and it's even harder for a partner.'*
5) Lack of confidence	*'Makes me feel inhibited.'* *'Very low confidence.'* *'I'm not the most confident of people.'* *'Self-conscious.'*
6) Interfered with life chances	*'I feel it has definitely hindered my progress at work and in social situations.'* *'Stops me from reaching some potential.'* *'They tried to make schooling difficulty, and seemed to put obstacles in my way.'*
7) Desire to "fix it."	*'Slightly conscious of what I have put on.'* *'Will be booking surgery to correct my nose.'* *'I'm currently doing an exercise regime with my partner.'* *'I diet, I gym, I binge, I purge.'*

Of the responses received, 18 (32.1%) reported feelings of frustration, anxiety, or depression. Eleven (19.6%) respondents reported a desire to fix or modify those aspects of themselves they believed concerned and preoccupied with other people. Nine (16.1%) reported a lack of confidence. Six (10.7%) reported interference with life chances. Four (7.1%) respondents reported excessive wariness of others. Six (2.3%) reported identity insecurity and confusion. Two (3.6%) reported fear of damage due to skin and hair treatments.

Of the responses received, 11 (19.6%) reported no distress at all. Thirty-three (57.1%) reported mild distress. Nine (16.1%) reported moderate distress. Two (3.6%) reported severe distress and one (1.8 %) reported extreme distress.

Of the responses received, 31 (55.3%) reported not being socially impaired at all. Twenty-two (39.3%) reported mild social impairment. Three (5.4%) reported moderate social impairment. One hundred and sixty-six did not respond to this item.

Of the responses received, 42 (75%) no reported interference with social relationships. Twelve (21.4%) reported mild interference with relationships. One (1.5%) reported moderate interference with social relationships, and one (1.5%) reported extreme interference with social relationships.

Of the responses received, 45 (80.3%) reported perceived concern and preoccupation with the Black body never interfered with schoolwork or job. Ten (15.9%) reported occasional interference with schoolwork of job, and one (1.6%) reported moderate interference with schoolwork or job.

Of the responses received, 49 (87.5%) reported no avoidance of social settings. Five (8.9%) reported occasional avoidance of social settings. Two (3.6%) often reported avoidance of social contexts.

4.8 Exploratory Factor Analysis of my Racialised Body Image Disturbance Scale (RBIDS)

My 'Racialised Body Image Disturbance Scale (RBIDS)' is comprised of seven quantitative items and two qualitative data. Unlike principal components analysis with varimax rotation, Principal Axis Factoring (PAF) with a direct oblimin rotation assumes that all items are related removes the unique variance from the diagonal of the covariance matrix by setting the estimated commonality of each item to the squared multiple correlations of that item and (Fabrigar et al., 1999). Prior to performing PAF, the suitability for factor analysis was assessed, and the Kaiser-Meyer-Olkin measure of sampling adequacy was 0.82, therefore exceeding the value of 0.6 (Kaiser, 1974), and Bartlett's Test of Sphericity (Bartlett, 1954) reached statistical significance supporting the factorability of the correlation matrix, $\chi^2 = 1277.8$, $p = .01$. In Table 6, two factors exceeded an Eigenvalue of one and accounted for ≥ 9 % of the total variance (65.8). In Table 7, all items loaded onto two factors and produced coefficients ranging from 0.531 to 0.960. Stevens (1992) indicated that the level of acceptable factor loading was set at ≥ 0.4. Therefore, only factor loadings ≥ 0.5 were retained

Inspection of the Scree plot of Eigenvalues (Cattell, 1966) in Figure 5 indicated that two factors should be retained for further analysis. In Table 8, Monte Carlo's Parallel Analysis supported the resolution. Using (PCA) which showed that only two components: (1) perceived concern and preoccupation with aspects of the Black body, and (2) effect of perceived concern and preoccupation about the Black body on future social interaction with Eigenvalues exceeding the corresponding criterion with values for randomly generated data of the same size should be retained (Lautenschlager, 1989). Reliability analysis indicated that Cronbach's (1951) alpha for

(1) perceived concern and preoccupations with the Black body, $\alpha = .75$; and (2) effect of perceived concern and preoccupation with the Black body on future social interaction, $\alpha = .83$.

Figure 5

Scree Plot for my 'Racialised Body Image Disturbance Scale'
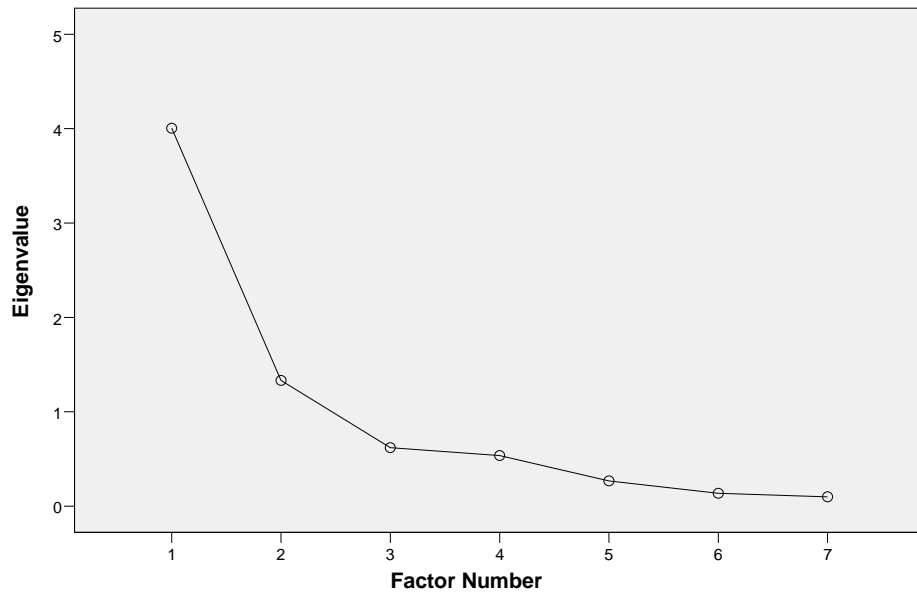
Table 6

Total variance of my 'Racialised Body Image Disturbance Scale (RBIDS)' explained

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.01	57.21	57.21	3.76	53.72	53.72
2	1.33	19.04	76.25	.84	12.06	65.78
3	.62	8.87	85.12			
4	.54	7.67	92.79			
5	.27	3.83	96.62			
6	.14	1.97	98.58			
7	.10	1.42	100.00			

Table 7

Pattern Matrix of my 'Racialised Body Image Disturbance Scale (RBIDS)'

Items	Factor	
	1	2
Has other people's apparent concerns with your appearance interfered with your schoolwork or job?	.960	
Do you ever avoid things because of other people's concerns with your physical appearance?	.953	
Have other people's apparent concerns interfered with relationships?	.906	
Has other people's apparent concerns with your appearance socially impaired you?	.667	.308
Do other people appear concerned about the appearance of some part of your body, which they consider especially unattractive?		.697
If, you are at least somewhat concerned, do these concerns preoccupy you? That is, you think about them a lot, and they are hard to stop thinking about?		.570
Have other people's apparent concerns with your appearance often caused you a lot of distress, torment or pain? How much?	.357	.516

Table 8

Comparison of Eigenvalues from Monte Carlo (PCA), and corresponding criterion values obtained from parallel analysis of my Racialised Body Image Disturbance (RBIDS)

Component Number:	Actual Eigenvalues from PCA	Criterion value from PA	Decision
1	4.01	1.37	Accept
2	1.33	1.26	Accept
3	.62	1.19	Reject
4	.54	1.13	Reject
5	.27	1.07	Reject

4.9 Summary of responses to my 'Object Relations and Social Cognition Identity Scale (ORSCRIS)'

Table 9

Summary of Responses to ORSCRIS1

Variable	Disagreed	Neither Agreed or Disagreed	Agreed
ORSCRIS1a	36.5%	15.1%	48.4%
ORSCRIS1b	65.0%	14.0%	20.1%
ORSCRIS1c	53.6%	13.2%	33.4%
ORSCRIS1d	46.4%	14.6%	39.5%

Note: ORSCRIS1 represented the view that most of the mental representations that come to mind are of self with people who make derogatory race-related comments about others, and was comprised of four items. The percentage of the total number of respondents who disagreed or agreed, or neither disagreed or agreed is given.

Table 10

Summary of percentage Responses to ORSCRIS2

Variable	Disagreed	Neither Agreed or Disagreed	Agreed
ORSCRIS2a	65.1%	12.9%	22.9%
ORSCRIS2b	67.2%	9.8%	32.7%
ORSCRIS2c	69.8%	6.7%	16.3%
ORSCRIS2d	60.9%	7.8%	31.2%

Note: ORSCRIS2 represented the view that most of the mental representations that come to mind are of me with people who make derogatory race-related comments about self, and was comprised of four items. The percentage of the total number of respondents who disagreed or agreed, or neither disagreed or agreed is given.

Table 11

Summary of percentage Responses to ORSCRIS3

Variable	Disagreed	Neither Agreed or Disagreed	Agreed
ORSCRIS3a	38.0%	8.3%	53.7%
ORSCRIS3b	56.7%	13.5%	27.8%
ORSCRIS3c	38.0%	25.5%	36.5%
ORSCRIS3d	42.7%	22.4%	34.9%

Note: ORSCRIS3 represented the view that most of the mental representations that come to mind are of me with people who make positive race-related comments about self, and was comprised of four items. The percentage of the total number of respondents who disagreed or agreed, or neither disagreed or agreed is given.

Table 12

Summary of percentage Responses to ORSCRIS4

Variable	Disagreed	Neither Agreed or Disagreed	Agreed
ORSCRIS4a	29.0%	25.0%	46.0%
ORSCRIS4b	18.7%	12.5%	68.8%
ORSCRIS4c	27.8%	25.0%	47.2%
ORSCRIS4d	16.6%	13.5%	69.9%

Note: ORSCRIS4 represented the view that most of the mental representations that come to mind are of me with people who make positive race-related comments about self, and was comprised of four items. The percentage of the total number of respondents who disagreed or agreed, or neither disagreed or agreed is given.

4.10 Factor Analysis of my Object Relations and Social Cognition Identity Scale (ORSCRIS)

My 'Object Relations and Social Cognition Identity Scale' (ORSCRIS) is comprised of four subscales. Therefore, each subscale was analysed separately. Principal axis factoring (PAF) with direct oblimin rotation was used to test each subclass structure and reduce the number of items, if necessary. Unlike principal components analysis with varimax rotation, PAF removes the unique variance from the diagonal of the covariance matrix by setting the estimated commonality of each item to the squared multiple correlations of that item and assumes that all items are unrelated (Fabrigar et al., 1999). Prior to performing PAF, the suitability for factor analysis was assessed, and the Kaiser-Meyer-Olkin measure of sampling adequacy for ORSCRIS was .811, thus exceeding the value of 0.60 (Kaiser, 1974). Bartlett's Test of Sphericity (Bartlett, 1954) reached statistical significance, $\chi2$ (120) 1352.94, $p = 0.01$, supporting the factorability of the correlation matrix. In Table 13, all items loaded onto four factors and produced coefficients ranging from 0.45 to 0.84. In Table 14, four factors exceeded an Eigenvalue of one, and it accounted for 50.48% of the variance. In Figure 6, an inspection of the Scree plot of Eigenvalues (Cattell, 1966) indicated that four factors should be retained for further analysis. Stevens (1992) indicated that the level of acceptable factor loading should be set at ≥ 0.5. Therefore, where two or more items appear to be cross-loaded, the highest factor loading ≥ 0.4 was retained In Table 15, this solution was confirmed using Monte Carlo (PCA) Parallel Analysis, indicated that four-factor should be retained. Reliability analysis indicated that Cronbach's (1951) correlation coefficient for each subscale was reasonable, ORSCRIS1, $\alpha = .70$; ORSCRIS2, $\alpha = .86$; ORSCRIS3, $\alpha = .73$; ORSCRIS4, $\alpha = .80$

Figure 6

Scree plot for my 'Object Relations and Social Cognition Identity Scale (ORSCRIS)'
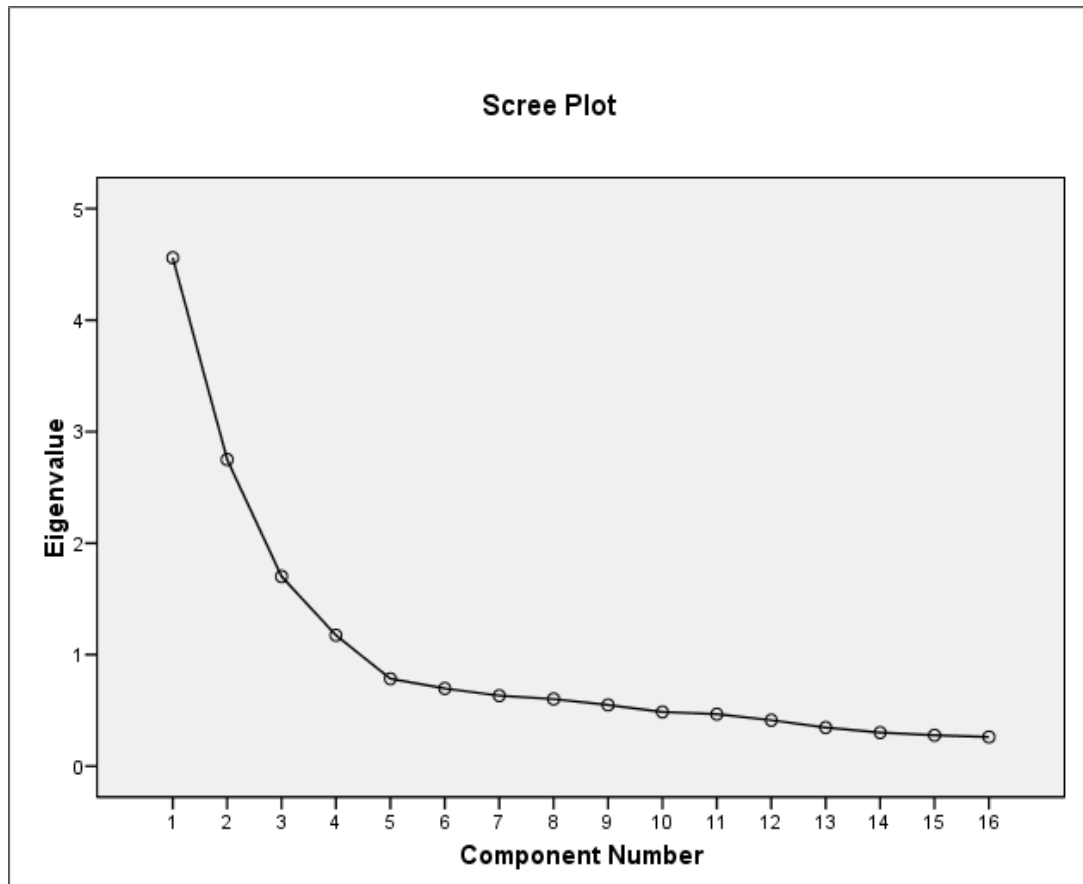
Table 13

Pattern Matrix for my 'Object Relations and Social Cognition Identity Scale (ORSCRIS)'

Items	Factor			
	ORSCRIS2	ORSCRIS4	ORSCRIS3	ORSCRIS2
ORSCRIS2a-People who make insulting remarks about some aspect of my Black body	.837			
ORSCRIS2b-People who tell me how much they don't like the darkness of my skin colour, my lips or texture of texture. .	.775			
ORSCRIS2c-People who will not let me take part in games or other social activities because of the skin colour or what other people might think about it.	.762			
ORSCRIS2d-People who say insulting things about some part of my Black body, and don't seem to care if it makes me feel unwanted and unhappy .	.674			
ORSCRIS4c-People who often make positive statements about the physical bodies of people from different racial groupings		.818		
ORSCRIS4d-People who				

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accept racial difference, and encourage socialising between different racial groupings
.

.770

ORSCRIS4a-People who like being around people from different racial backgrounds

.686

ORSCRIS4b-People who value their own individual racial identity, as much as they do, others

.568

ORSCRIS3c-People who often make more positive remarks about the colour of my skin, the shape of my nose, texture of my hair, or thickness of my lips, than they do about people from other racial backgrounds.

.695

ORSCRIS3b-People who rarely, if ever, socialise with anyone who is not Black

.683

ORSCRIS3d-People who made you feel valued as Black person to the exclusion of people from other racial backgrounds.

.669

ORSCRIS3a-People who are always of Black African Caribbean and/or African descent

.467

ORSCRIS3d-People who made you feel valued as Black person to the exclusion of people from other racial backgrounds.

.536

ORSCRIS1a-People are more interested in what I do for a living than me, as an Black person	.264	.544
ORSCRIS1b-People who make racist comments about other Black people, but it's not serious, and it does not involve me.		.509
ORSCRIS1c-People who make insulting remarks about other Black people, but they always make a point of excluding me	.258	.448

Notes: Each of the four categories of ORSCRIS1-4 (Object Relations and Social Cognition Scale) contained four subcategories labelled (a-d).

Table 14

Total variance of My Object Relations and Social Cognition Identity Scale (ORSCRIS) explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.42	27.65	27.65	3.96	24.76	24.77
2	2.66	16.61	44.26	2.19	13.70	38.47
3	1.73	10.81	55.07	1.23	7.71	46.18
4	1.24	7.74	62.81	.69	4.30	50.48
5	.81	5.08	68.55			

Table 15

Comparison of Eigenvalues from Principal Components Analysis (PCA), and corresponding criterion values obtained from parallel analysis of the Object Relations and Social Cognition Scale (ORSCRIS)

Component Number:	Actual Eigenvalues from PCA	Criterion value from PA	Decision
1	4.42	1.45	Accept
2	2.66	1.36	Accept
3	1.73	1.28	Accept
4	1.24	1.21	Accept
5	.92	1.16	reject

4.11 Exploratory Factor Analysis of Landrine & Klonoff's (1996) 'Schedule of Racist Events (SRE)'

Prior to performing PAF, the suitability for factor analysis was assessed, and the Kaiser-Meyer-Olkin measure of sampling adequacy for appraised 'Schedule of Racist Events' (SRE) was 0.83; exceeding the value of .60 (Kaiser, 1974). Bartlett's Test of Sphericity (Bartlett, 1954) reached statistical significance, χ^2 (136) 823.4, $p = 0.01$, supporting the factorability of the correlation matrix. In Table 16, only three components possessed Eigenvalues exceeding one and accounting for at least 9% of the total variance. However, three factors were extracted for further analysis. These three factors accounted for 73.6% of the total variance. The intercorrelations ranged from .32 to .84.

Figure 7

Scree Plot for Landrine & Klonoff's (1996) 'Schedule of Racist Events (SRE)'
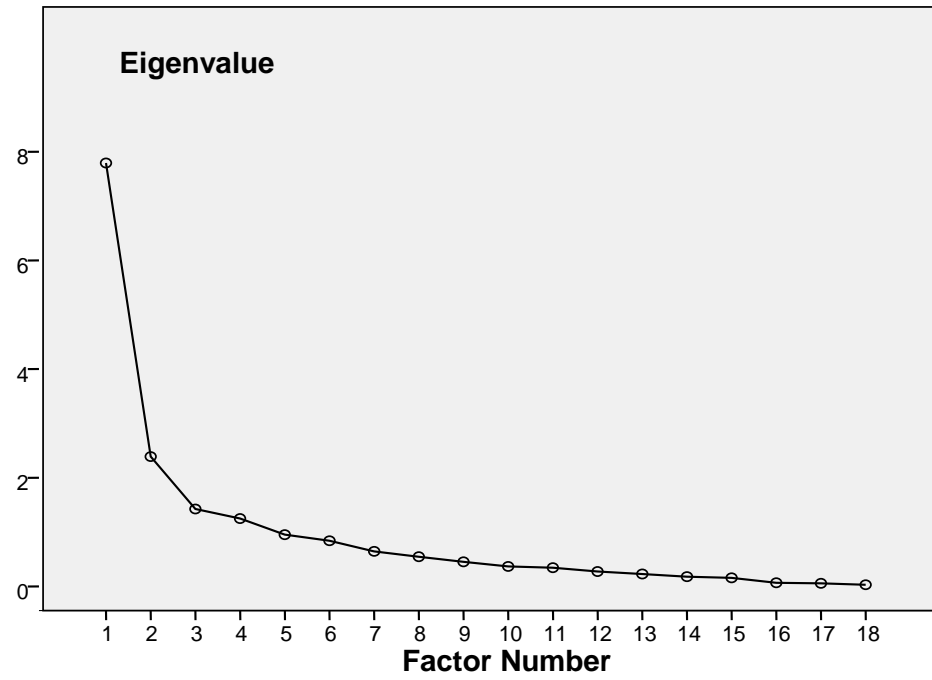
Using Cattell's Scree (1966) test in Figure 7, it was decided to retain three components for further investigation. In Table 17, however, Monte Carlo (PCA) Parallel Analysis revealed that, two components: 1) Appraised Acute Racist Events in the last year, and 2) Appraised Chronic Racist Events (SRE), with Eigenvalues exceeding the corresponding criterion values for randomly generated data of the same size, should be retained (Lautenschlager, 1989). A two-factor structure was retained. Reliability analysis revealed Cronbach's (1951) correlation coefficient for, 1) Appraised Acute Racist Events, $\alpha = .86$, and 2) Appraised Chronic Racist Events, $\alpha = .93$, respectively.

Table 16

Total variance of 'Schedule Racist Events (SRE)' explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
9.98	58.68	58.68	58.68	9.66	56.84	56.84
1.43	8.42	8.42	67.10	1.17	6.85	63.69
1.10	6.46	6.46	73.56	.76	4.46	68.15

Table 17

Comparison of Eigenvalues from Principal Components Analysis (PCA), and corresponding criterion values obtained from parallel analysis of SRE

Component Number:		Criterion value from PA	Decision
1	9.98	1.45	Accept
2	1.43	1.36	Accept
3	1.10	1.28	reject

Table 18

Pattern matrix of 'Schedule of Racist Events (SRE)'

	Component	
	1	2
17. How many times have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because you are Black in the past year	.88	
7. How many times have you been treated unfairly by neighbours because you were Black in the past year	.87	
10. How many times have you been accused or suspected of doing something wrong (such as stealing, cheating, not doing your share of the work or breaking the law) because you are Black in the past year	.79	
15. How many times have you been called a racist name like "nigger", "coon", "jungle bunny", or other names in the past year	.75	
16. How many times have you gotten into an argument or a fight about something racist what was done to somebody else in the past year	.69	
11. How many times have people misunderstood your intentions and motives because you are Black in the past year	.68	
9. How many times have you been treated unfairly by people that you thought were your friends because you are Black in the past year	.67	
8. How many times have you been treated unfairly by institutions (schools, universities, law firms, the police, the courts, social services, benefits agencies and others), because you were Black in the past year	.62	

4. How many times have you been treated unfairly by people in service jobs (store clears, waiters, bartenders, bank tellers and others) because you were Black in the past year   .87

5. How many times have you been treated unfairly by strangers because you were Black in the past year   .79

3. How many times have you been treated unfairly by your co-workers, fellow students, and colleagues, because you were Black in the past year   .75

6. How many times have you been treated unfairly by people in helping jobs (doctors, nurses, psychiatrist, case workers, dentists, school counsellors, therapists, social workers, and others because you are Black in the past year   .70

2. How many times have you been treated unfairly by your employers, bosses, and supervisors because you were Black in the past year   .63

4.12   Summary of responses to Rosenberg's (1965) Self-Esteem Scale

Ninety point one percent of respondents reported that they felt themselves to be a person of worth, at least on an equal basis with other people. Sixty-three percent agreed with this statement that, 'at times they thought they were no good at all'. Seventy point eight percent agreed with this view that they had a number of good qualities. Sixty-one point eight percent agreed with the view that they were inclined to feel that they were a failure. Thirty-nine point one percent agreed with this statement agreed with the view that they were able to do things as well as other people. Seventy-nine point one percent agreed with the view that they did not have much to be proud. Seventy-two percent agreed with the view they took a positive attitude to themselves. Fifty-nine percent agreed with this view that they were satisfied with themselves. Forty-seven percent agreed with that view that they wished they could have more respect for themselves. Fifty-three point one agreed with the view that they certainly felt useless at times.

4.13 Exploratory Factor Analysis of Rosenberg's (1965) Self-Esteem Scale (RSES)'

The 'Rosenberg (1965) Self-Esteem Scale II (RSES)' was comprised of 10 items, and devised to measure self-esteem as single dimension using a 4-point Guttmann scale. Prior to performing Principal Axis Factoring (PAF) with direct oblimin rotation using SPSS 14.0, the suitability for factor analysis was assessed. The Kaiser-Meyer-Olkin measure of sampling adequacy was 0.79, exceeding the value of 0.6 (Kaiser, 1974), and Bartlett's Test of Sphericity (Bartlett, 1954) reached statistical significance supporting the factorability of the correlation matrix, χ^2 (45) $^=$ 817.4, $p <$ .05. Principal axis factoring using SPSS 15.0 revealed the presence of three components with Eigenvalues exceeding one, accounting for at least 9% of the total variance, should be extracted for further analysis. In Table 19, the three factors accounted for 62.8% of the variance, and intercorrelations ranged from .319 to .934.

Using Cattell's Scree (1966) test in Figure 8, three components were retained for further investigation. However, Monte Carlo (PCA) Parallel Analysis revealed that only two components, (i.e., self-appreciation, and self-depreciation), with Eigenvalues exceeding the corresponding criterion values for randomly generated data of the same size (10 variables x 92 respondents) should be retained (Lautenschlager, 1989). A two-factor structure, self-appreciation and self-depreciation, was observed in the Scree plot were. Therefore, two factors were retained for further analysis

Figure 8

Scree plot of 'Rosenberg's (1965) 'Self-Esteem Scale (RSES)'
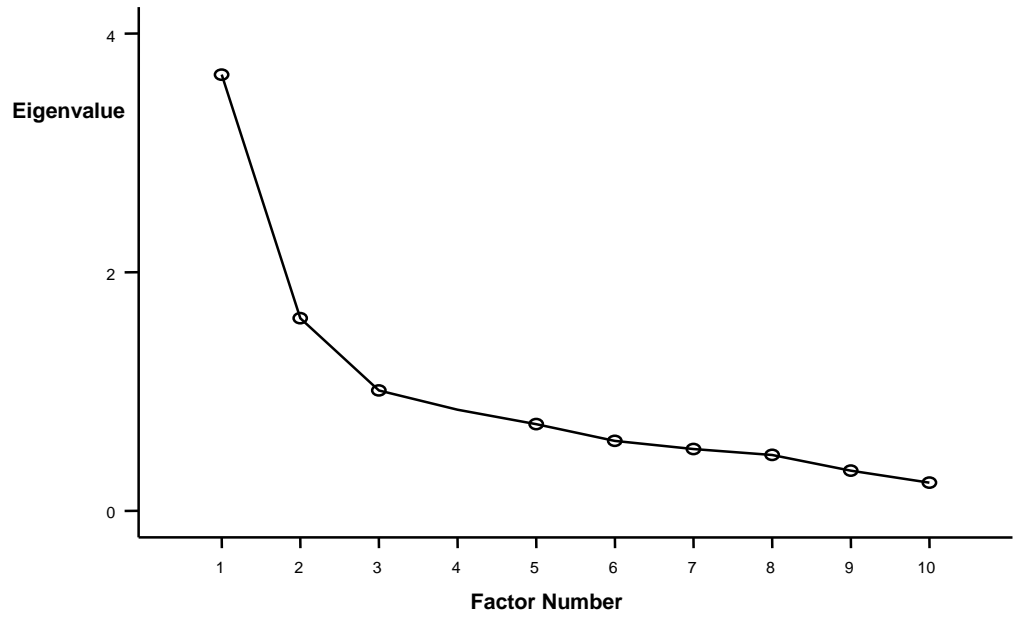
When simulating normal random samples that parallel the observed data in sample size and number of variables, 2 Eigenvalue were bigger than the mean of those eigenvalues obtained from the uncorrelated random data were (Lesdema & Valero-Mora, 2007; Zwick & Velicer, 1986). In Table 20, Rosenberg's 2-factor structure was replicated. Reliability analysis indicated that Cronbach's (1951) alpha coefficient for each subscale was reasonable, self-appreciation, $\alpha = .70$, and self-depreciation, $\alpha = .72$.

Table 19

Total variance of 'Rosenberg's (1965) Self-esteem Scale (RSES)' explained

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Loadings
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total
1	3.66	36.56	37.56	3.23	32.26	32.26	2.88
2	1.61	16.14	52.70	1.12	11.16	43.42	1.20
3	1.00	10.09	62.80	.47	4.65	48.06	2.26
4	.85	7.18	71.27				
5	.72	7.27	78.54				

Table 20

**Comparison of Eigenvalues from principal components analysis (PCA),
and corresponding criterion values obtained from parallel analysis of
RSES**

Component Number:	Actual Eigenvalues from PAF	Criterion value from PA	Decision
1	3.71	1.54	accept
2	1.61	1.36	accept
3	1.41	1.23	reject
4	.84	1.14	Reject

Note: Decision to accept or reject the criterion was based on the value of the estimated criterion being less than the Eigenvalue.

Table 21

Means, Medians, SD and Skewness for outcome measures in Study 1

Measure	Mean	Median	SD	Skewness
ORSCRIS1	2.99	2.87	.319	.480
ORSCRIS2	2.26	2.00	1.56	1.33
ORSCRIS3	3.58	2.75	1.43	.200
ORSCRIS4	4.81	5.00	1.58	1.07
Perceived concern	1.28	1.00	.953	1.43
Effects of Perceived concern	.879	1.00	.557	.851
Self-appreciation	9.70	10.00	3.84	.543
Self-Depreciation	6.14	6.50	4.11	.543
Appraised Acute Racist Events (SRE)	5.35	3.29	3.84	.169
Appraised Chronic Racist Events	4.58	2.70	1.09	.851

Notes:

ORSCRIS1 – mental representations of self in relation with people whom derogatory race-related comments about others.

ORSCRIS2 – mental representations of self in relation with people whom derogatory race-related comments about self.

ORSCRIS3– mental representations of self in relation with people whom positive race-related comments about others.

ORSCRIS4 – mental representations of self in relation with people who valued racial difference

In Table 21, the sample population reported below average mental representations of self in relation with people who made derogatory race-related comments self and others and above average mental representations of self in relation with people who made positive race-related comments about self and mental representations of self in relation with people who valued racial difference. Respondents reported higher self-appreciation than self-depreciation despite reporting above average appraised acute and chronic racist events. Skewness for ORSCRIS, Perceived concern about aspects of the Black body (RBIDS), self-appreciation, and self-depreciation were < 2 (West, Finch & Curran, 1995). Hence, there was no need to transform the data using the square root.

4.14 Correlations between and ORSCRIS, RBIDS, SD, SA, and 1) Appraised acute racist events in last year, and 2) Appraised chronic racist events, in the last year within the sample using Kendal's- *tau***:**

Table 22

Correlations between and ORSCRIS, RBIDS, SD, SA, and 1) Appraised acute racist events in last year, and 2) Appraised chronic racist events, in the last year within the sample using Kendal's- *tau***:**

Measure	1	2	3	4	5	6	7	8	9	10
1. ORSCRIS1	1.000	.454**	.290**	-.262**	.183	.240*	.322**	.276**	-.184	.239*
2. ORSCRIS2		1.000	.215*	-.247*	.254*	.270*	.423**	.369**	-.271**	.282**
3. ORSCRIS3			1.000	-.078	.114	.053	.233*	.218*	.000	-.180
4. ORSCRIS4				1.000	-.234*	-.195*	-.212*	-.265**	.342**	-.118
5. Perceived concern					1.000	.660**	.054	.055	-.071	.021
6. Effects of perceived concerns						1.000	.008	.034	-.038	.045
7. Acute Racist Events							1.000	.722**	-.302**	.283**
8. Chronic Racist Events								1.000	-.271**	.262**
9. Self-Appreciation (SA)									1.000	-.297**
10. Self-Depreciation (SD)										1.000

Note: ** Correlation is significant at the 0.01 level (2-tailed); * Correlation is significant at the 0.05 level (2-tailed)

ORSCRIS1 – mental representations of self in relation with people who made derogatory race-related comments about others.
ORSCRIS2 – mental representations of self in relation with people who made derogatory race-related comments about self.
ORSCRIS3 – mental representations of self in relation with people who made positive race-related comments about others.
ORSCRIS4 – mental representations of self in relation with people who valued racial difference.

Table 22 shows the correlations between and ORSCRIS, RBIDS, Self Esteem, Self-depreciation, (1) Appraised Acute Racist Events in last year, and (2) 'Appraised Chronic Racist Events in the last year (SRE)' within the sample using Kendal's- *tau*. Contrary to hypothesis 1, no significant positive correlations were observed between reported 'Appraised Acute Racist Events in the last year (SRE) and (1) perceived concern and preoccupation with the aspects of the Black body (RBIDS), (τ = .054, *p* = .59). Nor were any significant positive correlations were observed between reported 'Appraised Acute Racist Events in the last year (SRE)' and (2) perceived effect of concern and preoccupation with aspects of the Black on future social interaction (RBIDS), τ = .008, *p* = .93.

As predicted in hypothesis 2, significant positive correlations were observed between 'Appraised Acute Racist Events (SRE)' and mental representations of self in relation with people who make derogatory comments about others (ORSCRIS1) (τ = .32, *p* = .001). Significant positive correlations were observed between 'Appraised Acute Racist Events (SRE)' and mental representations of self in relation with people who make derogatory comments about self (ORSCRIS2) (τ = .42, *p* = .001). Significant positive correlations were observed between 'Appraised Acute Racist Events (SRE)' and low self-esteem, (τ = .28, *p* = .003).

As predicted in hypothesis 3, significant negative correlations were observed between 'Appraised Acute Racist Events (SRE)', and mental representations of self in relation with those who valued their own racial identity and those of others (ORSCRIS4), (τ = -.21, *p* = .025). The significant positive correlation between 'Appraised Acute Racist Events (SRE)' and mental representations indicative of self in relation with people who made positive race-related comments about self (ORSCRIS3) however, τ = .22, *p* = .014, however, was not expected.

Contrary to hypothesis 4, no significant positive correlations were observed between 'Appraised Chronic Racist Events (SRE)', and (1) perceived concern and preoccupation with aspects of the Black body (RBIDS), $\tau = .06$, $p = .57$), or (2) perceived effect of concern and preoccupation on future social interaction (RBIDS), $\tau = .03$, $p = .74$.

As predicted in hypothesis 5, significant positive correlations were observed between 'Appraised Chronic Racist Events (SRE)', and mental representations of self in relation with people who make derogatory statement's about others (ORSCRIS1), $\tau = .28$, $p = .004$. Significant positive correlations were observed between 'Appraised Chronic Racist Events (SRE)' and mental representations of self in relation with people who make derogatory statement's about self (ORSCRIS2), $\tau = .37$, $p = .001$. Significant positive correlations were observed between 'Appraised Chronic Racist Events (SRE)' and low self-esteem, $\tau = .26$, $p = .006$, that could be better explained by variation in age, gender, marital status, annual income, academic achievement, or skin tone.

As predicted in hypothesis 6, significant negative correlations were observed between 'Appraised Chronic Racist Events (SRE)' and mental representations of self in relation people valued their ethnicity and those of others (ORSCRIS4), $\tau = -.27$, $p = .005$, that could be better explained by variation in age, gender, marital status, annual income, academic achievement, or skin tone. The significant positive correlation between 'Appraised Chronic Racist Events (SRE)' and mental representations of self in relation with people who made positive race-related comments about self (ORSCRIS3), $\tau = .22$, $p = .014$, however, was not expected.

4.15 Hierarchical regression model analysis of SRE in the sample population

Table 23

HRM predicts 'Appraised Acute Racist Events (SRE)

Measure	B	Se B	β
Mental representations of self in relation with people who made derogatory race-related comments about other people (ORSCRIS1)	-.61	2.7	-.04
Mental representations of self in relation with people who made derogatory race-related comments about self (ORSCRIS2)	6.1	2.4	.45*
Mental representations of self in relation with people who made positive race-related comments about other people (ORSCRIS3)	.80	2.3	.06
Mental representations of self in relation with people who were as accepting of their racial identity as they were of others (ORSCRIS4)	-3.5	.1.9	-.29
Perceived concern and preoccupation with aspects of the Black body	-6.4	3.9	-.63
Perceived concern and preoccupation with aspects of the Black body	1.9	1.1	.61
Self-esteem	.28	.69	.06

Note: $R^2 = .323$

* Correlation is significant at the 0.05 level (2-tailed)
** Correlation is significant at the 0.01 level (2-tailed)

Table 23 shows the outcome of hierarchical multiple regression analysis carried out to determine whether any of the variables significantly contributed significantly to the variation in 'Appraised Acute Racist Events in (SRE) (Landrine & Klonoff, 1996) in the sample population, overall. As predicted in Hypothesis 7, the overall model was significant, $F (7, 48) = 2.794$, $p = .018$, and accounted for 32.3% of the variation in 'Appraised Acute Racist Events (SRE)'. However, only mental representations of self in relation with people who made derogatory race-related comments about self, $\beta = .45$, $t = 2.50$, $p = .017$, contributed to the variance in 'Appraised Acute Racist Events (SRE)'. None of the other measures contributed significantly to the observed variance in Appraised Acute Racist Events.

Table 24

Hierarchical regression model predicts 'Appraised Chronic Racist Events (SRE)' in the sample population

Measure	B	*Se B*	*β*
Mental representations of self in relation with people who made derogatory race-related comments about other people (ORSCRIS1)	-.00	3.9	-.00
Mental representations of self in relation with people who made derogatory race-related comments about self (ORSCRIS2)	19.2	3.5	.78**
Mental representations of self in relation with people who made positive race-related comments about other people (ORSCRIS3)	-1.0	3.3	-.04
Mental representations of self in relation with people who were as accepting of their racial identity as they were of others (ORSCRIS4)	-.78	.2.7	-.04
Perceived concern and preoccupation with aspects of the Black body	3.3	5.6	.18
Perceived concern and preoccupation with aspects of the Black body	-1.9	1.6	-.35
Self esteem	.29	.98	.04

Note: $R^2 = .497$

* Correlation is significant at the 0.05 level (2-tailed)
** Correlation is significant at the 0.01 level (2-tailed)

Table 24 the outcome of hierarchical multiple regression analysis was carried out to determine which factors contributed significantly to the variation in 'Appraised

Chronic Racist Events in the last year (SRE)' (Landrine & Klonoff, 1996) in the sample population, overall. As predicted in Hypothesis 7, the overall model was significant, F (7, 48) = 7.769, p = .0005, and accounted for 49.7% of the variation in 'Appraised Chronic Racist Events (SRE)'. However, only mental representations of self in relation with people who made derogatory race-related comments about self, β = .78, t = 5.49, p = .0005, contributed to the variance in 'Appraised Acute Racist Events (SRE)'. None of the other measures contributed significantly to the observed variance in Appraised Chronic Racist Events. Therefore, hypotheses were partially supported.

4.16 Discussion - Study 1

In study 1, the validity of the two new scales: ORSCRIS and RBIDS, was tested using the Landrine & Klonoff's (1996) 'Schedule of Racist Events (SRE)' by examining the relation between race-based schema and perceived concern and preoccupation with aspects of the Black body and appraised racist events. Exploratory Factor Analysis (EPA) of SRE indicated that SRE had two dimensions: (1) 'Appraised Acute Racist Events (SRE)', and (2) 'Appraised Chronic Racist Events (SRE)'. The EPA of the 'Racialised Body Image Disturbance Scale (RBIDS)' indicated that RBIDS also contained two components: (1) perceived race-related concern and preoccupation with the Black body (RBIDS)', and (2) the effect of perceived concern and preoccupation have on interaction (RBIDS). EPA of 'Object Relations and Social Cognition of Racial Identity Scale (ORSCRIS)' revealed four components. The analysis was therefore only conducted on responses where a complete data set was received (n = 56). The numbers of people who looked but did not respond to this part of the web-based questionnaire is also given. Although post hoc tests indicated that the study power reduced from 95% to 88%, it was deemed sufficient to detect a small significant effect on the main outcome measure: Landrine & Klonoff's (1996)' Schedule of Racist Events'.

Contrary to expectation neither reported perceived concern and preoccupation with aspects of the Black body (RBIDS), or the effect of perceived concern and preoccupation with the Black body on future social interaction (RBIDS), positively correlated with or contributed to reported 'Appraised Acute Racist Events (SRE)', and 'Appraised Chronic Racist Events (SRE)' in Black people overall, (i.e., p = ns). Although mental representations of self in relation with people who made derogatory race-related comments about other people (ORSCRIS1) and mental representations of

self in relation with people who made derogatory comments about self (ORSCRIS2) were positively correlated with reported 'Appraised Acute Racist Events (SRE)', only ORSCRIS2 contributed to explained 'Appraised Acute and Chronic Racist Events (SRE)' in the sample overall. This may be due to respondents believing that appraised acute and chronic racist events have nothing to do with perceived concern and preoccupation with the Black body or the effect of perceived concern and preoccupation with the Black body on future social interaction (RBIDS). The significant positive correlation between 'Appraised Chronic Racist Events (SRE)' and mental representations of self in relation with people who made positive race-related comments about self (ORSCRIS3), however, was not expected. This would suggest that positive race-related comments are significantly associated with appraised acute and chronic racist events and this relationship will be further investigated in the next two studies further investigation. Although the sample size was small, there was the limited convergent validity of ORSCRIS and divergent validity for RBIDS using SRE in this study enabling the researcher to have some confidence that the new instruments were measuring what they were designed to measure.

Chapter 5

Validation of my Racialised Body Image Disturbance Scale (RBIDS) and Object Relations and Social Cognition of Racial Identity Scale (ORSCRIS) using Mendoza et al.'s (2002) Race-based Rejection Sensitivity Scale – study 2

Using a within-subjects design with web-based research methods in study 2, Branscombe, Schmitt, and Harvey's (2002) 'Race-based Rejection Sensitivity (RBRS)' tested the convergent and discriminant validity of my 'Object Relations and Social Cognition of Race-related Incidents Scale (ORSCRIS)' and my 'Racialised Body Image Disturbance Scale (RBIDS)'. The main hypotheses are that:

(1) Derogatory race-related schemas about self or others would be significantly correlated with, and contribute to the variance of, race-based rejection sensitivity, (i.e., Hypotheses 1 -2);

(2) Perceived concern and preoccupation with aspects of the Black body and effect of this perceived obsession with the Black body on future social interaction with be significantly associated with and contribute to the variance in race-based rejection sensitivity, (i.e., Hypotheses 3 -4).

5.1   Hypotheses – Study 2

1) Significant positive correlations will be observed between reported 'Race-Based Rejection Sensitivity (RBRS)', and reported (1) concern and preoccupation with aspects of the Black body (RBIDS), and (2) perceived effect of concern and preoccupation with aspects of the Black body on future

social interaction (RBIDS), that cannot be better explained by variation in age, gender, marital status, annual income, academic achievement, or skin tone;

2) Significant positive correlations will be observed between reported 'Race-Based Rejection Sensitivity (RBRS)', and mental representations of self in relation with people who make derogatory race-related comments about others (ORSCRIS1), and mental representations of self in relation with people who make derogatory race-related comments about self (ORSCRIS2), that cannot be better explained by variation in age, gender, marital status, annual income, academic achievement, or skin tone;

3) Significant negative correlations will be observed between 'Race-Based Rejection Sensitivity (RBRS)', and reported mental representations of self in relation with people who made positive race-related comments about self (ORSCRIS3), and mental representations of self in relation with people who valued each their own ethnicity as much as you did others (ORSCRIS4), and low self-esteem that cannot be better explained by variation in age, gender, marital status, annual income, academic achievement, or skin tone;

4) Reported (1) concern and preoccupation with aspects of the Black body (RBIDS), (2) perceived effect of concern and preoccupation with aspects of the Black body on future social interaction (RBIDS), (3) mental representations of self in relation with people who make derogatory race-related comments about others (ORSCRIS1), (4) mental representations of self in relation with people who make derogatory race-related comments about self (ORSCRIS2), and (5) low self-esteem will significantly contribute to the variance RBRS, observed.

5.2   Respondents:

Of the 38 (41.3%) Black male respondents and 54 (58.7%) Black female respondents who completed questionnaire 2, 46 (50%) described themselves as being of Black African Caribbean descent, 33 (35.8%) Black people of African descent, and 13 (14.0%) as mixed Black descent. The age of the respondents ranges from 18-77 years, and the mean age was 37.1 years (SD =12.56 years), and median age = 38.5 years.

Self-reported estimates of skin tones ranged from light colouration (denoted 20 on the 'von Luschan's (1922) chromatic chart') to darker colouration (denoted 36 on the 'von Luschan (1922) chromatic chart'). Most respondents reported skin tones in the mid-range, (i.e., 27-29 on von Luschan's chromatic chart). There was very little difference between the mean skin tone (M = 28.2, SD = 3.2), and the median skin tone reported was denoted 28.00 on the von Luschan's (1922) chromatic scale.

Thirty-six (39.1%) of Black respondents reported being married or cohabiting, 11 (11.9%) were either separated or divorced, and 45 (48.9%) reported being single.

Thirty-nine (42.4%) Black respondents reported educational qualifications below degree level, and 53 (57.6%) reported educational qualifications of degree level and above.

Fifty-three (57.6%) reported annual incomes of £20,000 per annum or less, and 39 (42.4%) reported annual incomes of more than £20,000 per annum. The mean annual income for the sample population was £26,600 per annum, SD = £19,630 per annum. The median annual income was £20,000 per annum.

5.3   Materials:

Questionnaire 2 was comprised of the descriptive components: age, gender, ethnicity, academic achievement, annual income, and skin tone. The skin tones used were copied from the original chart box per box using the paint program's dropper tool from Felix von Luschan's (1922) book entitled: 'Voelker, Rassen, and Sprachen'. The outcome measures were my 'Object Relations and Social Cognition of Racial Identity Scale (ORSCRIS)', my 'Racialised Body Image Disturbance Scale (RBIDS), Mendoza-Denton et al.'s (2002) 'Race-Based Rejection Sensitivity Scale (RBRS)', and Rosenberg's (1965) 'Self-Esteem Scale (RSES)'

My 'Racialised Body Image Disturbance Scale (RBIDS)' is a 9-item self-report scale, devised to measure: (1) perceived concern and preoccupation (perceived obsession) with aspects of the Black body, and (2) perceived concern and preoccupation (perceived obsession) with aspects of the Black Body on future social interaction. For example, participants were required to indicate whether they were 'not at all concerned' to 'extremely concerned' on a 5-point Likert scale for item 1, 'not at all preoccupied' to 'extremely preoccupied' in item 3, no distress' to 'extreme and disabling' distress in item 5, 'no interference' to 'extreme interference' in items 6-9. Scores for each item ranged from zero to four and calculated by taking the average of all scores. Higher scores indicated agreement with the proposed concept, and lower scores indicated disagreement with the proposed concept. The scale has been found to possess reasonable internal validity. Reliability analysis indicated that the Cronbach's (1951) correlation coefficient alpha for (1) perceived concerns and preoccupations about the Black body, $\alpha = .75$, and for (2) the effect of perceived concerns and preoccupations on social interaction, $\alpha = .83$.

My'Object Relations and Social Cognition Scale of Racial Identity Scale (ORSCRIS)' is a 20-item self-report tool comprised of four categories of race-based relational mental representations or schemata that might underpin racial identity attitudes using a 7-point Likert scale (1 = strongly disagree to 7 = strongly agree, midpoint 4 = neither agree nor disagree). The first category ORSCRIS1 attempted to reflect mental representations of self in relation people who made derogatory race-related comments about other people. The second category, ORSCRIS2, attempted to reflect those mental representations of self in relation people who made derogatory race-related comments about self. The third category, 'ORSCRIS3' attempted to reflect mental representations of self in relation other Black people who made positive race-related comments about self, and the fourth category 'ORSCRIS4 attempted to reflect those mental representations of self in relation people who appreciate their racial identity as much as do that of others. Scores ranged from 1-7 on each subscale. The score for each subscale was averaged. Higher scores indicated agreement with the proposed concept, and lower scores indicated disagreement with the proposed concept. Reliability analysis indicated that Cronbach's (1951) correlation coefficient alpha for each subscale was reasonable, ORSCRIS1, $\alpha = .70$, ORSCRIS2, $\alpha = .86$, ORSCRIS3, $\alpha = .73$, ORSCRIS4, $\alpha = .80$, respectively

Mendoza-Denton et al.'s (2002) 'Race-Based Rejection Sensitivity Scale (RBRS)' is a 12-item, self-report scale that measures the extent to which an individual is concerned about and expects to experience rejection because of his or her race, or as a member of a group stigmatised because of its ascribed race. For instance, item 1 states: *Imagine that you are in class one day and the boss, teacher or professor asks a particularly difficult question. A few people, including yourself, raise their hands to answer the questions:* a) How concerned/anxious would you be that the boss, teacher, or professor'might not choose you because of your race/ethnicity, on a 6-point scale

ranging from (1) very unconcerned to (6) very concerned. b) I would expect that the boss, teacher or professor might not choose me because of my race/ethnicity, on a 6-point Likert scale ranging from very unlikely (1) to very likely (6). The cognition is weighted and amplified by the value and expectancy component, the items were multiplied, and the overall score is averaged. The scale has been internally reliable, Cronbach's (1951) coefficient alpha, $\alpha = .90$, and test-retest reliability, $\alpha = .80$ (Mendoza-Denton et al., 2002)

Rosenberg's (1965) 'Self-Esteem Scale (RSE)' is a 10-item unidimensional instrument devised to measure global self-esteem in adolescents. The scale has been found to reliably measure feelings of self-worth in adults differentiated according to genders, ethnicity, and culture (Greenberger, Chuansheng, Dmitrieva & Farrugia, 2003). Respondents were asked to indicate on the 4-point Likert scale the extent to which they agree or disagree with 10 statements related to overall feelings of self-worth. For instance, respondents were asked - 'At times I think I am no good at all', or 'I feel that I have a number of good qualities'. There are equal numbers of positively and negatively worded items in the scale reflecting its two-factor structure, (i.e., self-appreciation, and self-deprecation). The scale has been found to possess good internal consistency with Cronbach's (1951) coefficient alpha for various samples in the range of 0.77 to 0.88 typically. Typically, test-retest correlations in Black populations range from 0.82 to 0.88 (Blascovich & Tomaka, 1993; Lockett & Harrell, 2003; Rosenberg, 1986; Schmidt & Allik, 2005).

5.4   Sample Size

The sample size should have sufficient power to reduce the probability of achieving false positive (Type 1 error), and the possibility of false negative effects (Type 2 error), and rejecting the null hypothesis out of turn. The null hypothesis was

that there was no correlation between positive relation between relational race-based schemas (ORSCRIS), and 'racialised body image disturbance (RBIDS)', and 'race-based rejection sensitivity (RBRS). Bland (2002) suggested that the sample size should have enough power to reduce the probability of observing an effect due to chance, and this usually set at ≥ 0.5. This means that there will be at least a 95% chance of correctly detecting an effect. To determine the maximum likelihood of detecting a significant difference in the outcome measures, an appropriate sample size was computed using G*Power. For an *a priori* analysis using 11 variables, the *F*-ratio in multiple regressions determined from a total sample size of 146 respondents would be sufficient to stand a 95% chance of correctly detecting a small effect size (.15 - .29) on the primary outcome measure in the sample, (i.e., RBRS).

5.5   Response rate

Five thousand, eight hundred and sixty-nine people visited the website, but 92 UK Nationals completed to Questionnaire 2 comprised of a demographic component, RBIDS, ORSCRIS, RSES, and RBRS. One hundred and five people responded to the questionnaire were UK nationals, but 13 respondents were non-UK nationals. The non-UK nationals were excluded from the analyses. Hence, data from 92 completed surveys were subjected to analysis, (i.e., response rate overall = .016%).

5.6   Exploratory factor analysis of Race-based Rejection Sensitivity Scale

Prior to performing 'Principal Axis Factoring (PAF)', the suitability for factor analysis was assessed, and the Kaiser-Meyer-Olkin measure of sampling adequacy for Race-based Rejection Sensitivity (RBRS) was 0.86 exceeding the value of 0.60 (Kaiser, 1974). Bartlett's Test of Sphericity (Bartlett, 1954) reached statistical significance, χ^2 (276) 1804.5, $p = 0.01$, supporting the factorability of the correlation

matrix. Six factors are loaded on a single factor, (i.e., RBRS). In Table 25, only one component with an Eigenvalue exceeding one and accounting for at least 9% of the total variance was extracted for further analysis. In Table 25, one factor, (i.e., RBRS) accounted for 48.1% of the total variance, and intercorrelations ranged from .30 to .82.

Figure 9

Scree Plot for Mendoza-Denton et al.'s (2002)
'Race-based Rejection Sensitivity (RBRS)'
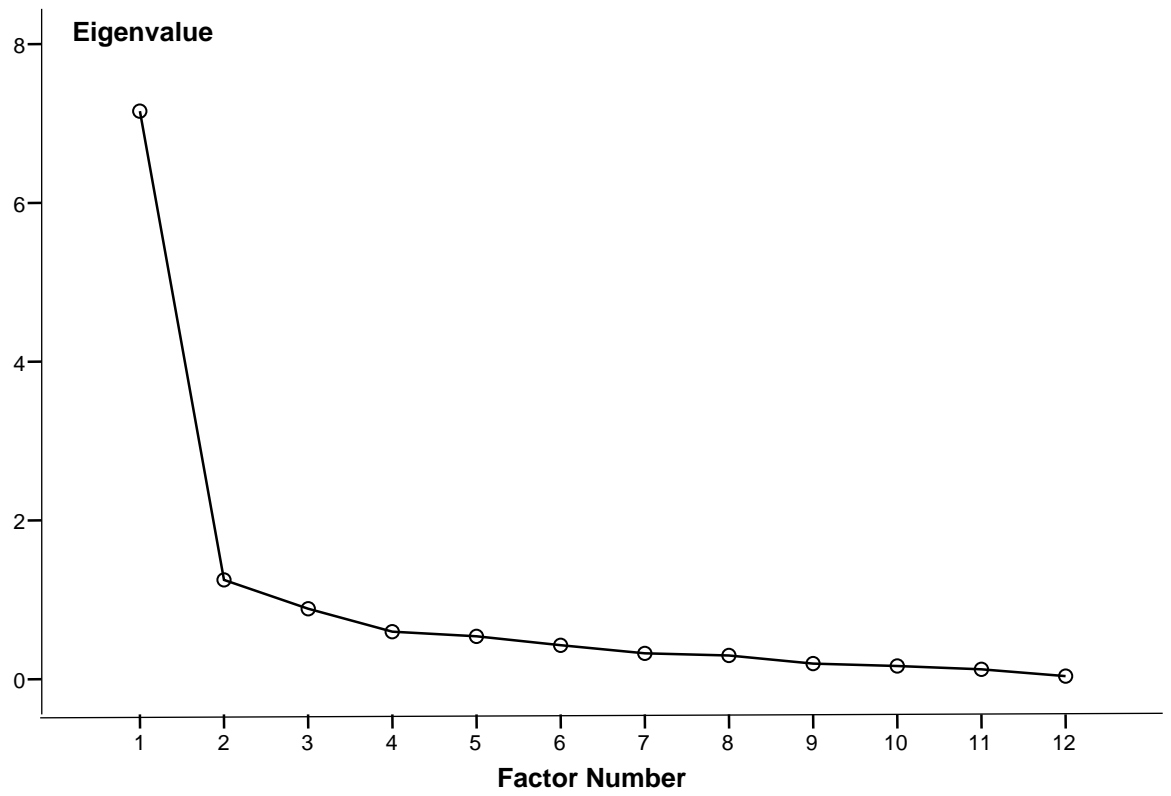
Using Cattell's Scree (1966) test in Figure 9, one component was retained for further investigation. As shown in Table 26, Monte Carlo Parallel Analysis (PCA) revealed that a single component with an Eigenvalue exceeding the corresponding criterion values for randomly generated data of the same size (24 variables x 92 respondents) should be retained (Lautenschlager, 1989). A single factor structure was retained. Internal consistency was good, Cronbach's (1951) coefficient alpha, α = .90, n = 92.

Table 25

Total variance of 'Race-based Rejection Sensitivity (RBRS)' explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	11.55	47.90	48.11	11.26	46.92	46.92
2	1.64	6.82	54.93	1.36	5.65	52.57
3	1.54	6.43	61.36	1.27	5.29	57.85
4	1.34	5.59	66.95	1.05	4.39	62.25
5	1.18	4.92	71.78	.86	3.50	65.83
6	1.07	4.46	79.33	.63	2.62	68.45
7	.73	3.04	81.92			

Table 26

Comparison of Eigenvalues from Principal Components Analysis (PCA) and corresponding criterion values obtained from parallel analysis of RBRS

Component Number:	Actual Eigenvalues from PAF	Criterion value from PA	Decision
1	11.55	1.74	accept
2	1.64	1.84	reject
3	1.54	1.70	reject
4	1.34	1.48	reject

Note: Decision to accept or reject the criterion was based on the value of the estimated criterion being less than the eigenvalue.

5.7   Means, Medians, SD and Skewness of outcome measures

Table 27

Means, Medians, SD and Skewness of outcome measures in Study 1

Measure	Mean	Median	SD	Skewness
ORSCRIS1	3.21	2.87	.32	.29
ORSCRIS2	2.58	2.00	1.56	.82
ORSCRIS3	3.35	2.75	1.43	.25
ORSCRIS4	4.31	5.00	1.58	.25
Perceived concern (RBIDS)	1.41	1.00	.95	.51
Effect of perceived concern (RBIDS	1.47	1.00	.70	.0
Self-appreciation	8.85	10.00	3.84	.22
Self-Depreciation	9.38	6.50	4.11	.36
Race-based rejection sensitivity (RBRS)	12.02	11.42	7.66	.66

Notes:

ORSCRIS1 – mental representations of self in relation with people whom derogatory race-related comments about others.

ORSCRIS2– mental representations of self in relation with people whom derogatory race-related comments about self.

ORSCRIS3– mental representations of self in relation with people whom positive race-related comments about others.

ORSCRIS4 – mental representations of self in relation with people who valued racial difference.

In Table 27, the sample population reported below average (< 3.5) mental representations of self in relation with people who made derogatory race-related comments others and self and mental representations of self in relation with people who made positive race-related comments about self, but above average (> 3.5) mental representations of self in relation with individuals who valued racial difference. Respondents reported higher self-depreciation than self-appreciation and high race-based rejection sensitivity. Skewness for ORSCRIS, RBIDS, self-depreciation, and RBRS was < 2 (West, Finch & Curran, 1995). Hence, there was no need to transform the data. The data for 'effects of perceived concern with the Black body (RBIDS), however, was skewed and was therefore transformed using the square root.

5.8 Correlations between RBRS, and ORSCRIS, RBIDS, SA, and SD within the sample using Kendal's- *tau*:

Table 28

Summary of Correlations between RBRS and ORSCRIS, PRBC, EPRBC, and RSES within the sample using Kendal's- tau (n = 92)

Measure	1	2	3	4	5	6	7	8	9
1. ORSCRIS1	1.000	.455**	.305**	.059	.210**	.244**	-.224**	.232**	.123
2. ORSCRIS2		1.000	.477	-.034	.346**	.387**	-.282**	.305**	.252**
3. ORSCRIS3			1.000	.145	.124	.159*	-.127	-.112	.224**
4. ORSCRIS4				1.000	-.061	-.060	-.021	-.036	-.051
5. Perceived concern (RBIDS					1.000	.802**	-.163*	.121	.200**
6. Effect of perceived concern (RBIDS)						1.000	-.222**	.197**	.209**
7. Self-appreciation							1.000	.844**	-.126
8. Self-deprecation								1.000	-.115
9. Race-based Rejection Sensitivity									1.000

Note: ** Correlation is significant at the 0.01 level (2-tailed)
* Correlation is significant at the 0.05 level (2-tailed)

Table 28 below shows the correlations between the outcome measures within the sample using Kendal's - *tau*. As predicted by hypothesis 1, a significant positive correlation was observed between Mendoza-Denton et al.'s (2002) 'Race-based Rejection Sensitivity (RBRS)', and (1) perceived concern and preoccupation with aspects of the Black body (RBIDS), $\tau = .20$, $p = .008$, and (2) effect of perceived concern and preoccupation with aspects of the Black body on future social interaction (RBIDS), $\tau = .21$, $p = .005$.

As predicted by hypothesis 2, significant positive correlations between Mendoza-Denton et al.'s (2002) 'Race-Based Rejection Sensitivity (RBRS)', and reported mental representations of self in relation with people who make derogatory race-related comments about self (ORSCRIS2), $\tau = .25$, $p = .001$.

Contrary to hypothesis 2, however, no significant correlation between RBRS, and mental representations of self in relation with people who make derogatory about others (ORSCRIS1), $\tau = .123$, $p = .09$.

Further, contrary to hypothesis 3, no significant relation was found between RBRS, and ORSCRIS4 ($\tau = -.04$, $p = .59$), or low self-esteem, ($\tau = -.12$, $p = .114$). The significant positive correlation between RBRS and mental representations of self in relation with people who made positive race-related comments about self (ORSCRIS3), $\tau = .22$, $p = .002$), however, was not expected.

5.9 Hierarchal multiple regression analysis to determine predictors explaining variance of RBRS

Table 29 shows the outcome of hierarchical multiple regression analysis conducted to determine whether any of the variables measured contributed significantly to the variance in Race-Based Rejection Sensitivity (RBRS) in the sample Black population overall. Contrary to Hypothesis 4, the best predictors for RBRS were mental representations of self in relation with people who made positive race-related comments about self (ORSCRIS3), $\beta = .29$, $t = 2.17$, $p = .033$, and the effect of perceived race-related concern and preoccupation with aspects of the Black body on future social interaction (RBIDS, $\beta = .48$, $t = 2.41$, $p = .018$. The overall model was significant, $F (7, 85) = 5.03$, $p = .0005$, and accounted for 24.9% of the variance in race-based rejection sensitivity, reported.

Table 29

Hierarchical regression model predicts race-based rejection sensitivity (RBRS) in the sample population overall

Measure	B	*Se B*	*β*
Mental representations of self in relation with people who made derogatory race-related comments about other people (ORSCRIS1)	-.76	.61	-.15
Mental representations of self in relation with people who made derogatory race-related comments about self (ORSCRIS2)	.89	.77	.19
Mental representations of self in relation with people who made positive race-related comments about other people (ORSCRIS3)	1.69	.78	.29*
Mental representations of self in relation with people who were as accepting of their racial identity as they were of others (ORSCRIS4)	-.45	.49	-.09
Perceived concern and preoccupation with aspects of the Black body	-.89	.64	-.27
Effects of perceived concern and preoccupation with aspects of the Black body	.58	.24	.48*
Self-depreciation	-.06	.19	-.03

Note: $R^2 = .249$

* Correlation is significant at the 0.05 level (2-tailed)
** Correlation is significant at the 0.01 level (2-tailed)

5.10 Discussion - Study 2

In study 2, the construct validity of the two new scales: ORSCRIS and RBIDS, was tested against the Mendoza-Denton et al. (2002) 'Race-Based Rejection Sensitivity Scale (RBRS)' to determine whether perceived relational race-based schema (ORSCRIS) and racialised body image disturbance (RBIDS) were directly correlated to reported race-based rejection sensitivity. Unfortunately, only 92 self-defined Black people responded to the web-based questionnaire (n = 92). The number who looked at the web-based questionnaire, but did not respond to this part of the web-based questionnaire is also given. Although post hoc tests indicated that the study power reduced from 95% to 90%, the power was sufficient to detect a small significant effect on the main outcome measure: Mendoza et al. (2002) 'Race-Based Rejection Sensitivity Scale (RBRS).

Exploratory factor analysis of RBRS indicated that, RBRS was comprised of a single factor or dimension, (i.e., 'race-based rejection sensitivity'), and this factor was used to test the construct validity of the 'Racialised Body Image Disturbance Scale (RBIDS)', and 'Object Relations and Social Cognition of Racial Identity Scale (ORSCRIS)', separately. As predicted in Hypothesis 1, race-based rejection sensitivity was significantly associated with perceived concern and preoccupation with the aspects of the Black body (RBIDS1), and the effect of perceived concern and preoccupation with aspects of the Black body on future social interaction (RBIDS2).

As predicted in Hypothesis 2, race-based rejection sensitivity was significantly associated with mental representations of self in relation with people who made derogatory race-related comments about self (ORSCRIS2). Contrary to Hypothesis 2, however, race-based rejection sensitivity was not significantly associated with mental representations of self in relation with people who made derogatory race-related

comments about others (ORSCRIS1). Further, there was no significant negative correlation between mental representation of individuals who valued their own ethnicity as much as they did others and race-based rejection sensitivity in relationships with people who valued their ethnicity as much as they did others (ORSCRIS4).

Construct validity is therefore demonstrated for self-referential derogatory race-based schemas (ORSCRIS2), but not other-referent derogatory race-based schemas (ORSCRIS1) or group-referent equal-value race-based relational schemas (ORSCRIS4). The idea of race-based rejection sensitivity being solely related to derogatory race-based comments (ORSCRIS2) is, however, confounded by race-based rejection sensitivity being positively related to mental representations of self in relation with people who make positive comments about self (ORSCRIS3). The fact that, ORSCRIS3 and the effect of perceived concern and preoccupation with the Black body on future social interaction (RBIDS2) contributed to the variance in reported race-based rejection sensitivity significantly supports Mendoza et al. (2002) finding in that Black people are more likely to be sensitised to perceived racism in external, stable, uncontrollable, ambiguous contexts. Other people need only mention those aspects of the Black Body often stigmatised in relation with others (Hajnis et al., 1994), however, for Black people to activate race-related schema, experience race-based rejection sensitivity, and worry about the effect perceived concern and preoccupation with the Black might have on future social interactions.

Chapter 6

Examining the relation between racialised body image disturbance, mental representations that might be indicative of the subjective experience of racism and low self-esteem, and dissociative experiences – study 3.

Using within-subjects design in study 3, the relationship between relational race-related schemas (ORSCRIS), racialised body image disturbance (RBIDS), self-depreciation (RSES), and the frequency of dissociative experiences (DES11) in a nonclinical sample of self-identified Black people in the UK was examined. The main hypotheses were that:

1) Black people were significantly different in terms of their skin tone, academic achievement and annual income, (i.e., Hypotheses 1-10);

2) That these within group differences affects the reported race-related schema and self-esteem, (i.e., Hypotheses 11-16); and,

3) Low self-esteem, mental representations of self in relation with people who made derogatory race-related comments about self (ORSCRIS3), and perceived race-based concerns and preoccupation with aspects of the Black body on future interaction (RBIDS) would significantly contribute to the variance in the reported frequency of dissociative experiences in a nonclinical sample of Black people, (i.e., Hypotheses 17).

6.1   Hypotheses – Study 3

1) Self-identified Black female respondents will report significantly higher level of academic achievement than Black male respondents will;

2) Self-identified Black female respondents will report significantly lighter skin tones than Black male respondents will;

3) Although Black African respondents will report significantly higher academic achievement, they will report significantly lower annual income than Black African Caribbean respondents will;

4) There will no significant difference between Black African and Black African Caribbean respondents with respect to in skin tone;

5) Mixed Black respondents will report significantly lighter skin tones than both Black African and Black African Caribbean respondents will;

6) Black African respondents will report significantly lower annual incomes than either Black African or mixed Black respondents will;

7) Black male respondents will report significantly more mental representations of themselves with people who made derogatory race-related comments about self than Black female respondents will;

8) Black male respondents will report significantly self-depreciation than Black female respondents will;

9) Black African respondents will report significantly more mental representations of themselves in relation with people who valued each their racial identity than Black African Caribbean respondents will;

10) African Caribbean respondents will report significantly more effects of perceived concern and preoccupation with aspects of the Black body than mixed Black respondents will;

11) There will be significant positive correlations found between mental representations of self in relation with people who make derogatory race-based comments about others (ORSCRIS1), perceived concern and preoccupation

with the aspects of the Black body (RBIDS), self-depreciation, and frequency of dissociative experiences in a sample of Black people in the UK;

12) There will be significant positive correlation found between mental representations of self in relation with people who made derogatory race-based comments about self (ORSCRIS2), perceived concern and preoccupation with the aspects of the Black body (RBIDS1), self-depreciation, and the frequency of dissociative experiences in a sample of Black people in the UK;

13) There will be no significant correlation between mental representations of self in relation with people who made positive race-based comments about self (ORSCRIS3), and perceived concern and preoccupation with aspects of the Black body (RBIDS1), self-depreciation, and the frequency of dissociative experiences;

14) There will be significant positive correlation between mental representations of self in relation with people who make derogatory race-related comments about others (ORSCRIS1), and perceived concern and preoccupation with aspects of the Black body (RBIDS1), self-depreciation, and dissociative experiences that cannot be better explained by variation in age, gender, marital status, ethnicity, annual income, academic achievement, skin tone, or the variation in the friends with whom Black people spend most of their time;

15) There will be significant positive correlation between mental representations of self in relation with people who make derogatory race-related comments about self (ORCRIS2), and perceived concern and preoccupation with aspects of the Black body (RBIDS1), the effect of perceived concern and preoccupation with aspects of the Black body (RBIDS2), self-depreciation, and the frequency of dissociative experiences. These correlations will persist even when controlling

for age, gender, marital status, ethnicity, academic achievement, annual income, skin tone.

16) There will be no significant correlation between mental representations of self in relation with people who made positive race-based comments about self (ORSCRIS3), and perceived concern and preoccupation with aspects of the Black body (RBIDS1), self-depreciation, and dissociative experiences even when controlling for age, gender, marital status, ethnicity, academic achievement, annual income, skin tone.

17) Mental representations of self in relation with people who make derogatory race-related comments about self (ORCRIS2), and perceived concern and preoccupation with aspects of the Black body (RBIDS1), the effect of perceived concern and preoccupation with aspects of the Black body (RBIDS2), self-depreciation will contribute significantly to the variance of dissociative experiences. These correlations will persist even when controlling for age, gender, marital status, ethnicity, academic achievement, annual income, skin tone

6.2   Respondents

Of the 146 (56.6%) Black male respondents and 112 (43.4%) Black female respondents, 130 (50.4%) described themselves as Black People African Caribbean descent, 75 (29.1%) Black people of African descent, and 53 (20.5%) as mixed Black ancestry. The age of the respondents ranges from 17-71 years, and the mean age was 36.61 years (SD = 10.02 years), and the median age was = 37 years.

Self-reported estimates of skin tones ranged from light colouration (denoted 20 on the von Luschan (1922) chromatic chart) to darker colouration (denoted 36 on the von Luschan (1922) chromatic chart. There was very little difference between the

mean skin tone (M = 27.20, SD = 4.984, MD = 27.00), and the median skin tone reported was 27.00 on the von Luschan (1922) chromatic scale.

One hundred and twelve (43.4%) of Black respondents reported being married or cohabiting, 36 (13.9%) were either separated or divorced, and 110 (42.6%) reported being single. One hundred and twenty-one (46.8%) Black respondents reported educational qualifications below degree level, and 137 (53.1%) reported educational qualifications of degree level and above. One hundred and seventeen (45.3%) reported annual incomes of less than £20,000 per annum, and 141 (54.7%) reported annual incomes of more than £20,000 per annum. The mean annual income for the sample population was £28,100 per annum, SD = £14,844 per annum. The median annual income was £30,000 per annum.

Of the 258 Black respondents, 40 (15.5%) reported spending most of their time with mixed Black African and African Caribbean friends. Thirty-nine (15.2%) Black respondents reported spending most of their time with people of all ethnic groups. Thirty-three (12.8%) Black respondents reported spending their time with mixed Black African Caribbean friends only. Twenty-three (8.9%) Black respondents reported spending their time with White friends only. Nineteen (7.4%) Black respondents reported spending their time with mixed Black African Caribbean and White friends. Fourteen (5.5%) Black respondents reported spending their time with mixed Black African and White friends. Twenty-four (9.3%) Black respondents reported spending their time with mixed Black African Caribbean and Asian friends. Nine (3.5%) Black respondents reported spending their time with mixed Black African Caribbean and Arab friends. Only 6 (2.3%) Black respondents reported spending their time with only Asian friends. Only 4 (1.6%) Black respondents reported spending their time with only Black African and Asian friends, and one (0.1%) Black respondents reported spending most of their time with mixed black African and Arab or Middle

Eastern friends. Eight Black respondents report some other combination not specified and eight Black people did not respond to this item.

6.3   Materials

Questionnaire 3 is comprised of a demographic component: age, gender, ethnicity, academic achievement and annual income, ethnicity of friend's respondents spent most of their time with and skin tone. The skin colours used were copied from the original chart box per box using the paint programme's dropper tool from Felix von Luschan's (1922) book, 'Voelker, *Rassen, and Sprachen'*. The outcome measures were my 'Object Relations and Social Cognition Scale (ORSCRIS)', my'Racialised Body Image Disturbance Scale (RBIDS)', Rosenberg's (1965) 'Self-Esteem Scale (RSES)', and Bernstein and Putnam's (1986) 'Dissociative Experiences Scale (DESII).

Bernstein and Putnam's (1986) 'Dissociative Experiences Scale II' (DES) is 28-item self-report scale measuring three factors believed to be indicative of dissociation in both normal and abnormal populations (see Appendix H). It was devised this instrument to help screen for dissociative experiences. It was not designed as a diagnostic tool these three factors were: 1) Depersonalisation and derealisation, 2) Absorption and imaginative involvement, 3) Dissociative amnesia (Carlson et al., 1991). Participants are asked to indicate on a continuum ranging from 'never' = 0% to 'always' = 100%, what percentage of time each dissociative experience listed happens to them. For example, participants are told that*: 'some people have the experience of feeling that other persons, objects, and the world around them are not real'* and asked to '*indicate what percentage of the time this happens to you'*. The average frequency of reported dissociative experiences could be calculated by adding up all the scores for

all items, (i.e. 1-100), and divide this number by 28. High scores or percentages indicate a greater propensity to report dissociative experiences whilst lower scores or percentages indicate that a lesser propensity. Reliability analysis indicated that Cronbach's (1951) alpha coefficient, α = 0.94, Darves-Bornoz, de Giovanni & Galliard, 1998), N= 140, α = 0.93 (Giesbrecht, Merckelbach, Geraerts & Smeets, 2004). These coefficients were not entirely different from those obtained by Frischholz et al. (1990), α = 0.95, Boon & Draijer (1993), α = 0.96, and Moyano et al. (2001), α = 0.92.

My 'Racialised Body Image Disturbance Scale (RBIDS)' is a 9-item self-report scale, devised to measure: (1) perceived concern and preoccupation (perceived obsession) with aspects of the Black body, and (2) perceived concern and preoccupation (perceived obsession) with aspects of the Black Body on future social interaction. For example, participants were required to indicate whether they were 'not at all concerned' to 'extremely interested' on a 4-point Likert scale for item 1, 'not at all preoccupied' to 'extremely preoccupied' in item 3, no distress' to 'extreme and disabling' distress in item 5, 'no interference' to 'extreme interference' in items 6-9. Scores for each item ranged from zero to four and calculated by taking the average of all scores. Higher scores indicated agreement with the proposed concept, and lower scores indicated disagreement with the proposed concept. The scale has been found to possess internal validity. Reliability analysis showed that the Cronbach's (1951) correlation coefficient alpha for (1) perceived concerns and preoccupations with aspects of the Black body, α = .75, and for (2) the effect of perceived concern and preoccupation with an aspect of the Black body on future social interaction, α = .83.

My 'Object Relations and Social Cognition Scale of Racial Identity Scale (ORSCRIS)' is a 20-item self-report tool comprised of four categories of race-based relational mental representations or schemata that might underpin racial identity

attitudes using a 7-point Likert scale (1 = strongly disagree to 7 = strongly agree, midpoint 4 = neither agree nor disagree). The first category ORSCRIS1 attempted to reflect mental representations of self in relation people who made derogatory race-related comments about other people. The second category, ORSCRIS2, attempted to reflect those mental representations of self in relation people who made derogatory race-related comments about self. The third category, 'ORSCRIS3' attempted to reflect mental representations of self in relation other Black people who made positive race-related comments about self, and the fourth category 'ORSCRIS4 attempted to reflect those mental representations of self in relation people who appreciate their racial identity as much as do that of others. Scores ranged from 1-7 on each subscale. The score for each subscale was averaged. Higher scores indicated agreement with the proposed concept, and lower scores indicated disagreement with the proposed concept. Reliability analysis indicated that Cronbach's (1951) correlation coefficient alpha for each subscale was reasonable, ORSCRIS1, α = .70, ORSCRIS2, α = .86, ORSCRIS3, α = .73, ORSCRIS4, α = .80, respectively.

Rosenberg's (1965) 'Self-Esteem Scale (RSES)' is a 10-item unidimensional instrument devised to measure global self-esteem in adolescents. The scale has been found reliably to measure feelings of self-worth in adults across groups differentiated according to ethnicity, culture and gender (Greenberger et al., 2003). Respondents were asked to indicate on the 4-point Likert scale the extent to which they agree or disagree with 10 statements related to overall feelings of self-worth. The level has been found to possess good internal consistency with Cronbach's alpha for various samples typically in the range of 0.77 to 0.88 (Schmidt & Allik, 2005; Rosenberg, 1986), and good reliability with test-retest correlations typically in the range of 0.82 to 0.88 in general populations (Blascovich & Tomaka, 1993). Lockett & Harrell (2003)

showed that this scale could be used reliably in Black populations, reporting two-dimensional structure and Cronbach's (1951) correlation coefficient alpha, $\alpha = .84$.

6.4   Sample Size

The sample size should have sufficient power to reduce the probability of achieving false positive (Type 1 error), and the possibility of false adverse effects (Type 2 error), and rejecting the null hypothesis out of turn. The null hypothesis was that there would be no positive correlation between the perceived relational race-based schema that might underpin racial identity (ORSCRIS), racialised body image disturbance RBIDS), low self-esteem (RSES), and frequency of dissociative experiences (DES). To determine the likelihood of detecting a difference in the outcome measure an appropriate sample size was computed using G*Power. For an *a priori* analysis using 13 variables, the *F*-ratio in multiple regressions may be determined from a total sample size of 189 respondents. This sample size would be sufficient to stand a 95% chance of detecting a small effect size (.15 - .29) on the primary outcome measure, (i.e. DESII) in the sample population.

6.5   Response rate

Five thousand, eight hundred, and sixty-nine people visited the website, but only 267 people completed Questionnaire 3 comprised of a demographic component, RBIDS, ORSCRIS, DESII, and RSES. Nine respondents were non-UK nationals. The non-UK nationals were excluded from the analyses. Hence, data from 258 completed surveys were subjected to analysis, (i.e., response rate overall = 0.045%).

6.6 Examination of the demographic data from the sample population for normalcy

Table 30 shows the output from the tests of normalcy in demographic measures. Kolmogorov-Smirnov test (K-S), using SPSS 15.0 indicated all the demographic measures deviated significantly from an estimated normal distribution at $< .05$. This test showed that there were significant deviations from normalcy on all demographic variables, and nonparametric tests should be used.

Table 30

K-S Tests for normalcy of the demographic variables within the sample

Measure	Kolmogorov-Smirnov			Shapiro-Wilk		
	Statistic	*df*	Sig.	Statistic	*df*	Sig.
Age	.066	258	.009	.981	258	.002
Marital status	.272	258	.000	.750	258	.000
Ethnicity	.317	258	.000	.753	258	.000
Academic Achievement	.215	258	.000	.920	258	.000
Annual Income	.169	258	.000	.908	259	.000
Friends	.155	258	.000	.912	258	.000
Skin Tone	.122	258	.000	.962	258	.000

Notes: K-S statistic and degrees of freedom (df) is given by corresponding S-W statistic and its degrees of freedom.

6.7　Examination of data from independent variables for normalcy

In Table 31, the Kolmogorov-Smirnov test (K-S) test, which compares the observed cumulative distribution function for a variable with a specified theoretical distribution, found that the test of normalcy was violated for all independent measures. For this reason, nonparametric tests were used to examine the data.

Table 31

K-S Tests for normality within outcome variables

	Kolmogorov-Smirnov (KS)			Shapiro-Wilk (SW)		
	Statistic	df	Sig.	Statistic	df	Sig.
ORSCRIS1	.07	258	.003	.98	258	.008
ORSCRIS2	.16	258	.000	.92	258	.000
ORSCRIS3	.06	258	.027	.99	258	.009
ORSCRIS4	.10	258	.000	.94	258	.000
RBIDS	.25	258	.000	.71	258	.000
Self-Depreciation	.07	258	.003	.93	258	.000
DES	.20	258	.000	.71	258	.000

Notes: KS statistic and degrees of freedom (df) is given by corresponding SW statistic and its degrees of freedom.
ORSCRIS1 – mental representations of self in relation with people who made derogatory race-related comments about others.
ORSCRIS2 – mental representations of self in relation with people who made derogatory race-related comments about self.
ORSCRIS3 – mental representations of self in relation with people who made positive race-related comments about others.
ORSCRIS4 – mental representations of self in relation with people who valued each other's racial difference
RBIDS – mental representations of self in relation with people who valued race-related comments about others.
DES – Frequency of dissociative experiences

6.8   Examination of the independent data for homogeneity of variance

Based on the median, Levene's test for groups, differentiated according to gender, indicated that the assumption of homogeneity of variance was violated for all outcome measures; except mental presentations of self in relation with people who made derogatory race-related comments about other persons (ORSCRIS1), *Levene's* statistic $(1, 253) = 4.497$, $p = .035$ (see Table 32). This indicated that the homogeneity of variances did not differ significantly with respect to the outcome measures; except for data related to ORSCRIS1. Therefore, equal variances were assumed for all measures; except, ORSCRIS1.

Table 32

Levene's Test for homogeneity of variance in outcome measures

Measure	Levene's Statistic	df1	df2	Sig.
ORSCRIS1	4.50	1	253	.035
ORSCRIS2	1.63	1	253	.203
ORSCRIS3	.54	1	253	.465
ORSCRIS4	.02	1	253	.899
RBIDS1	.51	1	253	.474
RBIDS2	.69	1	253	.407
Self-Depreciation	.54	1	253	.780
DES	1.24	1	253	.266

Notes:

The table shows Levene's statistic for each of the outcome measures, their significance, and their associated degrees of freedom when differentiated according to gender.

ORSCRIS1 – mental representations of self in relation with people who made derogatory race-related comments about others.

ORSCRIS2 – mental representations of self in relation with people who made derogatory race-related comments about self.

ORSCRIS3 – mental representations of self in relation with people who made positive race-related comments about others

ORSCRIS4 – mental representations of self in relation with people who valued race-related comments about others.

RBIDS1 – Perceived concern and preoccupation with aspects of the Black body

RBIDS2 – Effect of perceived concern and preoccupation with aspects of the Black body on future social interaction

DES – frequency of dissociative experiences

6.9   Examination of the demographic data for homogeneity of when differentiated according to gender

All demographic variables were assigned values (see Table 3, p. 135) so that some indication as to the homogeneity of variance could be ascertained in Table 33. Based on the median, Levene's test for groups, differentiated according to gender, indicated that the assumption of homogeneity of variance was not violated in any of the demographic measures; except for skin tone, Levene's statistic $(1, 254) = 4.43$, $p = .036$, and marital status $(1, 253) = 2.44$, $p = .041$. Therefore, equal variances were assumed.

Table 33

Test of homogeneity of variances in demographic data when the sample was differentiated according to gender

Measure	Levene's Statistic	df1	df2	Sig.
Age	.99	1	252	.42
Marital Status	2.44	1	253	.04
Ethnicity	1.60	1	254	.11
Academic Achievement	.00	1	253	.65
Annual Income	.06	1	252	.76
Friends	.67	1	252	.41
Skin Tone	4.43	1	254	.04

Notes: Table shows Levene's statistic for each of the demographic measures, their significance, and their associated degrees of freedom (*df*).

6.10 Examination of the demographic data for homogeneity of variance, when differentiated, according to ethnicity

All demographic variables were assigned value (see Table 3, p. 135) so that some indication as to the homogeneity of variance could be ascertained. Based on the median, Levene's test for sample population differentiated according to ethnicity (Table 34) indicated that, the assumption of homogeneity was not violated by all measures; except for gender, Levene's statistic $(2, 249) = 11.58$, $p = .001$, and friends' respondents associated with, Levine's statistic $(2, 249) = 4.69$, $p = .01$. Based on the median this indicated that equal variances were assumed for all demographic measures in this group when differentiated according to ethnicity; except gender, and friends with whom Black people reported spending most of their time.

Table 34

Test of homogeneity of variances in demographic data when sample was differentiated according to ethnicity

Measure	Levene's Statistic	df1	df2	Sig.
Age	.05	2	249	.95
Gender	11.58	2	249	.00
Marital Status	.75	2	249	.47
Academic Achievement	.58	2	249	.56
Annual Income	1.83	2	249	.16
Friends	4.69	2	249	.01
Skin Tone	2.05	2	249	.13

Notes: Table shows Levene's statistic for each of the demographic measures, their significance, and their associated degrees of freedom (df).

6.11 Examination of the sample population for significant differences in the demographic data when differentiated according to gender

Table 35 shows the means, medians and the standard deviation of the means, for the outcome variables. As predicted in hypothesis 1, the difference between female Black respondents (Mdn = 4.00) and male Black respondents (Mdn = 3.00) with respect to academic achievement was significant, $U = 6957.50$, z = 2.04, $p = .042$ (2-tailed). However, the effect size was small, $r = .13$.   As predicted in hypothesis 2, the difference in skin tone between female Black respondents (Mdn = 27.00) and male Black respondents (Mdn = 29.00) with respect to skin tone was significant, $U = 5851.50$, $z = 3.927$, $p = .001$ (2-tailed). However, the effect size was small, $r = -.25$.

Table 35

Mean, Median, SD, and Skewness for outcome measures overall (N= 258)

Measure	Mean	Median	SD	Skewness
ORSCRIS1	3.35	3.50	1.49	-.01
ORSCRIS2	2.74	2.25	1.66	.66
ORSCRIS3	3.43	3.50	1.48	-.01
ORSCRIS4	4.74	5.00	1.51	-.97
RBIDS1	.55	.33	.72	1.51
RBIDS2	.08	.00	.31	5.76
Self-depreciation	8.52	8.00	3.06	-.07
DES	11.49	8.21	12.07	2.79

Notes:

ORSCRIS1 – mental representations of self in relation with people whom derogatory race-related comments about others.
ORSCRIS2– mental representations of self in relation with people whom derogatory race-related comments about self.
ORSCRIS3– mental representations of self in relation with people whom positive race-related comments about others.
ORSCRIS4 – mental representations of self in relation with people who valued racial difference
RBIDS1 – Perceived concern and preoccupation with aspects of the Black body
RBIDS2 – Effect of perceived concern and preoccupation with aspects of the Black body on future social interaction
DES – frequency of dissociative experiences

6.12 Examination of the demographic data for significant differences the sample population, when differentiated according to ethnicity

As predicted in hypothesis 3, Mann-Witney tests indicated that, Black African Caribbean respondents (Mdn = 3.00) were reported significantly lower academic achievement than Black African respondents did (Mdn = 4.00) did, U = 3996.00, z = 1.979, p = .05 (2-tailed), though the effect size is small, r = .101. The difference in annual income between Black African Caribbean (Mdn = 3.00) and Black African respondents (Mdn = 2.00) was also significant, U = 3527.00, z = 3.16, p = .002 (2-tailed), and the effect size was small, r = .217, but unexpected.

Contrary to hypothesis 4, Black African (Mdn = 27.00) reported significantly darker skin tones than Black African Caribbean respondents (Mdn = 29.00) did, U = 3542.00, z = -3.20, p = .001 (2-tailed). however, the effect size was small, r = -.220.

As predicted in hypothesis 5, Black African respondents (Mdn = 29.00) were significantly darker skinned than mixed Black respondents were (Mdn = 25.00), U = 960.50, z = 4.99, p = .001. However, the effect size was much larger, r = .40 than it was between Black African and Black African Caribbean respondents, r = -.22. The difference in skin tone between Black African Caribbean respondents (Mdn = 27.00) and mixed Black respondents (Mdn = 25.00) was significant, U = 2343.00, z = 3.34, p = .001; however, the effect size was small, r = .26 was small.

As predicted in hypothesis 6, Black African respondents (Mdn = 2.00) earned significantly less money annually than either Black African Caribbean respondents (Mdn = 2.00), U = 3592.000, z = -3.07, p = .002, or mixed Black respondents (Mdn = 3.00), U = 1248.000, z = -3.68, p = .0005. The difference in effect size was greater between Black African and mixed Black respondents, r = .32, than it was between Black Caribbean and mixed Black respondents, r = -.26.

6.13 Examination of the outcome data for significant when the sample is differentiated according to gender

Table 36 shows the median scores for each of the outcome variables in questionnaire 3. Kruskal-Wallis tests indicated that there were no significant differences in outcome measures within the sample population when differentiated according to gender; except for ORSCRIS2, H (1) = 5.12, p = .024, and self-depreciation, H (1) = 6.99, p = .009.

As predicted by hypothesis 7, Mann-Whitney tests indicated that Black male respondents (Mdn = 2.94) reported significantly more mental representations of self in relation with people who made derogatory race-related comments about self than Black female respondents did (Mdn = 2.40), U = 6649.50, z = -1.101, p = .024; however, the effect size was small, r = -.15.

As predicted by hypothesis 8, Mann-Whitney tests indicated that Black male respondents (Mdn = 9.69) reported significantly more self-depreciation than Black female respondents did (Mdn = 9.91), U = 6622.50, z = -2.626, p = .009; however, the effect size was small, r = -.16.

Table 36

Summary Median Score for Outcome Measures (Gender)

Gender	ORSCRIS1	ORSCRIS2	ORSCRIS3	ORSCRIS4	RBIDS1	RBIDS2	SD	DESII
Black males (N = 146)	3.42	2.94	3.52	4.75	.73	.13	9.69	12.31
Black females (N = 112)	3.00	2.40	3.50	5.00	.65	0.00	9.81	10.43

Note:
Scores for ORSCRIS1-4 ranged from 1-7.
Score for racialised body image disturbance (RBID) ranged from 0-7.
Scores for dissociative experiences (DESII) ranged from range from 1-100.
Scores of self-depreciation (SD) ranged from 0-15
Score for self-application (SA) ranged from 0-15.
ORSCRIS1 – mental representations of self in relation with people who make derogatory race-related comments about others.
ORSCRIS2– mental representations of self in relation with people who make derogatory race-related comments about self
ORSCRIS3– mental representations of self in relation with people who make positive race-related comments about others
ORSCRIS4 – mental representations of self in relation with people who valued racial difference
RBIDS1 – Perceived concern and preoccupation with the Black body (RBIDS)
RBIDS2 – Effect of perceived concern and preoccupation with the Black body on future social interaction
DESII – Dissociative experiences

6.14 Examination of the outcome data for significant differences when the sample is differentiated according to ethnicity

Table 37 shows the median scores for each of the outcome variables in questionnaire 3. Kruskal-Wallis tests indicated that there were no significant differences in outcome measures within the sample population when differentiated according to ethnicity; except to mental representations of self in relation with people who valued each other's racial identity (ORSCRIS4), H (1) = 6.64, p = .036, and effects of perceived concern and preoccupation with aspects of the Black body, H (1) = 6.44, p = .040.

As predicted in hypothesis 9, Mann-Whitney tests indicated that, Black African respondents (Mdn = 21.00) reported significantly more mental representations of self in relation with people who valued their racial identity than Black African Caribbean respondents did (Mdn = 19.00), U (205) = 3825.00, z = -2.57, p = .01; however, the effect size was small, r = .180.

As predicted in hypothesis 10, Mann-Whitney tests indicated that, Black African Caribbean respondents (Mdn = .67) reported significantly more effects of perceived concern and preoccupation with aspects of the Black body than mixed Black respondents did (Mdn = .71), U (183) = 3397.00, z = -2.11, p = .01; however, the effect size was small, r = .156.

Table 37

Summary Median Score for Outcome Measures (Ethnicity)

Ethnicity	ORSCRIS1	ORSCRIS2	ORSCRIS3	ORSCRIS4	PRBC	PERC	SA	SD	DESII
Black African Caribbean (n=129)	3.32	2.86	3.48	453	.67	.11	9.9	9.5	10.8
Black African (N=75)	3.48	2.69	5.53	5.11	.73	.11	9.7	9.1	12.3
Mixed Black (N=53)	3.16	2.47	3.13	4.71	.71	.12	9.6	9.2	12.1

Note: Scores for ORSCRIS1-4 ranged from 1-7.
Score for racialised body image disturbance (RBID) ranged from 0-7.
Scores for dissociative experiences (DESII) ranged from range from 1-10.
Scores of self-esteem (RSES) ranged from 0-30.

6.15 Summary of responses to Dissociative Experiences Scale II

Table 38

Percentage of response to each item on the Dissociative Experiences Scale II (DES II) above and below 20% frequency rate

Item:	$f \leq 20\%$	$f \geq 20\%$
1. Some people have the experience of driving or riding in a car or bus or subway and suddenly realising that they don't remember	81.6%	18.2%
2. Some people find that sometimes they are listening to someone talk, and they suddenly realise that they did not hear part or all of what was said.	68.0%	32.0%
3. Some people have the experience of finding themselves in a place and having no idea how they got there	91.6%	8.4%
4. Some people have the experience of finding themselves dressed in clothes that they do not remember buying.	94.8%	5.2%
5. Some people have the experience of finding new things among their belongings that they do not remember buying	94.8%	5.2%
6. Some people sometimes find that people that they do not know who call them by another name or insist that they have met them before approaching them.	84.8%	15.2%
7. Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something, and they see themselves as if they were looking at another person	82.8%	17.4. %
8. Some people are told that they sometimes do not recognise friends or family members.	93.2%	6.8%
9. Some people find that they have no memory of some important events in their lives (for example, a wedding, or graduation).	87.0%	4.0%
10. Some people have the experience of being accused of lying when they do not think that they have lied.	93.2%	6.8%
11. Some people have the experience of looking in a mirror and not recognising themselves.	93.0%	7.0%
12. Some people have the experience of feeling that other persons, objects, and the world around them are not real.	91.7%	8.3%
13. Some people sometimes have the experience of feeling that their body does not seem to belong to them.	92.2%	7.8%

14. Some people have the experience of sometimes remembering a past event so vividly that they feel as if they were reliving that event.	79.7%	20.3%
15. Some people have the experience of not being sure whether the things that they remember happening did happen or whether they just dreamed them.	87.4%	18.6%
16. Some people have the experience of being in a familiar place but finding it strange and unfamiliar.	87.0%	13.0%
17. Some people find that when they are watching television or a movie, they become so absorbed in the story that they are unaware of other events happening around them	81.8%	18.2%
18. Some people sometimes find that they become so involved in a fantasy or daydream that it feels as though it were happening to them.	82.9%	17.1%
19. Some people find that they sometimes can ignore pain.	79.6%	20.4%
20. Some people find that they sometimes sit staring off into space, thinking of nothing, and are not aware of the passage of time	80.7%	19.3%
21. Some people sometimes find that when they are alone, they talk aloud to themselves.	76.6%	23.8%
22. Some people find that in one situation they may act so differently compared with another situation that they feel almost as if they were two different people.	70.8%	29.2%
23. Some people sometimes find that in certain situations they are able to do things with amazing ease and spontaneity that would usually be difficult for them (for example, sports, work, social situations, etc.).	74.0%	26.0%
24. Some people sometimes find that they cannot remember whether they have done something or have just thought about doing that thing (for example, not knowing whether they have just mailed a letter or have just thought about mailing it	76.6%	23.4%
25. Some people find evidence that they have done things that they do not remember doing.	85.9%	14.1%
26. Some people sometimes find writings, drawings, or notes among their belongings that they must have done but cannot remember doing. Indicate what percentage of the time this happens to you	90.6%	9.4%
27. Some people sometimes find that they hear voices inside their head that tell them to do things or comment on things that they are doing.	90.6%	9.4%
28. Some people sometimes feel as if they are looking at the world through a fog so that people and objects appear far away or unclear.	91.7%	8.3%

6.16 Exploratory Factor Analysis of Dissociative Experiences Scale (DESII)

The 'Dissociative Experiences Scale II (DESII)' was comprised of 28 items, and devised to measure the dissociation on three dimensions: amnesic dissociation, imaginative involvement, and Depersonalisation/derealisation (Carlson & Putnam, 1993). Twenty-eight items were subjected to Principal Axis Factoring (PAF) with direct oblimin rotation using SPSS 15.0. Prior to performing PAF, the suitability for factor analysis was assessed, and the Kaiser-Meyer-Olkin measure of sampling adequacy was 0.933, exceeding the value of 0.6 (Kaiser, 1974), and Bartlett's Test of Sphericity (Bartlett, 1954) reached statistical significance supporting the factorability of the correlation matrix, χ^2 (378) 4,796.60, $p = 0.001$. In Table 39, four factors possessed Eigenvalues exceeding one, but only one factor accounted at least $\geq 9\%$ of the variance. This single factor, (i.e., dissociation), accounted 45.27 % of the variance. All items producing coefficients of at least 0.3 and intercorrelations ranged from 0.34 to 0.86. Internal consistency for a single factor was good, Cronbach's (1951) alpha, α = .95.

Table 39

Total variance of Dissociative Experiences Scale II (DESII) explained

Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	12.68	45.27	45.27	12.26	43.80	43.80
2	2.20	7.86	53.13	1.76	6.27	50.07
3	1.35	4.83	57.96	.86	3.06	53.14
4	1.12	3.40	61.95	.69	2.45	55.58
5	.99	3.54	65.49			

Figure 10

**Scree plot for Putnam & Bernstein'sa (1986)
'Dissociative Experiences Scale (DES II)'**
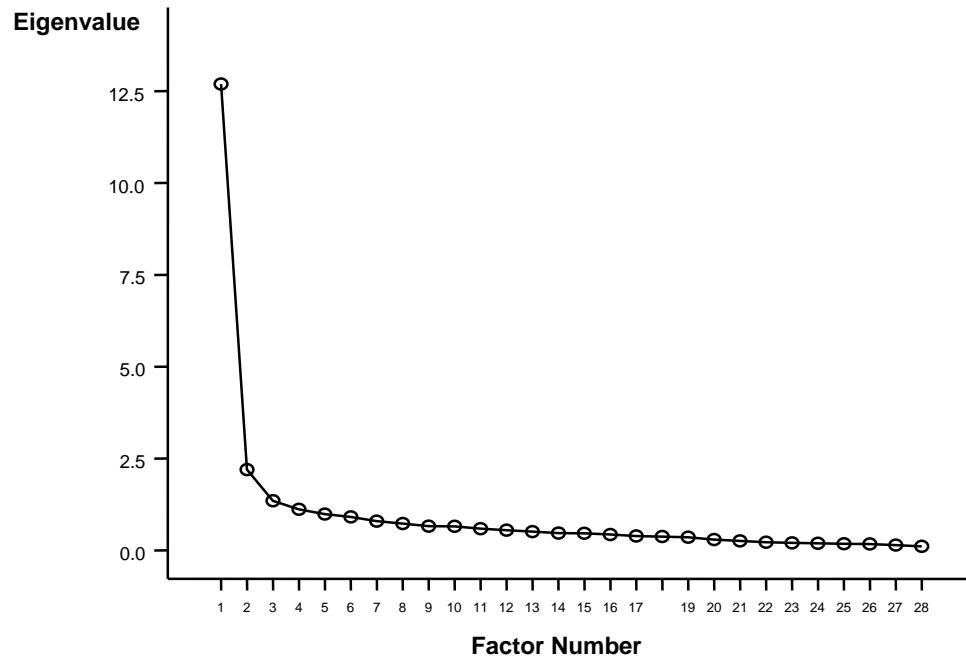
Carlson and Putnam's (1993) 3-factor structure was not replicated. From Cattell's Scree (1966) test for DESII in Figure 10, it was decided to retain two components for further investigation. This solution was further supported by the results of Monte Carlo (PAF) Parallel Analysis, which suggested that, two components, (i.e., depersonalisation, and imaginative involvement), with Eigenvalues exceeding the corresponding criterion Eigenvalues values of randomly generated data of the same size, should be retained (Lautenschlager, 1989; Ledesma & Valero-Mora, 2007; Watkins, 2000). When simulating standard random samples that parallel the observed data in sample size and number of variables in Table 40, two Eigenvalue were bigger than the mean of those obtained from the uncorrelated random data were found (Zwick & Velicer, 1986).

Table 40

Comparison of Eigenvalues from principal components analysis (PCA) and corresponding criterion values obtained from parallel analysis for DESII

Actual Eigenvalues from PAF	Criterion value from PA	Decision
12.67	1.61	Accept
2.20	1.56	Accept
1.35	1.49	Reject
1.12	1.42	Reject
.99	1.36	Reject

Note: Decision to accept or reject the criterion was based on the value of the estimated criterion being less than the eigenvalue.

6.17   Correlations between demographic variables using Kendal's-*tau*:

In samples where the test for normalcy has been violated, Kendall's *tau* statistic could be used to examine the correlations between the variables in the sample (Howell, 1997). Table 41 shows the correlations been demographic variables. Dummy variables were used to facilitate this process (see Table 3, p. 149). Significant positive correlations were observed between age, and marital status ($\tau = .28$, $p = .001$), and academic achievement ($\tau = .13$, $p = .007$), and annual income ($\tau = .30$, $p = .001$). Significant negative correlations were observed between age and marital status ($\tau = -.28$, $p = .001$). Significant negative correlations were observed between marital status and annual income ($\tau = -.26$, $p = .001$).

Table 41

Summary of correlations between all demographic variables (N= 258)

Measure	1	2	3	4	5	6	7	8	10
1. **Age**	-------	-.06	-.28**	-.07	.13**	.30**	.03	-.02	.06
2. Gender	-------	-------	.06	-.06	.11*	.05	-.04	-.13*	-.21**
3. Marital Status	-------	-------	-------	-.02	-.02	-.26**	.06	.01	-.01
4. Ethnicity	-------	-------	-------	-------	.03	-.01	-.08	.08	-.06
5. Academic Achievement	-------	-------	-------	-------	-------	.12*	.06	-.08	.00
6. Annual Income	-------	-------	-------	-------	-------	-------	-.03	.04	-.05
7. Friends	-------	-------	-------	-------	-------	-------	-------	.01	.00
8. Skin tone	-------	-------	-------	-------	-------	-------	-------	-------	.06

Note: *Correlation is significant at the 0.05 level (2-tailed)
 **Correlation is significant at the 0.01 level (2-tailed)

6.18 Correlations between demographic variables while controlling for outcome variables

Using dummy variables (Table 3, p. 178) to represent the order within the demographic variables, Table 42 shows significant positive correlations with the sample population while controlling all outcome variables. As predicted in hypothesis 3, significant direct correlations were observed were revealed between age, and marital status ($\tau = .33$, $p = .001$), and annual income ($\tau = .40$, $p = .001$), but the effects sizes were larger. Older Black respondents were married, earned more annually, and held higher academic qualifications than younger Black respondents, did

Table 42

Summary of correlations between demographic variables when controlling for outcome measures

Measure	1	2	3	4	5	6	7	9
1. Age	-------	-.10	-.33**	-.06	.12	.39**	.04	.07
2. Gender	-------	-------	.11	-.06	.11	.00	-.05	-.18**
3. Marital Status	-------	-------	-------	-.02	.04	.26**	.07	-.02
4. Ethnicity	-------	-------	-------	-------	.04	.05	-.07	-.14*
5. Academic Achievement	-------	-------	-------	-------	-------	.09	.08	.00
6. Annual Income	-------	-------	-------	-------	-------	-------	.05	-.11
7. Ethnicity of Friends	-------	-------	-------	-------	-------	-------	------	.05
8. Skin tone	--------	-------	-------	-------	-------	-------	-------	------- -----

Note: * Correlation is significant at the 0.05 level (2-tailed)
       ** Correlation is significant at the 0.01 level (2-tailed)

6.19 Correlations between outcome measures within the sample population using Kendal's-*tau*:

Table 43 shows the correlations between the outcome measures. As predicted in hypothesis 11, significant positive correlations were found between mental representations of self in relation with people who made derogatory race-based comments about others (ORSCRIS1), and perceived concern and preoccupation with aspects of the Black body (RBIDS) ($\tau = .18$, $p = .001$), and self-depreciation (RSES) ($\tau = .09$, $p = .045$), and reported frequency of dissociative experiences ($\tau = .17$, $p < .001$).

As predicted in hypothesis 12, significant positive correlations between mental representations of self in relation with people who made derogatory race-based comments about self (ORSCRIS2), and perceived concern and preoccupation with aspects of the Black body (RBIDS1) ($\tau = .24$, $p = .001$), the effect of perceived concern and preoccupation with aspects of the Black body on future social interaction (RBIDS2) ($\tau = .25$, $p = .001$), self-depreciation (RSES) ($\tau = .15$, $p = .001$), and reported frequency of dissociative experiences ($\tau = .21$, $p = .001$.

Contrary to hypothesis 13, small positive correlations between mental representations of self in relation with people who made positive race-based comments about others (ORSCRIS3), and the effect of perceived concern and preoccupation with aspects of the Black body (RBIDS) ($\tau = .122$, $p = .011$), self-depreciation ($\tau = .171$, $p < .001$) reported frequency of dissociative experience ($\tau = .181$, $p < .001$), was not expected.

Table 43

Summary of Correlations between Outcome Measures (n = 258)

Measure	1	2	3	4	5	6	7	8
1. ORSCRIS1	1.000	.445**	.209**	-.011	.177**	.045	.089*	.167**
2. ORSCRIS2	-------	1.000	.236**	-.058	.251**	.232*	.149**	.207**
3. ORSCRIS3	-------	-------	1.000	.043	.122*	.051	.171**	.181**
4. ORSCRIS4	-------	-------	-------	1.000	-.011	.074	.005	.014
5. Perceived concern	-------	-------	-------	-------	1.000	306**	.070	.161**
6. Effect of perceived concern	-------	-------	-------	-------	-------	1.000	.043	.034
7. Self-depreciation	-------	-------	------	-------	-------	------	1.000	.315**
8. DES	-------	------	------	-------	-------	-------	-------	1.000

Note:
* Correlation is significant at the 0.05 level (2-tailed)
** Correlation is significant at the 0.01 level (2-tailed)

6.20 Correlations between Outcome measures while controlling for demographic variables

Table 44 shows the correlations between outcome variables whilst controlling the demographic variables. As predicted in Hypothesis 14, significant positive correlations between mental representations of self in relation with people who made derogatory race-related comments about others (ORSCRIS1), and perceived concern and preoccupation with aspects of the Black body ($\tau = .18$, $p < .001$), and the reported frequency of dissociative experiences ($\tau = .23$, $p < .001$).

As predicted in hypothesis 15, significant positive correlations were observed between mental representations of self in relation with people who made derogatory race-related comments about self (ORSCRIS2), and perceived concern and preoccupation with aspects of the Black body (RBID) ($\tau = .29$, $p < .001$), perceived effects of concern and preoccupation on future social interaction (RBIDS) ($\tau = .19$, $p < .004$), Self-depreciation ($\tau = .13$, $p < .038$), and the reported frequency of dissociative experiences ($\tau = .20$, $p < .001$).

Contrary to hypothesis 16, the small positive correlations between mental representations of self in relation with people who made positive race-based comments about others (ORSCRIS3), and self-depreciation ($\tau = .20$, $p < .001$), and the reported frequency of dissociative experiences ($\tau = .21$, $p < .001$), and were not expected.

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Table 44

Summary of correlations between outcome measures when controlling demographic measures (N = 258)

Measure	1	2	3	4	5	6	8	9
1. ORSCRIS1	-------	.525**	.284**	-.023	.177**	.013	.107	.226**
2. ORSCRIS2	-------	-------	.270**	-.072	.290**	.185**	.133*	.203**
3. ORSCRIS3	-------	-------	-------	.124	.106	.055	.203**	.206**
4. ORSCRIS4	-------	-------	-------	-------	.024	-.078	.024	.013
5. Perceived concern	-------	-------	-------	-------	-------	.368**	.078	.192**
6. Effect of perceived concern	-------	-------	-------	-------	-------	-------	.082	.207**
8. Self-depreciation	------	-------	------	-------	-------	------	------	.309**
9. Dissociative experiences	------	------	------	-------	-------	-------	-------	-------

Note: ** Correlation is significant at the 0.01 level (2-tailed)
* Correlation is significant at the 0.05 level (2-tailed)

6.21 Examination of data using Multiple Linear Regression Analysis

Table 45 shows the outcome of hierarchical multiple regression analysis in the sample population. As predicted in hypothesis 17, the overall model was significant, F 7, 254) = 9.70, p = .001, and accounted for 19.3% of the variation in the reported frequency of dissociative experiences. Three measures contributed significantly to the variation in the reported frequency of dissociative experiences in Black respondents. These were self-depreciation, β = .30, t = 5.20 p = .001, mental representations of self in relation with people who made positive race-related comments about self (ORSCRIS3), β = .14, t = 2.25, p = .025, and effects of perceived concern and preoccupation with the Black body on future social interaction (RBIDS), β = .16, t = 2.58, p = .011. None of the other measures contributed significantly to the variation in reported dissociative experiences.

Table 45

Hierarchical Multiple Regression Model predicts the reported frequency of Dissociative Experiences in the sample Black population overall

Measure	B	Se B	β
Mental representations of self in relation with people who made derogatory race-related comments about other people (ORSCRIS1)	.07	.05	.09
Mental representations of self in relation with people who made derogatory race-related comments about self (ORSCRIS2)	.10	.02	.15
Mental representations of self in relation with people who made positive race-related comments about other people (ORSCRIS3)	.05	.05	.14*
Mental representations of self in relation with people who were as accepting of their racial identity as they were of others (ORSCRIS4)	.03	.04	.03
Perceived concern and preoccupation with aspects of the Black body (RBIDS1)	.04	.04	.07
Effect of perceived concern and preoccupation with aspects of the Black body (RBIDS2)	.58	.22	.16*
Self-depreciation	.09	.02	.30**

Note: $R^2 = .193$

* Correlation is significant at the 0.05 level (2-tailed)
** Correlation is significant at the 0.01 level (2-tailed)

6.22   A Path Analysis of the proposed theoretical model using SEM

'Path analysis' may be defined as an examination of a series of hypotheses by looking at the magnitude of both observed and latent (unobserved) direct and indirect effects on each other with the purpose of explaining the observed effects (Raykov & Marcoulides, 2000). Path analysis using structural equation modelling is used here to provided confirmatory analysis of the proposed theoretical model. Figure 11 shows a structural diagram modelling the potential interrelations between a particular set of observed variables representing the proposed theoretical model.

Figure 11

Conceptual/structural diagram used in Structural Equation Modelling (SEM)
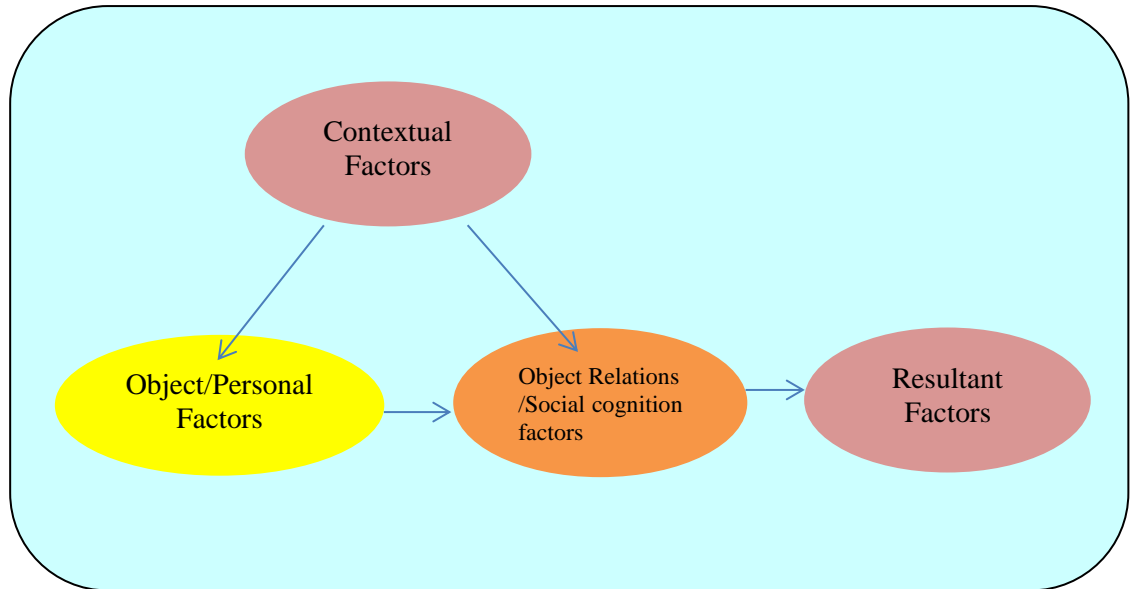
The structural diagram above specifies the relation between contextual, personal, personality, (i.e., object and object relation and social cognitive elements), and resultant behaviour, (i.e., perceived concern, and the reported frequency of dissociative experiences). It was hypothesised that personal factors, (i.e., age, gender, marital status, academic achievement, annual income, and skin tone will interact with contextual factors, (e.g., perceived racism), resulting in relational race-based schema factors, racialised body image disturbance, low self-esteem, and dissociative experiences. The measurement model in Figure 12 specifies both the observed variables and latent factors as yet unknown will be estimated. Figure 12 shows a path diagram describing the proposed relationship between those variables that were found to correlate significantly with the reported frequency of dissociative experience.

Figure 12

Path diagram of theoretical/research model proposed

A = Age	G = ORSCRIS1	K = PRBC
B = Gender	H = ORSCRIS2	L = EPRBC
C = Marital Status	I = ORSCRIS3	M = DES
D = Academic Achievement	J = ORSCRIS4	N = ↓SES
E = Annual Income		
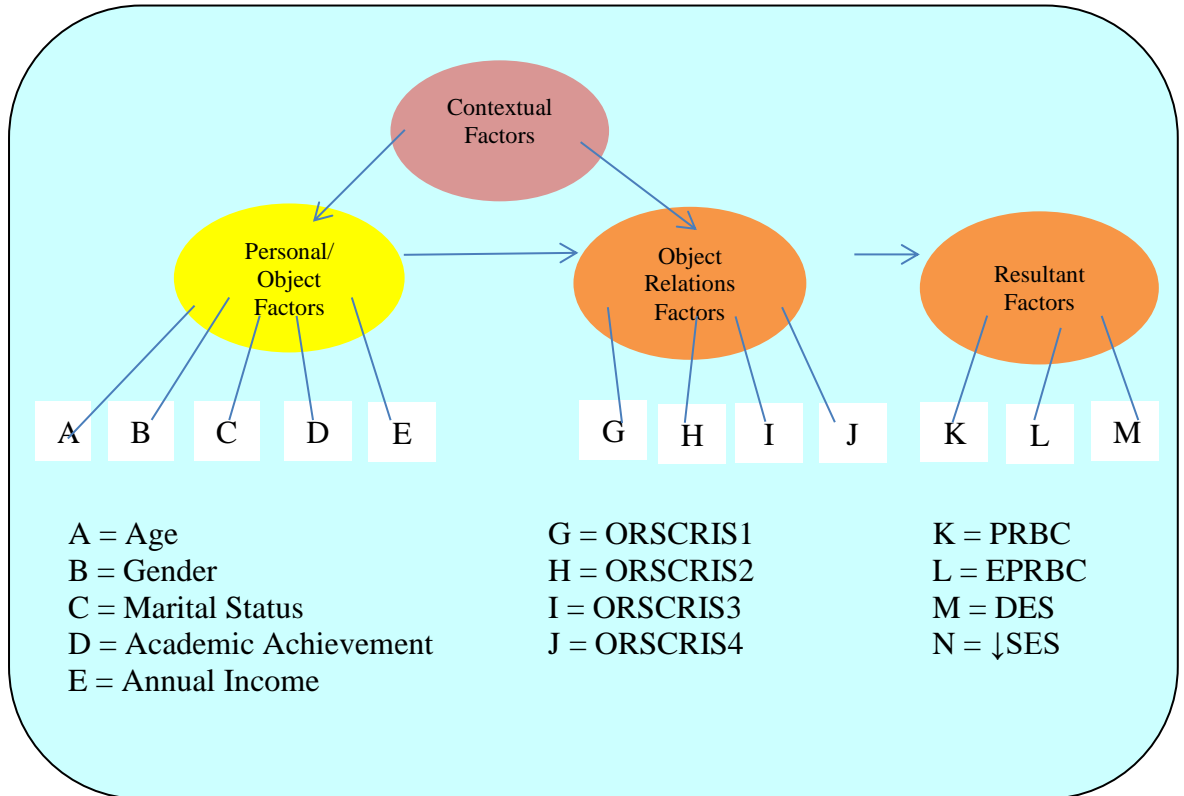
If it was assumed that none of the factors were correlated with each other and that each factor affected each other positively, negatively, or not at all, then a non-recursive model is indicated. The proposed model as illustrated in Figure 13, however, was found to be recursive because it was hypothesised that factors indicative of perceived relational race-based schemas, racialised body image disturbance, self-depreciation, predict dissociative experiences which could then be measured, (i.e., exogenous factors → categories of race-related schemas → racialised body image disturbance → self-depreciation), unidirectionally. There no significant between the proposed theoretical model and the observed model. All these factors affected the reported frequency of dissociative experiences, unidirectionally.

The measured factors were, therefore, indicative of important in explaining the dependent variable, but not exhaustive. Latent variables may be defined as hypothetical or theoretical variables (constructs) that are not or cannot be observed directly and deemed critical in determining that the validity of the proposed theoretical model. Path analysis is determined whether there was a logical explanation for the observed relationship between a series of independent variables according to the amount of shared variance in the outcome variable - frequency of dissociative experiences, reported.

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Figure 13

**Path diagram of Non-Recursive Model testing
the theoretical/research hypothesis**
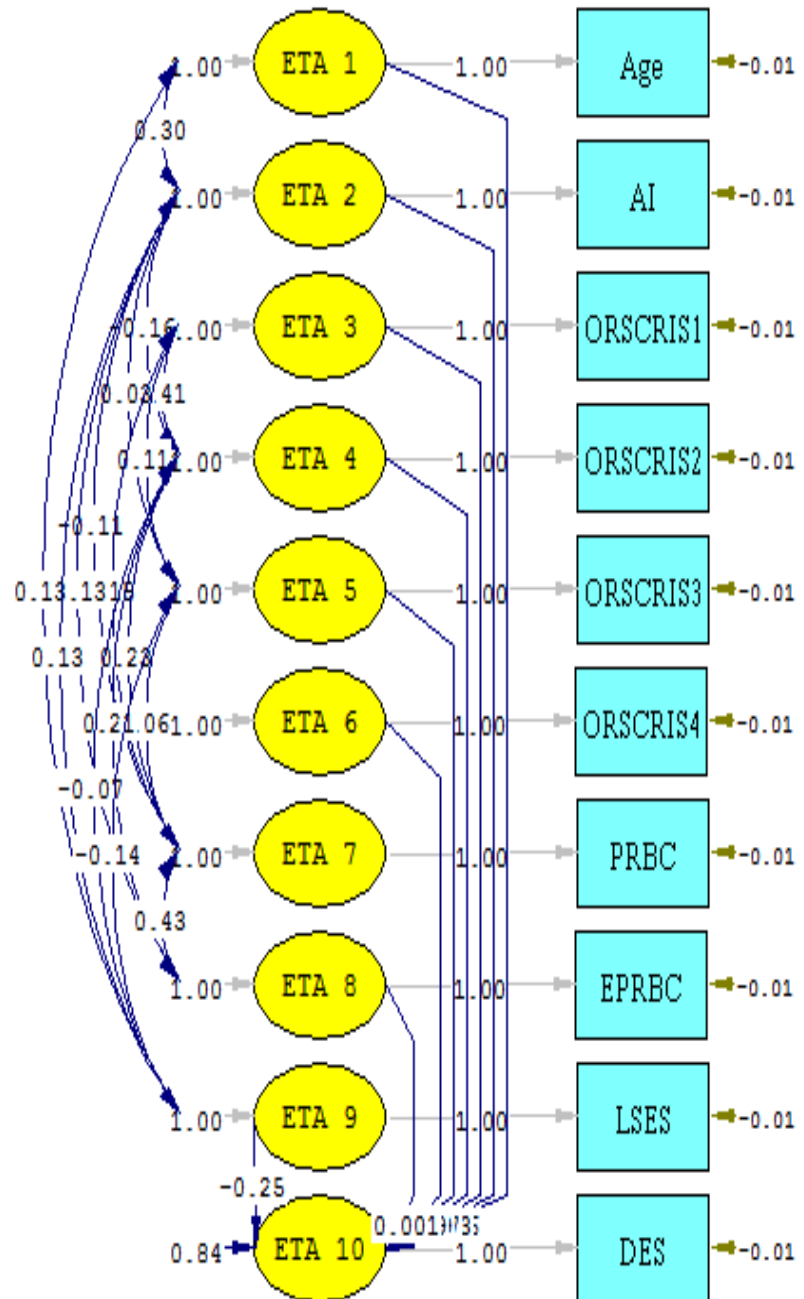
Chi-Square=26.55, df=29, P-value=0.59604, RMSEA=0.000

LISREL 8.8 was used for confirmatory analysis of the proposed theoretical analysis. Missing values were assumed to occur at random, and therefore, error evenly distributed across the model. Figure 13 shows a path diagram of the proposed non-recursive model, analysed. Model identification required a comparison to be made between the estimated expected variance-covariance matrix and the model observed variance-covariance matrix obtained from the empirical data. If the difference between the implied and observed models is negligible, the model is said to 'fit' the data reasonably well, (i.e., the distance between the matrices must not be significant). It was hypothesised that, when mentally represented, race-related incidents conspire to *cause* to perceived concern and preoccupation with aspects of the Black body and its effect on the future social interaction (RBIDS), low self-esteem, and the reported frequency of dissociative experiences. While path analysis cannot be used to establish *cause* per se, it can be used to *infer* causal relationships between measured variables within reason. Which category of mental representation would reveal was not predetermined. Table 46 shows the correlation matrix of the variables correlated with the reported frequency of dissociation experiences. Only those variables found correlated with the frequency of dissociative experiences significantly were added for confirmatory analysis.

Table 46

The correlation matrix of predictors of the frequency of dissociative experiences reported

Measure	1	2	3	4	5	6	7	8	9	10
1. Age	1.00	-------	-------	-------	-------	-------	------	------	------	------
2. Annual Income	.30**	1.00	-------	-------	-------	-------	------	-------	-------	-------
3. ORSCRIS1	-.04	.08	1..00	-------	-------	-------	------	------	--------	-------
4. ORSCRIS2	.01	-.18**	.45**	1.00	-------	-------	------	------	--------	-------
5. ORSCRIS3	-.06	-.04	.21**	.24**	1.00	-------	------	------	-------	-------
6. ORSCRIS4	-.05	-04	-.01	0.06	.04	1.00	------	------	-------	-------
7. PRBC	-.09	-.15	.17**	.25**	.12	-.01	1.00	------	-------	-------
8. Effects of PRBC	.03	.15**	.05	.23	.07	.01	.44	1.00	-------	-------
9. Low self esteem	.13**	.14**	.09*	.15*	.17	.01	.07	.09	1.00	-------
10. DES	.14**	.21**	.17*	.20**	.18	.01	.16	.08	-.30	1.00

Note: ** Correlation is significant at the 0.01 level (2-tailed)
      * Correlation is significant at the 0.05 level (2-tailed)
PRBC = perceived concern and preoccupations

The author used LISREL 8.8 to analyse the data in Table 47. The goodness-of-fit statistic, χ^2 (257) = 27.15, DF = 29, p = .56 was found using a maximum likelihood method; indicating that, the observed model was not significantly different from the expected model, (i.e., GFI = .98; .96 adjusted). As the chi-square test is dependent on assumptions of normality, therefore other fit criteria were examined (Raykov & Marcoulides, 2000). The Comparative Fit Index (CFI) = 1.00; Normed Fit Index (NFI) = .92; Root Mean Square Residual =.06, and Root Mean Square Error of Approximation (RMSEA) = .05. SEM indicated that, low age (β = .05), low annual income (β = .09), ORSCRIS1 (β = .08), ORSCRIS2 (β = .15), ORSCRIS3 (β = .18), ORSCRIS4 (β = .01), PRBC = β = .04), and self-depreciation (β = .35) were found to have a direct effect on the reported frequency of dissociative experiences. If, the unexplained variance in the error/disturbance term is (0.79), and the last term in the *Psi* or variance-covariance matrix is squared, then 1.00 - 0.62 = .38. Therefore, its predictors accounted for 0.38 or 38% of the variance in the frequency of dissociative experiences reported in this non-clinical sample of the Black population in the UK. Table 54 shows the code used for analysis.

Table 47

Code used to test Non-Recursive Model Analysis

```
DA NI=12 NO=256 MA=TM
TI Predictors of Dissociative Experiencias
DA NI=10 NO=256 MA=TM
KM

1.000
 .301   1.000
-.038   -.079   1.000
 .011   -.180    .445    1.000
-.058   -.037    .209     .236    1.000
-.053   -.040   -.011    -.058     .043    1.000
-.090   -.152    .177     .251     .122   -.011    1.000
-.029   -.149    .045     .232     .065   -.004     .443    1.000
 .131    .144   -.089    -.149    -.171   -.005    -.070    -.088   1.000
-.135   -.206    .167     .207     .181    .014     .161     .078   -.315   1.000

MO NY=10 NE=10 TE=SY, FI LY=FU, FI PS=SY, FI BE=FU, FI
FR TE 1 1 TE 2 2 TE 3 3 TE 4 4 TE 5 5 TE 6 6 TE 7 7 TE 8 8 TE 9 9 TE 10 10
EQ TE 1 1 TE 2 2 TE 3 3 TE 4 4 TE 5 5 TE 6 6 TE 7 7 TE 8 8 TE 9 9 TE 10 10
ST 1.00 LY 1 1 LY 2 2 LY 3 3 LY 4 4 LY 5 5 LY 6 6 LY 7 7 LY 8 8 LY 9 9 LY 10 10
ST 1.00 PS 1 1 PS 2 2 PS 3 3 PS 4 4 PS 5 5 PS 6 6 PS 7 7 PS 8 8 PS 9 9 PS 10 10
FR PS 10 10
FR PS 9 1 PS 9 2 PS 9 4 PS 9 5 PS 8 2 PS 8 4 PS 8 7 PS 7 2 PS 7 3 PS 7 4 PS 7 5 PS 5 2 PS 5 3
PS 4 2 PS 4 3 PS 2 1
FR BE 10 1 BE 10 2 BE 10 3 BE 10 4 BE 10 5 BE 10 6 BE 10 8 BE 10 9
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OU ALL ME=ML AD=OFF
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Chapter 7

Black people of African and Caribbean descent, (i.e., Black people) have been migrating to the UK for centuries (Gilroy, 19920. Migration on mass did not occur until the 1950s for Black Caribbean people and 1960s for Black African people. The vast majority of Black people tend to live in inner-city areas where it is relatively easy to find work, (i.e., the major conurbations of London, Manchester, Leeds, and Birmingham). Over 78% of Black people of African descent, and 61% of Black people of African Caribbean descent, however, live in London UK (ONS, 2004). Although most Black people manage to lead healthy, active lives, and contribute to society, some Black people continue to be overrepresented in the mental health care system in the UK, diagnosed with Schizophrenia, and compelled to take antipsychotic treatments (Commission for Healthcare, Audit & Inspection (UK), 2005; The Health and Social Care Information Centre (UK), 2008, 2011, 2013). The reasons 'why' this might the case remain unclear, but Black people detained under the Mental Health Act 1983/2007 often give racism as the cause of the health and financial difficulties (Gilvarry et al., 1999; Cooper et al., 2008). Perceived racism race-based rejection or stereotype threat may so undermine racial/ethnic identity that mental illness ensues (Bryant-Davis & Ocampo, 2005; Douglas, 2009; Mendoza-Denton et al., 2002; Sánchez-Huclés, 1998; Selten & Cantor-Graae, 2005; van Laar, 2000). 'Institutional racism' may merely recreates and reinforces the beliefs, oppressed, racialised, Black people may already hold (Bhugra et al., 1996; Fernando et al., 2013), and confounding any relationship those so oppressed may have in relation those from whom they seek help and support (Jarvis, 2008; Sashidharan, 1990, 1993).

In examining the relationship between perceived racism and schizophrenia, it was necessary to go 'to the thing itself', (i.e., the Blackness). Hence, it was argued that Black people are 'thrown' into a social world that may appear hostile all the time to some Black people, but not necessarily all Black people (Thompson, 1988: Weiner, 1986, 2000). At the core of Black people's experiencing, (i.e., the *Noema*), is the Black body. It is the Black body that signifies that which should be set apart without making independent as I have previously argued (De Maynard, 2006), and it is the Black body that appears to attract hostility within the context of race-related incidents (Landrine & Klonoff, 1996). Black African Caribbean people have been residing in the UK longer than Black African people have, and therefore, may have become so sensitised to race-related discrimination that they anxiously expected it when any race-related comment is made (Branscombe et al., 1999; Mendoza-Denton et al., 2002). Even where positive race-related comments made about the Black body, doubt as for the reasons for mentioning those aspects of the Black body often stigmatised in relation could precipitate a desire to separate them out from waking consciousness (Hajnis et al., 1994). In relation with others, Black people may assume a different ethnic/racial identity where their Blackness does not exist for them in relation with others, psychologically. Black female respondents, however, may be so used to receiving positive race-related comments about their Black bodies, that they may only become concerned and preoccupied with their Black bodies in situations where derogatory race-related comments are made about others. On the other hand, possessing darker skin tones than either ethnic African Caribbean or mixed Black people in general, Black African people may have greater opportunity to attribute derogatory race-based comments to the disposition of others than either Black Caribbean or mixed Black people.

Although Black African people attained better academic achievement in this sample, they were still less likely to reap the benefits in the workplace as African Caribbean people did (Alleyne, 2004). This may be a failure of 'bridging social capital' in Black African people; in so much as, 'bonding social capital' is not enough to ensure social mobility (Dwyer et al., 2006). Such disadvantages may be reinforced in relation with other members of the community, where inspite of Black African people's reported higher academic achievement (Census, 2011), Black African people do not appear to have triumphed on the economic and social battlefields of life (Leverenz, 1989). Clearly, educational achievement as a means to social mobility and the way out of poverty is not as straightforward or clear-cut as some people would have people think (Dwyer, al. 2006; Campbell, 2013). 'Whom you know' seems equally important as 'what you know', and some Black communities appear to be 'more equal than others', apparently. Those who had been in the UK long enough to determine that social forces limit personal agency despite ability and effort seem to perceive racism more readily in external, stable, uncontrollable situations than those who do not (van Laar, 2000; Weiner, 1986, 2000). Hence, the experience of being Black in the UK may not be the same for all those so stigmatised. Some Black people appear to be somehow "Blacker" or more stigmatised than other Black people are, but health, economic, education, and social care policy fails to reflect this in the health, education and social services it provides to Black people.

Black people may find some peace and support immersed, in groups of people who share their defining features (Sellers et al., 1997; Stafford et al., 2010), but solidarity in reference group orientation may not resolve the age-old issue of how best to be in the world as a stigmatised person (Bécares et al., 2014; MacDonald & Leary, 2005). Existentially, Black people must grapple with the realisation that they too must suffer, struggle, subject to chance, and involve themselves inexorably in guilt like

everyone else, but in the end, we must all die (Jaspers, 1951). When applied to 'assortative mating', Rushton's (2005) 'Genetic Similarity Theory' dictates that, people choose to be in relation with those who are similar, firstly in socio-demographic variables such as age, ethnicity and academic level, then in opinions and attitudes, and cognitive ability, and lastly on personality and physical traits. Clearly, the existential givens alone do not confer within-group identity and status, and the converse of Rushton's (2005) Genetic Similarity theory is true where wealth is a critical factor. To act in 'good faith' therefore requires the acknowledgement, accommodation, and acceptance of those aspects of our appearance that others may find, objectionable or socially undesirable. For those Black people so stigmatised in relation, there may no escape or avoidance, physically. Where perceived social disadvantage and deprivation persist, some Black people as scientists may look for a cause and judge that the cause lies externally them in stable uncontrollable situations. Black people must therefore either come to accept that some people will stigmatise them in relation, and treat them adversely, or work out how best to be interrelation with those that appear to threaten their existence.

Although ethnicity, 'race', 'racism', and 'racial identity' have no basis in biological fact, they remain socio-political constructs often used to devalue the common attributes of one social grouping in relation with others (Bradby, 2012; Howarth, 2006; Mayr, 2002; Smedley & Smedley, 2005). Racism, real or imagined, however, remains a common experience for ethnic minority people in the UK (DCLG, 2007, 2008; HORDSD, 2003, 2004, 2006). The sense of race-based rejection and inferiority often felt in relation with those who do not possess those aspects of the Black body often stigmatised in relation is reflected the unequal distribution of wealth and other resources, and perpetuates social, educational, economic, and health inequality seems, intergenerationally (Berthoud, 1999, 2000, 2002; Elevation

Networks Trust, 2012). Racial stereotypes seem to remain salient where they continue to determine the extent to which Black people are able to maintain useful social relations with those who could be able to help and support them within the context of their everyday lives (Crocker & Major, 1989; Campbell & McClean, 2002).

In relation with the mental health system in the UK, Black people's sense race-related persecution or cultural mistrust (Newbigging & McKeown, 2007), may have given clinicians the impression that paranoia, prevails (Comb et al., 2006; Freeman et al., 2005; McNeilly et al., 1996; Spauwen et al., 2006). In the absence of an identifiable causal link between organic dysfunction, however, and the relationship between perceived racism and common mental disorders, migration, pregnancy and birth complications, social deprivation and disadvantage, and poor academic performance in Black people, should be explored further (Bhui, 2002; McKenzie, 2006; Cantor-Graae, 2007). Interestingly Black people detained under the Mental Health Act 1983/2007 often give racism as the cause of their health and financial difficulties as I and others have previously argued (Gilvarry et al., 1999; De Maynard, 2008; Cooper et al., 2008). It is important, however, to be clear as to what is meant by 'racism' and how apparent how race-related incidents might impact on the mental health of Black people in the UK (Bryant-Davies & Ocampo, 2005; Carter & Forsyth, 2007; Dupont-Joshua, 1994; 1996; Lightsey & Barnes Jr., 2007; Sanchez-Huclés, 1998; Crosier, 2005; Paradies, 2006; Jernigan & Henderson, 2011; Sashidharan et al., 2014).

In context, most Black people can be said to assume a racial/ethnic identity that combines both an individual distinctiveness and ethnic group orientation group (Brewer, 1977, 1991). Movement about this continuum of distinctiveness or group orientation seems dependent on the context within which Black people find themselves (Castelli & Tomerelli, 2007; Krippner, 1997). Where a given

society/community casts as the value apportioned to the Black body in relation, Black racial/ethnic identity confusion and disconnection may ensue. Most English dictionaries define racism as the belief that all members of a given 'race' possess characteristics, abilities, or qualities specific to that 'race', with the specific purpose of deeming such qualities inferior, or indeed superior, in relation with another 'race'. Such definitions, therefore, contain two elements: 1) distinguishing characteristics, and 2) a power differential. A broad nose, dark skin, tight curly hair, full lips, etc., (Hajnis et al., 1994), are physical characteristics that have come to distinguish Black people from other ethnic groups, and those possessing such distinguishing features are often stigmatised in relation with those who do not possess them (Pinel, 1999; Howarth, 2002, 2006; Castelli, De Amicis & Sherman, 2007). Those so stigmatised often can often feel discredited, powerless, (Crocker & Major, 1989; Steele & Aronson, 1995; Steele, 1997), and perhaps even downright wretched in relation with those who do not possess them.

Even where there are no obvious physical differences, derogatory race-related remarks may still be made about an individual's religion, the clothes she or he wears, or the food she or he eats, etc., and this can be equally distressing (Bhui, 2000). Perceived threat in specific situations (specific), and the anxious expectation of threat in all situations (global), may determine the extent to which an individual may or may not interact with others and the world-around (Abramson et al., 1978; Bentall et al., 1994, 2001; Branscombe et al., 1999; Martin & Penn, 2001; Seligman, 1972; Weiner, 2000; van Laar, 2000). In anxiety-provoking situations, cognitive inhibition of the threat may weaken in those prone to dissociation and dissociative experiences (Dorahy, 2007). From a social learning perspective, Black people are motivated to attend, retain, reproduce behaviour observed in the surroundings, and in their co-construction of everyday experience attribute cause and effect (Bandura, 1977, 1989;

Gergen, 1971, 1985; Fiske & Taylor, 1984; Markus & Kitayama, 1991; Tajfel, 1981). Where Black people feel they have some control over past outcomes, they may attribute negative experiences to inherent characteristics of an anxiety-provoking agent (Bentall et al., 1994, 2001). However, where negatives experiences, but Black people do not appear to be passive recipients of observed or behaviour acquired from experience. Where Black people lack the personal and social capital to active co-construct experience positively (Cote & Healey, 2001; Dwyer, Moddo, Gurchathen, Shah, & Thapar-Bjorket, 2006; Reynolds, 2004) cognitive inhibition of perceived threat may be insufficient or seem pointless, leaving them prone to dissociation and dissociative experiences in anxiety-provoking situations (Abramson et al., 1978). When negatively primed in race-related situations, such individuals may report heightened threat-induced anxiety indicative of a breakdown in inhibitory functioning and the fragmentation of Black identity (Dorahy, 2006).

Utsey (1998) and Cross (1971, 1991) argued that racism is an everyday stressor for Black people, and Lau and Hoare (2012) and DfES (2002a, 2002b) found that perceived was a common experience for young Black people in the UK. It is not, however simply the perceived derogation of the Black body alone *per se* that causes the emotional distress (Hesse-Biber, 2004; Klonoff et al., 1999; Miller, 2001), it is the consequences. The anxious expectation of perceived racism and its effects for future social interaction may so undermine racial/ethnic identity that mental ill health ensues (Branscombe et al., 1999; Bryant-Davis & Ocampo, 2005; Carter & Forsyth, 2007; Crocker et al., 1991; Douglas, 2009; Jernigan & Henderson, 2011; Sánchez-Huclés, 1998). When mentally represented, such threat-provoking experiences may not be so readily inhibiting especially, in young Black people. Cross (1971, 1978), and Thomas (1971) proposed a model of 'Nigrescence' in which they posited that, Blackness or reference group orientation or social identity, was essentially the same as

personal/individual ethnic identity, and that if Black people accepted their own Blackness, they would lead healthy, active lives, and contribute to the wider society. Cross (1991) revised this original model in line with the prevailing social categorization theory, however, and proposed that Blackness or reference group orientation or social identity bears little reflection on personal/individual identity or , (uniqueness). Helms (1984) operationalised 'Cross and Thomas' 'Model of Nigrescence'' (1971) to reflect the change in racial identity attitudes along a continuum from a mental state where the Black person is aware of racism as something that happens to other people to one where the Black person is as accepting of his or her own racial identity and those of others. Reliance on racial identity attitudes, however, gives no indication as to the underlying mental representations that might be indicative of the subjective experiences of racism.

Some Black people may find it difficult to accommodate and accept their racial/ethnic identity where stigmatised in relation with a world around that seems hostile all the time (Thompson, 1988, Pinel 1999; Howarth, 2002), and resort to psychological defence mechanisms like dissociation in an attempt to better cope with perceived racism. In shifting the blame for perceived to an external, unstable, or specific factor, Black people may protect and/or enhance their self-esteem (Crocker & Major, 1989; Forsyth, 1987; Weiner, 1985). Where Black people may perceive that stigmatisation is not personal and/or peculiar to him or her, but indicative of a general attitude to all Black people as members of a designated, marginalised, out-group marginalisation seems inevitable (Tajfel, 1969, 1970, 1981). Perceived racism may not necessarily result in low self-esteem (Charles, 2003; Schmitt & Branscombe, 2002). In this thesis, perceived racism was associated with low self-esteem. Further, ethnic pride and ethnic group orientation did not protect against the negative effect of perceived racism on self-esteem (Bosqui et al., 2014). Racial/ethnic identity or ethnic reference

group orientation cannot be separated-out or dissociated from the context in which perceived racism occurs as Croker & Major, 1989 and Crocker et al.,1991 suggest because at the core of Black identity and reference group orientation is the Black body. The Black body must exist in all conditions. Fundamental to both individual identity and social identity is the preexistence of Black body. In turning to the other in relation, I previously argued that some Black people may be reduced to being an object for the other (De Maynard, 2006), and in so doing, the other is immediately objectified, in return (Sartre, 1943/1956). Where ethnic group orientation is deemed unimportant, or where Black people are indifferent or harbour negative beliefs and feelings towards their Black bodies, racialised body image disturbance may be indicated (Veale, 2004). Where stigma consciousness coincides with the effect of perceived concern and preoccupation with the Black body may have on future social interaction, race-based rejection sensitivity may give way to Black identity fragmentation. The Black person sensitised to perceived racism appears to attempt to dissociate or separate out those aspects of his or her Black identity from the apparent meaning attributed to the pre-existence of the Black body. Therefore, a new model of racial Identity development is proposed.

My racial/ethnic identity development model operationalised 'Cross and Thomas' (1971) 'Nigrescence' from an 'object relations and social cognition perspective'. In processing race-related information, Black people construct relational race-based schemas with which Black people can then use to make sense of new/different race-related experiences. The Black body is at the centre of the experiencing. Race-based relational cognitions are conceived as a function of object relations and signify something about 'how' the Black body might be mentally represented in relation with others in given social situations. It was hypothesised that as Black people detained under the Mental Health Act 1983/2007 often give racism as

the cause of their emotional distress and social dysfunction, there should be evidence of the relationship between relational race-based schemas and the frequency of reported dissociative experiences within the wider Black community. Black people mentally represent race-related experiences, as relational schemas of perceived racism, which, when primed or reactivated in contexts where stereotype threat or social betrayal seems imminent (Freyd et al., 2001), might be so traumatic that dissociative experiences indicative of dopamine dysregulation, ensue (Bryant-Davis & Ocampo, 2005; Lightsey & Barnes Jr., 2007; Sánchez-Huclés, 1998; Selten et al., 2013).

Dissociation may be defined as, the psychological process whereby the normally integrated functions of consciousness, memory, identity, or perception of the environment become disconnected (DSM-IV, 2000), and characterised by 'distinct changes in a person's sense of identity, memory, or consciousness' (Davison & Neale, 1994, p. 178), which are essentially culture-bound (Krippner, 1997). Dissociative experiences may range from simply daydreaming, or losing oneself in a book or film, to more extreme dissociative experiences, (e.g., depersonalisation, derealisation, imaginative involvement, automatised actions, numbing of emotional responses, memory loss, or fugue states). Dissociative experiences, however, concur or indeed overlap with, symptoms of schizophrenia-like paranoia, delusions, hallucinations, or disorganised thought, speech and/or behaviour (Gainer, 1994; Kluft, 1987; Moskowitz et al., 2008). Despite the difficulty differentiating between the symptomatology of dissociative disorders and schizophrenia (Gainer, 1994), Black people of African and Caribbean descent (Black people) however, continue to be diagnosed with Schizophrenia, and over-represented within the mental health care system in the UK (Commission for Healthcare, Audit and Inspection, 2005; Care Quality Commission & National Mental Health Development Unit, 2010).

Race-related incidents are common experiences for Black people in the UK (Department for Communities and Local Government (DCLG), 2007, 2008). Black people detained under the Mental Health Act 1983/2007 often give racism as the cause of their mental health difficulties (Gilvarry et al., 1999). The symptomatology of dissociative identity disorders and schizophrenia spectrum disorders remain difficult to differentiate (Gainer, 1994). Therefore, there should be some evidence of the relationship between race-based relational schemas and the frequency of reported dissociative experiences within a nonclinical sample of the Black population in the UK. Two new scales: My 'Object Relations and Social Cognition Scale (ORSCRIS)' and my Racialised Body Image Scale (RBIDS)', operationalised race-related schemas and their latent effect on social interact, and their construct validity was tested using Landrine & Klonoff's (1996) 'Schedule of Racist Events (SRE)', and Mendoza-Denton et al.'s (2002) 'Race-based Rejection Sensitivity Scale (RBRS)', respectively. Race-related comments need not be derogatory in nature to induce dissociative experiences in Black people in general. Such race-related dissociation could occur in Black people, even if others simply mentioned those Black physical features emotions and behaviours often associated with Black people, (e.g., broad nose, dark skin, tight curly hair, full lips, etc. (Hajnis et al., 1994)).

In study 1, the construct validity of the two new scales, ORSCRIS and RBIDS, was tested against the Landrine & Klonoff's (1996) 'Schedule of Racist Experiences (SRE)'. Exploratory Factor Analysis (EPA) of SRE indicated that SRE had two dimensions: (1) 'Appraised Acute Racist Events (SRE)', and (2) 'Appraised Chronic Racist Events (SRE)'. Contrary to expectation, neither reported perceived concerns and preoccupations with aspects of the Black body, or the effect of perceived concern and preoccupation with aspects of the Black body on future social interaction, positively correlated with or contributed significantly to reported 'Appraised Acute

Racist Events (SRE)', and 'Appraised Chronic Racist Events (SRE)' in Black people overall, (i.e., $p <$ ns). This may be due to Black people believing that appraised acute and chronic racist events have nothing whatsoever to do with perceived concerns or preoccupations with the Black body and vice versa.

Convergent and divergent validity was found, however, between the subscales of ORSCRIS, and 'Appraised Acute Racist Events (SRE)'. As expected, significant positive correlations were found between 'Appraised Acute Racist Events (SRE)', and mental representations of self in relation with people who made derogatory race-related comments about others (ORSCRIS1) and mental representations of self in relation with people who made derogatory race-related comments about self (ORSCRIS2). Negative effects of perceived concern and preoccupation with aspects of the Black body on future social interaction (RBIDS), and mental representations of self in relation with people who made derogatory race-related comments about self (ORSCRIS2), however, contributed significantly to the variance in reported 'Appraised Acute Racist Events (SRE). Therefore, in the absence of the effect of concern and preoccupation with aspects of the Black body on future social interaction, primed derogatory race-based relational schema were more important in appraising new/different acute racist events than race-based comments about the Black body (Mussweiler & Epstude, 2009; Mussweiler, Ruter & Epstude, 2004).

No significant difference between the mean for 'Race-based Rejection Sensitivity (RBRS)' (M = 12.25) reported in Mendoza-Denton et al. (2002), and that found in this study (M = 12.05), $p <$ ns, and as those who participated were also taken from a nonclinical population of Black people, no significant difference in RBRS had been predicted. It was, however, interesting to note that, age, mental representations of self in relation with people who made positive race-related comments about self, and the effect of perceived concern of other people were key predictors of race-based

rejection sensitivity in a sample population of Black people in the UK, overall. This implied that the appraisal of racist events was based on the effect of simply mentioning distinguishing characteristics that have come to define Black people in the UK, fundamentally. These mental representations of self in relation with people who made positive race-related comments about self, and the effect of perceived concern and preoccupation on future social interaction of other people may be sufficient to induce race-based rejection sensitivity; particularly, in older Black people when so primed. Where Black people are unable to inhibit the unwanted race-based thoughts, feeling, minimalizing perceived racism or Black group orientation may prove insufficient, and dissociative experiences are observed.

Consistent with Jablonski & Chaplin (2000) Black male respondents reported possessing darker skin tones than Black female respondents, did. Further, Black African respondents reported significantly darker skin tones than the Black African Caribbean and ethnic mixed Black respondents, did. This difference may be due to the absence of as much miscegenation in Black African respondents, especially if they have recently migrated to the UK. These differences, however, were not expected to have any effect on the reported frequency of dissociative experiences. Consistent with Hughes & Hertel (1990), and Keith & Herring (1991), those who reported possessing darker skin tones also reported earning significantly less annual income than those who reported lighter skin tone despite reporting significantly higher academic achievement than either Black Caribbean or ethnic mixed Black respondents. Although academic achievement was significantly correlated with annual income for Black African respondents, this was not the case for the Black Caribbean or mixed Black respondents. This implies that academic achievement does not determine annual income in the Black Caribbean and mixed Black people as it might do for Black

African people, and supports the view that experience of being Black in the UK, is not the same for all Black people.

As Black African respondents reported significantly darker skin tones and lower annual incomes than either Black African Caribbean or mixed Black respondents, in-between subjects tests might be expected to reveal that Black African respondents reported significantly more derogatory race-related schemas than the Black African Caribbean or mixed Black respondents, did. This was, in fact, the case and mental representations of self in relation with people who made derogatory race-related comments about self and self-depreciation contributed to the reported frequency of dissociative experiences in Black African respondent. Despite the difference in derogatory race-related experiences reported, however, Black African respondents were significantly more accepting of their racial identity than either Black Caribbean or mixed Black respondents, did. This may be because those Black African people who participated were happy in their own skin and/or better able to suppress unwanted race-related thoughts and feelings than either Black Caribbean or mixed Black respondents, were. Further tests, however, need to be carried out to determine whether the suppression of unwanted race-related thoughts are significantly correlated with, and contribute to, perceived relational race-related schema (ORSCRIS), but again it would appear being Black people in the UK is not the same for all so designated Black people.

As predicted in study 3, significant positive correlations were observed variation in the mental representations, some Black people held about themselves in relationships with people who made derogatory race-related comments about self, perceived race-related concerns, the effects of perceived concern and preoccupation on future social interaction, and self-depreciation and dissociative experiences in the sample population, overall. When primed and activated, mental representations

indicative of the subjective experience of racism may so undermine racial/ethnic or social identity that mental ill health, ensues. When mentally represented, however, the relational race-based experience need not be derogatory in order to exert a negative effect. Black female respondents may be used to other people commenting on their physicality. However, Black males may find such attention alarming if not unwarranted. This is salient in Black people overall, because mental representations of self in relation to people who make positive race-related comments about self, and the effect of perceived race-related concern and preoccupation with aspects of the Black body on future social interaction, contributed significantly to the variance in the reported race-based rejection sensitivity, and the reported frequency of dissociative experiences. Hence, simply mentioning aspects of the Black body such as skin tone (Russell et al., 1993), hair texture (O'Kawaza-Rey, Robinson & Ward, 1986), thickness of the lips of Black people (Hajnis et al., 1994), may reactivate relational race-based relational schemas (Croker & Major 1989; Story, 1998; Howarth, 2002), resulting in excessive wariness, identity insecurity and confusion, lack of confidence, frustration, and the desire 'fix' the appearance (De Souza, 2005; Lonzozou, et al., 2010).

The difference in which mental representations of race-related schema contributed the reported frequency of dissociative experiences and the fact that any mental representations of race-related schema contributed at all testifies the fact racism, and racial discrimination does not affect all Black people in the same. Dissociative experiences (M = 11.49, SD = 7.52) were not reported at a frequency dissimilar to that which might be expected in the general population (M = 7.8) (Carlson & Putnam, 1993; Waller et al., 1995). The average mean frequency of reported dissociative experiences was, however, significantly differed from that reported by Douglas (2009) from a general population of African American students,

(i.e. M = 20.94, SD = 15.50), t = 4.55, $p < .001$. This may have been due to the difference in age between the UK sample and USA sample; given that, younger people are expected to report higher frequencies of dissociative experiences than older persons, are (Carlson, 1993). Multicollinearity, exaggerated R^2 values, and overly narrow confidence intervals are valid criticisms that have been raised about the use of multiple regression to determine significant predictors of a predetermined outcome measure using the same data (Altman & Anderson, 1989). Hence, the author exercised caution as to the reliability of the findings following multiple linear regression analysis. Hierarchical multiple linear regression (HLR) analysis, however, was a useful way of determining what contribution each significant factor made to the variance in the reported frequency of dissociative experiences in a representative sample of the Black population (Hocking, 1976). Path analysis using structural equation modelling revealed that, youth (β = -0.06), low annual income (β = 0.13), ORSCRIS1 (β = 0.07), ORSCRIS2 (β = 0.09), ORSCRIS3 (β = 0.09), and low self-esteem (β = 0.25), significantly contributed to 38% of the reported frequency of dissociative experiences in Black people in the UK overall. This finding implies that the confirming the proposed theoretical model is unidimensional and not circular as originally proposed.

These findings were consistent, with the view that perceived racism does not merely challenge Black identity, but threaten to Black identity to the point of annihilation in those susceptible and sensitised to it (Osborne, 2006, 2007). When a susceptible Black person, sensitised to perceived racism, projects him or herself into the future, perceived effects of perceived racism on future interactions may compound any felt self-depreciation reflexive of the fragmentation of Black self-identity (Bryant & Ocampo, 2005; Sánchez-Huclés, 1998; Schmitt & Branscombe, 2002). The category of mental representation, however, differed according to gender and

ethnicity. Those Black people, who have accepted the 'good' and 'bad' aspects of their ethnic/racial identity and their environment, were less likely to experience racialised body image disturbance, self-depreciation, and dissociative experiences, and react emotionally to perceived racism than those Black people who did not. Hence, where the symptomatology of dissociative disorders, schizotypy, and schizophrenia are difficult to differentiate (Ettinger et al., 2014), determining whether susceptible Black people sensitised to perceived racism, seems critical. 'Social failure/defeat' in response to the accumulative and chronic exposure to perceived racism could so fragment Black identity and their environment that mental ill health ensues (Selten & Cantor Graae, 2005; Selten et al., 2013), however, race-based relational schema do not need to be derogatory to exert their effect.

7.1   Implications

Racial discrimination is a common experience for Black people in the UK but appraised and managed differently accordingly personal attributes and accessible social capital (Berjot & Gillet, 2011). Whilst Black people are predisposed to enhance their personal and group identity, self-appreciation becomes particularly difficult in situations where Black people perceived to be threatened. Racial discrimination is stressful because it threatens ethnic identity. Black people may be no more likely to experience social adversity than their White counterparts are, but they are more likely to attribute social adversity to perceived racism in external, stable, uncontrollable situations (Gilvarry et al., 1999; van Laar, 2000). Adversity whether race-related or not is stressful raises cortisol levels and induces and state alert and readiness for fight or flight. Over time, the accumulative and chronic effect of stress and raised cortisol levels mediated via the amygdala's influence over the hypothalamic–pituitary–adrenal

(HPA) axis (Selten & Cantor-Graae, 2005). Black people stressed and subjected to excessive levels of cortisol during critical periods of hippocampal growth and development, however, may fail to regulate their emotional responses. Prefrontal cortex failure to control the amygdala results in an increase in emotional responsivity to perceived racism if on an appraisal the race-related event is determined to be benign or non-threatening, and an increase in mesolimbic dopamine associated with deficits in executive functions and a decrease in problem-solving ability (Selten et al., 2013).

Human development of Black identity in the UK may not only be challenged at critical periods of hippocampal growth and development, but accumulative and chronic dopamine dysregulation induced by race-related stress may sensitise susceptible Black to stereotype threat and hypervigilance (Combs et al., 2006; Payne, 2001; Steele, 1997). Excessive wariness may be evident in early childhood the time Black people have reached adulthood, simply mentioning those aspects of the Black body often stigmatised in relation with others, may give way to the reactivation of negative self-schema and coping strategies formed earlier in life (Story, 1998). Whether the appraisal of new/different race-related events/situations takes place within the context of newer/better strategies for coping with the stress perceived racism seems to critical if the stress of perceived racism in those susceptible Black people so sensitised is not to consume the individual (Mendoza-Denton et al. 2002). In this thesis, the category of mental representation, which undermined within group Black identity, differed according to gender and ethnicity. Hence, the term 'Black' as a social group category is problematic. Where dissociative disorders cannot be ruled out as possible confounders in those diagnosed with schizophrenia, health and social care professionals should consider whether the presenting symptoms are indeed indicative of activated race-related schema. If the presenting symptoms appear to be associated

with race-related trauma, health and social care professionals may need to determine whether the appraisal of race-related intrusion needs adjustment and if so 'how' in relation with the Black people.

7.2   Study Limitations and recommendations for future research

The data used in this thesis was collected from a single web-based questionnaire over the internet, and only those with internet access and interest in the study were likely to participate. The effort required in persuading Black to participate in the study was extraordinary. This may be due to operationalising perceived racism as perceived concern and preoccupation with aspects of the Black body mentally represented as relational race-based schemata, concern as to what the information would be used for, and what information gained from research has been used in the past. Respondents did not answer all the parts of the questionnaire. Hence the samples for studies 1 and 2 were smaller than expected.

Although measures for equality of variance, skewness, kurtosis, and power were within tolerable limits, normality was not achieved for any of the variables. Caution was, therefore, exercised when interpreting the results. Using non-parametric tests, however, revealed a relationship between mental representations of relational race-related schemata and the onset of dissociative experience in those Black people the sample for whom perceived racism was salient. Theoretically driven hierarchical multiple regression revealed surprising results which made it necessary to reject the null hypothesis outright, (i.e., that race-based schema, racialised body image disturbance, and self-depreciation would be no significant effect on the reported frequency of dissociative experiences, $p < .05$). Path analysis and structural equation modelling, however, confirmed the unidirectional flow of the proposed theoretical model, (i.e., towards dissociative experiences). Future studies should attempt to

replicate the study in more representative clinical, and non-clinical, samples of the Black people, and look at the conceptual relation between race-based rejection sensitivity and dissociative experiences given that exactly the same factors contributed to the variance in RBRS and DESII in Black people, overall, and there may be within group difference yet unidentified.

Accumulative and chronic perceived racism does not appear to be as stressful to all Black people, equally (Briere, 2006). Black people who have been sensitised to perceived racism may be more likely to appraise race-related events/situations and activate coping strategies in ambiguous, unstable, uncontrollable contexts (Schmitt & Branscombe, 2002; Crocker & Major, 1989; Bandura, 1986). Coping, however, does not appear to moderate the effects of perceived racism on identity security and/or future social interaction (Barnes & Lightsey Jr, 2005). Future studies should look at repeating this study with a different sample, and the threats and challenges to Black identity development to determine whether anything can be done to strengthen Black identity throughout life.

7.3   Conclusion

Black people of African and Caribbean descent in the UK are 3.3 times more likely to be detained under the Mental Health Act 1983/2007 for the assessment and treatment of schizophrenia than they White counterparts are. Consequently, they are overrepresented in the mental health care system in the UK. The reasons 'why' remain elusive. However, Black men have often given perceived racism as the cause of their presenting health and financial difficulties (Cooper et al., 2008; Chakraborty et al., 2009; Gilvarry et al., 1999). In my earlier qualitative study designed to reveal events that might be relevant to the process of becoming mentally ill in a small sample of Black men, I found that relative failure in academic achievement, and securing paid

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work, were important experiences in the process of becoming mentally ill (De Maynard, 2005, 2008). Black men believed that the reasons for their relative academic and socioeconomic failure and subsequent detention under the Mental Health Act 1983/2007 for the treatment and/or assessment of schizophrenia were indeed, located externally in ambiguous, uncontrollable situations (Allen, 2009, van Laar, 2000). There have been few studies, however, to determine how *causation* might be inferred from the interaction between the accumulative and chronic stress of perceived racism and reported the frequency of dissociative experiences in Black people susceptible to psychosis and sensitised to perceived racism.

The stress of accumulative and chronic race-related stress that undermines personal agency and confidence cannot so readily be dismissed as 'paranoid' or delusional' where evidence of biases in teachers' assessments of Black children cannot explain the relative difference in household income observed (Gillian, 2009). Teachers' negative biases about the ability of Black students (Campbell, 2013), and selective inclusive policies (Black-Hawkins, 2010), creates and sustains attainment gaps between Black children and others ensuring that Black people are unable to compete on the socioeconomic battlefield of life equally (Crozer, 2005; Leverenz, 1989). The intergenerational experience of social disadvantaged and deprivation is inevitable in too many Black families (The Black Training & Enterprise Group, 2014). When the accumulative and chronic academic and socioeconomic failure is pitted against the parental, personal, and societal expectation that Black students should succeed in education and workplace, at developmentally important periods when the hippocampus is developing and maturing, the outcome cannot be conducive to health and well-being (Benner & Mistry, 2007; Zhang et al., 2011; Selten et al., 2013).

Increased stress hormones such as cortisol may interfere with normal neurobiological development at these critical periods of infancy and adolescence.

During childhood, the hippocampus carries out crucial working memory functions whilst the prefrontal cortex is developing. In adolescence, the prefrontal cortex reaches maturity, and the hippocampus attempts to offload this cognitive responsibility on to the prefrontal cortex. As the neurotransmitter 'Dopamine' influences the relative salience of information that might potentially enter awareness, the fear of perceived race-related academic and subsequent socioeconomic failure/defeat may be given higher salience tending towards a reduction in hippocampal volumes, and excessive pruning of neural pathway in the prefrontal cortex and a reduction in learning and attention.

Excessive dopamine prohibits prefrontal cortex maturation thus preventing the offload of executive duties by the hippocampus and control of the emotional responsivity of the amygdala. The negative feedback mechanism controlling the Hypothalamic–Pituitary–Adrenal (HPA) axis is, therefore, impeded resulting in further stress-induced damage to the hippocampus and increased sensitivity to environmental stimuli reduced attention, learning, and control of thought, feeling and action (Broome et al., 2008). The responsibility for success in education and the workplace cannot rest solely with Black young people especially where racism is endemic to UK society and academic and socioeconomic success has been determined for them by the age of seven years (Campbell, 2013). The stress of striving to compete equally on a socioeconomic battlefield of life where the odds of success are so heavily weighted against Black people must take its toll somewhere (Krippner, 1997; Leverenz, 1998). Derogatory or not, the stress of accumulative and chronic perceived race-related academic and subsequent socioeconomic failure or defeat may so threaten Black identity in susceptible Black people and sensitised to perceived racism that dissociative experiences indicative of schizophrenia may ensue.

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Appendix A – Demographic Variables

Part 1 - Please tell me a little about you

It would be very helpful if you complete these questions as they could give us a profile of who took part in this study. If you feel uncomfortable with any of them, then please leave the question blank.

01. Your gender *(please tick the appropriate box):*   Male ☐   female ☐

02. How old are you? (Please write in your age in closest year) _____

03. What is marital status? (Please tick the appropriate box):

Married	
Living Together	
Separated	
Divorced	
Single	

04. How would describe your ethnicity**?**

Black or Black British:

African	
African Caribbean	
Any other Black background	

05. Which is the highest level of academic qualification you have reached? *(Please tick the appropriate box):*

No qualifications	
GCSE,	
AS/A level	
BA/BSc/LLB	
MA/MSc/LLM/MPhil	
DSc/PhD/MD/LLD;	
Post-Doctoral	

06. What is your accessible annual income? *(Please tick the appropriate box):*

0 - £10,000	
£10,001 - £20,000	
£20,001 - £30,000	
£30,001 - £50,000	
£50,001 - £80,000	
£80,001-120,000	
Over £120,000	

07. Do you spend the most time during the day with your white friends, or with your Black and Asian friends?

Asian friends	
White friends	
Black African friends	
Black Caribbean friends	
Arab or Middle Eastern friends	
mixed Black African and Caribbean friends	
mixed Black African and white friends	
mixed Black African and Asian friends	
mixed Black African and Arab or Middle Eastern friends	
mixed Black African Caribbean and white friends	
mixed Black African, Caribbean and Asian friends	
Mixed Black African Caribbean and Arab or Middle Eastern	
Equal time with friends of all different ethnic groups	
Some other combination; please specify	

08. Which of these skin tones below, best resembles your own on an unexposed part of your body? ……………………

This is a reproduction of the Von Luschan's chromatic scale made by anthropologist Felix von Luschan. It was self-made from scratch with the paint program in the likeness of the chart originally printed in *Voelker, Rassen, Sprachen*. The skin colors used were copied from the original chart box per box using the paint program's dropper tool.—Dark Tichondrias 23:59, 27 August 2006 (UTC)

Appendix B - Information Sheet (Dissociative Experiences)

Dissociation in Black people of African and African Caribbean Descent in the UK

Dear Participant,

I would like to take this opportunity to invite you to participate in a research study conducted to examine the relationship between racism and the mental health of Black people of African and African Caribbean descent in the UK We would like to invite you to take part in a research study. Before you decide you need to understand, why the research is being done and what it would involve for you. Please take the time to read the following information carefully. Talk to others about the study if you wish.

What is the purpose of the study?

The purpose of the study is to determine whether there is any relation between mental representations that might underpin the subjective experience of racism, and dissociative experiences in Black people of African and African Caribbean descent (Black people) in the UK.

Why have I been invited?

I have invited you, as because you are because most Black people experience racism within the context of their everyday lives, and Black people continue to be overrepresented within the mental health system. However, we know very little about how Black may process race-related information, psychologically.

Do I have to take part?

No, you do not have to take part. Participation is voluntary. If you at all unhappy with any part of the study, you can simply navigate away from the website. You do not have to answer all the items in the questionnaire. You can leave any you do not want to answer, blank and move onto an item that you do want to answer. You can withdraw from the study at any time.

What will happen to me if I take part?

All you have to do is answer ALL the items on the questionnaire, in your own time, to the best of your ability, using the drop down menus provided, and submit the questionnaire using the submit button at the end of the questionnaire. The questionnaire should take 15 minutes to complete. If you do not want to respond to any of the items, please leave it blank. There is no time limit, but please do not think about the questions for too long.

What will happen to the information?

When you hit the submit button, your responses will be automatically sent to the research investigator anonymously. The information will be held in the 'VADM Centre for Ethnic Minority Mental Health' databases until the end of the study. The study will end when I have a representative sample of respondents. None of the information with shared with a third party without your expressed prior permission, and you can be assured confidentiality will be maintained throughout.

What will happen to the results?

The results will be analysed, and the aggregated findings will be disseminated in peer-reviewed journals and at a conference. At the end of the study, you will be able to request a summary of the findings from the researcher. You will not be identifiable in the paper or the summary.

What are the possible disadvantages and risks of taking part?

You may feel upset or distressed by some of the questionnaires asked, or need clarity before responding. If you are unsure, want clarification or are distressed please contact me at 02086744500

What are the possible benefits of taking part?

I cannot promise that the study will you, but the information I get from the study will help improve our understanding of the effects racism may have on the mental health of Black people in the UK.

Who has reviewed the study? Who is organising and funding the Study?

The study has been reviewed by the National Research Ethics Committee and is being organised and funded by the researcher, Vernon A. De Maynard (VADM Centre for Ethnic Minority Mental Health).

Appendix C - Information Sheet (Race-based Rejection Sensitivity)

Dissociation in Black people of African and African Caribbean Descent in the UK

Dear Participant,

I would like to take this opportunity to invite you to participate in a research study conducted to examine the relationship between racism and the mental health of Black people of African and African Caribbean descent in the UK We would like to invite you to take part in a research study. Before you decide you need to understand, why the research is being done and what it would involve for you. Please take the time to read the following information carefully. Talk to others about the study if you wish.

What is the purpose of the study?

The purpose of the study is to determine whether there is any relation between mental representations that might underpin the subjective experience of racism, and dissociative experiences in Black people of African and African Caribbean descent (Black people) in the UK.

Why have I been invited?

I have invited you, as because you are because most Black people experience racism within the context of their everyday lives, and Black people continue to be overrepresented within the mental health system. However, we know very little about how Black may process race-related information, psychologically.

Do I have to take part?

No, you do not have to take part. Participation is voluntary. If you at all unhappy with any part of the study, you can simply navigate away from the website. You do not have to answer all the items in the questionnaire. You can leave any you do not want to answer, blank and move onto an item that you do want to answer. You can withdraw from the study at any time.

What will happen to me if I take part?

All you have to do is answer ALL the items on the questionnaire, in your own time, to the best of your ability, using the drop down menus provided, and submit the questionnaire using the submit button at the end of the questionnaire. The questionnaire should take 15 minutes to

complete. If you do not want to respond to any of the items, please leave it blank. There is no time limit, but please do not think about the questions for too long.

What will happen to the information?

When you hit the submit button, your responses will be automatically sent to the research investigator anonymously. The information will be held in the 'VADM Centre for Ethnic Minority Mental Health' databases until the end of the study. The study will end when I have a representative sample of respondents. None of the information with shared with a third party without your expressed prior permission, and you can be assured confidentiality will be maintained throughout.

What will happen to the results?

The results will be analysed, and the aggregated findings will be disseminated in peer-reviewed journals and at a conference. At the end of the study, you will be able to request a summary of the findings from the researcher. You will not be identifiable in the paper or the summary.

What are the possible disadvantages and risks of taking part?

You may feel upset or distressed with some of the questionnaires asked, or need clarity before responding. If you are unsure, want clarification or are distressed please contact me: 0208768744500

What are the possible benefits of taking part?

I cannot promise that the study will you, but the information I get from the study will help improve our understanding of the effects racism may have on the mental health of Black people in the UK.

Who has reviewed the study? Who is organising and funding the Study?

The study has been reviewed by the National Research Ethics Committee and is being organised and funded by the researcher, Vernon A. De Maynard (VADM Centre for Ethnic Minority Mental Health).

Appendix D - Information Sheet (Schedule of Race-related Events)

Dissociation in Black people of African and African Caribbean Descent in the UK

Dear Participant,

I would like to take this opportunity to invite you to participate in a research study conducted to examine the relationship between racism and the mental health of Black people of African and African Caribbean descent in the UK We would like to invite you to take part in a research study. Before you decide you need to understand, why the research is being done and what it would involve for you. Please take the time to read the following information carefully. Talk to others about the study if you wish.

What is the purpose of the study?

The purpose of the study is to determine whether there is any relation between mental representations that might underpin the subjective experience of racism, and dissociative experiences in Black people of African and African Caribbean descent (black people) in the UK.

Why have I been invited?

I have invited you, as because you are because most Black people experience racism within the context of their everyday lives, and Black people continue to be overrepresented within the mental health system. However, we know very little about how Black may process race-related information, psychologically.

Do I have to take part?

No, you do not have to take part. Participation is voluntary. If you at all unhappy with any part of the study, you can simply navigate away from the website. You do not have to answer all the items in the questionnaire. You can leave any you do not want to answer, blank and move onto an item that you do want to answer. You can withdraw from the study at any time.

What will happen to me if I take part?

All you have to do is answer ALL the items on the questionnaire, in your own time, to the best of your ability, using the drop down menus provided, and submit the questionnaire using the submit button at the end of the questionnaire. The questionnaire should take 15 minutes to complete. If you do not want to respond to any of the items, please leave it blank. There is no time limit, but please do not think about the questions for too long.

What will happen to the information?

When you hit the submit button, your responses will be automatically sent to the research investigator anonymously. The information will be held in the VADM Centre for Ethnic Minority Mental Health databases until the end of the study. The study will end when I have a representative sample of respondents. None of the information with shared with a third party without your expressed prior permission, and you can be assured confidentiality will be maintained throughout.

What will happen to the results?

The results will be analysed, and the aggregated findings will be disseminated in peer-reviewed journals and at a conference. At the end of the study, you will be able to request a summary of the findings from the researcher. You will not be identifiable in the paper or the summary.

What are the possible disadvantages and risks of taking part?

You may feel upset or distressed with some of the questionnaires asked, or need clarity before responding. If you are unsure, want clarification or are distressed please contact me: 0208744500

What are the possible benefits of taking part?

I cannot promise that the study will you, but the information I get from the study will help improve our understanding of the effects racism may have on the mental health of Black people in the UK.

Who has reviewed the study? Who is Organising and funding the Study?

The study has been reviewed by the National Research Ethics Committee and is being organised and funded by the Researcher, Vernon A. De Maynard (VADM Centre for Ethnic Minority Mental Health).

Appendix E – Consent Form

Dissociation in Black people of African and African Caribbean descent in the UK

> **Study Centre**: VADM Centre for Ethnic Minority Mental Health

Chief Investigator: Vernon A. De Maynard

CONSENT FORM

Please tick
and initial the box below

1. I confirm that I have read the information sheet dated 22.09.2011 for the above-named study and have had the opportunity to consider the information, ask questions, and have these questions answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reasons, without my rights being affected.

3. I agree to take part in the above-named study.

………………………………… ……………………… Date: ……………
Name of Person taking part in study   Signature

This is to certify that, ……………………………. (print name) has understood the information given about the above-named study, and she or he is/is not (delete as appropriate) willing to participate in the said study. He or she understands that the researcher will treat with the strictest confidentiality all information collected. He has been given the opportunity to ask questions about the above-named study and knows that he is free to withdraw his or her consent at any time.

.…………………….………………………… Date: ……………
Vernon De Maynard

Appendix F – Race-based Rejection Sensitivity (RBRS) (validated)

Each of the items below describes new situations that people encounter. Some people are concerned about these new situations, and others are not. Please imagine yourself in each situation and circle the number that best indicates how you would feel.

---

1. Imagine that you are in class one day and the boss, teacher or professor asks a particularly difficult question. A few people, including you, raise their hands to answer the question.

a) How **concerned/anxious** would you be that the boss, teacher or professor might not choose you because of your race/ethnicity?

1	2	3	4	5	6
Very unconcerned					Very concerned

b) I would expect that the boss, teacher or professor might not choose me because of my race/ethnicity.

1	2	3	4	5	6
Very unlikely					Very likely

2. Imagine that you are in a pharmacy, trying to pick out a few items. While you are looking at the different brands, you notice one of the store clerks glancing your way.

a) How **concerned /anxious** would you be that the clerk might be looking at you because of your race/ethnicity?

1	2	3	4	5	6
Very unconcerned					Very concerned

b) I would expect that the clerk might continue to look at me because of my race/ethnicity.

1	2	3	4	5	6
Very unlikely					Very likely

3. Imagine you have just completed a job interview over the telephone. You are in good spirits because the interviewer seemed enthusiastic about your application. Several days later, you complete a second interview in person. Your interviewer informs you that they will let you know about their decision soon.

a) How **concerned/anxious** would you be that you might not be hired because of your race/ethnicity?

1	2	3	4	5	6
Very unconcerned					Very concerned

b) I would expect that I might not be hired because of my race/ethnicity.

1	2	3	4	5	6
Very unlikely					Very likely

4. It is late at night, and you are driving down a country road you are not familiar with. Luckily, there is a 24-hour 7-11 just ahead, so you stop there and head up to the counter to ask the young woman for directions.

a) How **concerned/anxious** would you be that she might not help you because of your race/ethnicity?

1	2	3	4	5	6
Very unconcerned					Very concerned

b) I would expect that the woman might not help me because of my race/ethnicity.

1	2	3	4	5	6
Very unlikely					Very likely

5. Imagine that a new school counsellor is selecting students for a summer scholarship fund that you really want. The counsellor has only one scholarship left, and you are one of the several students that are eligible for this scholarship.

a) How **concerned/anxious** would you be that the counsellor might not choose you because of your race/ethnicity?

1	2	3	4	5	6
Very unconcerned					Very concerned

b) I would expect that he or she might not select me because of my race/ethnicity.

1	2	3	4	5	6
Very unlikely					Very likely

6. Imagine you have just finished shopping, and you are leaving the store carrying several bags. It's closing time, and several people are filing out of the store at once. Suddenly, the alarm begins to sound, and a security guard comes over to investigate.

a) How *concerned/anxious* would you be that the store detective or guard might stop you because of your race/ethnicity?

1	2	3	4	5	6
Very unconcerned					Very concerned

b) I would expect that the guard might stop me because of my race/ethnicity.

1	2	3	4	5	6
Very unlikely					Very likely

7. Imagine you are riding the bus one day. The bus is full except for two seats, one of which is next to you. As the bus comes to the next stop, you notice a woman getting on the bus.

a) How **concerned/anxious** would you be that she might avoid sitting next to you because of your race/ethnicity?

1	2	3	4	5	6

Very unconcerned					Very concerned

b) I would expect that she might not sit next to me because of my race/ethnicity

1	2	3	4	5	6
Very unlikely					Very likely

8. Imagine that you are in a restaurant, trying to get the attention of your waitress. A lot of other people are trying to get her attention as well.

1) How **concerned/anxious** would you be that she might not attend you right away because of your race/ethnicity?

1	2	3	4	5	6
Very unconcerned					Very concerned

2) I would expect that she might not attend to me right away because of my race/ethnicity

1	2	3	4	5	6
Very unlikely					Very likely

9. Imagine you are driving down the street, and there is a police barricade just ahead. The police officers are randomly pulling people over to check drivers' licenses and registrations.

a) How **concerned/anxious** would you be that an officer might pull you over because of your race/ethnicity?

1	2	3	4	5	6
Very unconcerned					Very concerned

b) I would expect that the officers might stop me because of my race/ethnicity.

1	2	3	4	5	6
Very unlikely					very likely

10. Imagine that it is the second day of your new class. The teacher assigned a writing sample yesterday and today the teacher announces that she has finished correcting the papers. You wait for your paper to be returned.

a) How **concerned/anxious** would you be that you might receive a lower grade than others might because of your race/ethnicity?

1	2	3	4	5	6
Very unconcerned					Very concerned

b) I would expect to receive a lower grade than others because of my race/ethnicity did.

1	2	3	4	5	6
very unlikely					Very likely

11. Imagine that you are standing in line for the ATM machine, and you notice the woman at the machine glances back while she is getting her money.

a) How **concerned/anxious** would you be that she might be suspicious of you because of your race/ethnicity?

1	2	3	4	5	6
Very unconcerned					Very concerned

b) I would expect that she might be suspicious of me because of my race/ethnicity.

1	2	3	4	5	6
very unlikely					very likely

12. Imagine you are at a payphone on a street corner. You have to make a call, but you do not have change. You decide to go into a store and ask for change for your bill.

1) How **concerned/anxious** would you be that the cashier might not give you change because of your race/ethnicity?

1	2	3	4	5	6
very unconcerned					very concerned

2) I would expect that the cashier might not give me change because of my race/ethnicity.

1	2	3	4	5	6
very unlikely					very likely

Appendix G - Landrine & Klonoff |(1996) Schedule of Racist Events (validated)

This questionnaire consists of 18 statements about experience racism within the context of your daily life. We are interested in the prevalence of racist incidents in your daily life, and how stressful that may have been for you. Using the drop down menu, please indicate how often the unfairness in each statement happened to you, and how stressful it was.

1. How many times have you been treated unfairly by teachers and professors because you are Black in the past year?

Never	Once in a while (less than 10% of the time)	Sometimes (10-25% of the time)	A lot (26-49% of the time)	Most of the time (50-70% of the time)	ALL of the time (more than 70% of the time)

How stressful was it?

Not at all stressful	A little stressful	Somewhat stressful	Moderately stressful	Very stressful	Extremely stressful

2. How many times have you been treated unfairly by your employers, bosses, and supervisors because you are Black in the past year?

Never	Once in a while (less than 10% of the time)	Sometimes (10-25% of the time)	A lot (26-49% of the time)	Most of the time (50-70% of the time)	ALL of the time (more than 70% of the time)

How stressful was it?

Not at all stressful	A little stressful	Somewhat stressful	moderately stressful	Very stressful	Extremely stressful

3. How many times have you been treated unfairly by your co-workers, fellow students, and colleagues, because you are Black in the past year?

Never	Once in a while (less than 10% of the time)	Sometimes (10-25% of the time)	A lot (26-49% of the time)	Most of the time (50-70% of the time)	ALL of the time (more than 70% of the time)

How stressful was it?

Not at all stressful	A little stressful	Somewhat stressful	Moderately stressful	Very stressful	Extremely stressful

4. How many times have you been treated unfairly by people in service jobs (store clears, waiters, bartenders, bank tellers and others) because you are Black in the past year?

Never	Once in a while (less than 10% of the time)	Sometimes (10-25% of the time)	Allot (26-49% of the time)	Most of the time (50-70% of the time)	ALL of the time (more than 70% of the time)

How stressful was it?

Not at all stressful	A little stressful	Somewhat stressful	moderately stressful	Very stressful	Extremely stressful

5. How many times have you been treated unfairly by strangers because you are Black in the past year?

Never	Once in a while (less than 10% of the time)	Sometimes (10-25% of the time)	A lot (26-49% of the time)	Most of the time (50-70% of the time)	ALL of the time (more than 70% of the time)

How stressful was it?

Not at all stressful	A little stressful	Somewhat stressful	moderately stressful	Very stressful	Extremely stressful

6. How many times have you been treated unfairly by people in helping jobs (doctors, nurses, psychiatrist, case workers, dentists, school counsellors, therapists, social workers, and others because you are Black in the past year?

Never	Once in a while (less than 10% of the time)	Sometimes (10-25% of the time)	A lot (26-49% of the time)	Most of the time (50-70% of the time)	ALL of the time (more than 70% of the time)

How stressful was it?

Not at all stressful	A little stressful	Somewhat stressful	Moderately stressful	Very stressful	Extremely stressful

7. How many times have you been treated unfairly by neighbours because you are Black, in the past year?

Never	Once in a while (less than 10% of the time)	Sometimes (10-25% of the time)	A lot (26-49% of the time)	Most of the time (50-70% of the time)	ALL of the time (more than 70% of the time)

How stressful was it?

Not at all stressful	A little stressful	Somewhat stressful	Moderately stressful	Very stressful	Extremely stressful

8. How many times have you been treated unfairly by institutions (schools, universities, law firms, the police, the courts, social services, benefits agencies and others), because you are Black in the past year?

Never	Once in a while (less than 10% of the time)	Sometimes (10-25% of the time)	A lot (26-49% of the time)	Most of the time (50-70% of the time)	ALL of the time (more than 70% of the time)

How stressful was it?

Not at all stressful	A little stressful	Somewhat stressful	Moderately stressful	Very stressful	Extremely stressful

9. How many times have you been treated unfairly by people that you thought were your friends because you are Black in the past year?

Never	Once in a while (less than 10% of the time)	Sometimes (10-25% of the time)	A lot (26-49% of the time)	Most of the time (50-70% of the time)	ALL of the time (more than 70% of the time)

How stressful was it?

Not at all stressful	A little stressful	Somewhat stressful	Moderately stressful	Very stressful	Extremely stressful

10. How many times have you been accused or suspected of doing something wrong (such as stealing, cheating, not doing your share of the work or breaking the law) because you are Black in the past year?

Never	Once in a while (less than 10% of the time)	Sometimes (10-25% of the time)	A lot (26-49% of the time)	Most of the time (50-70% of the time)	ALL of the time (more than 70% of the time)

How stressful was it

Not at all stressful	A little stressful	Somewhat stressful	Moderately stressful	Very stressful	Extremely stressful

11. How many times have people misunderstood your intentions and motives because you are Black in the past year?

Never	Once in a while (less than 10% of the time)	Sometimes (10-25% of the time)	A lot (26-49% of the time)	Most of the time (50-70% of the time)	ALL of the time (more than 70% of the time)

How stressful was it?

Not at all stressful	A little stressful	Somewhat stressful	Moderately stressful	Very stressful	Extremely stressful

12. How many times did you want to tell someone off for being racist, but did not say anything in the past year?

Never	Once in a while (less than 10% of the time)	Sometimes (10-25% of the time)	A lot (26-49% of the time)	Most of the time (50-70% of the time)	ALL of the time (more than 70% of the time)

How stressful was it?

Not at all stressful	A little stressful	Somewhat stressful	Moderately stressful	Very stressful	Extremely stressful

13. How many times have you been angry about something racist that was done to you in the past year?

Never	Once in a while (less than 10% of the time)	Sometimes (10-25% of the time)	A lot (26-49% of the time)	Most of the time (50-70% of the time)	ALL of the time (more than 70% of the time)

How stressful was it?

Not at all stressful	A little stressful	Somewhat stressful	Moderately stressful	Very stressful	Extremely stressful

14. How many times were you forced to take drastic steps (such as filing a grievance, filing a lawsuit, quitting your job, moving away, and other actions) to deal with some racist thing that was done to you in the past year?

Never	Once in a while (less than 10% of the time)	Sometimes (10-25% of the time)	A lot (26-49% of the time)	Most of the time (50-70% of the time)	ALL of the time (more than 70% of the time)

How stressful was it?

Not at all stressful	A little stressful	Somewhat stressful	Moderately stressful	Very stressful	Extremely stressful

15. How many times have you been called a racist name like "nigger"", coon", "jungle bunny", or other names in the past year?

Never	Once in a while (less than 10% of the time)	Sometimes (10-25% of the time)	A lot (26-49% of the time)	Most of the time (50-70% of the time)	ALL of the time (more than 70% of the time)

How stressful was it?

Not at all stressful	A little stressful	Somewhat stressful	Moderately stressful	Very stressful	Extremely stressful

16. How many times have you gotten into an argument or a fight about something racist what was done to somebody else in the past year?

Never	Once in a while (less than 10% of the time)	Sometimes (10-25% of the time)	A lot (26-49% of the time)	Most of the time (50-70% of the time)	ALL of the time (more than 70% of the time)

How stressful was it?

Not at all stressful	A little stressful	Somewhat stressful	Moderately stressful	Very stressful	Extremely stressful

17. How many times have you been made fun of, picked on pushed, shoved, hit, or threatened with harm because you are Black in the past year?

Never	Once in a while (less than 10% of the time)	Sometimes (10-25% of the time)	A lot (26-49% of the time)	Most of the time (50-70% of the time)	ALL of the time (more than 70% of the time)

How stressful was it?

Not at all stressful	A little stressful	Somewhat stressful	Moderately stressful	Very stressful	Extremely stressful

18. How different would your life be now if you HAD NOT BEEN treated in a racist and unfair way in the past year?

Never	Once in a while (less than 10% of the time)	Sometimes (10-25% of the time)	A lot (26-49% of the time)	Most of the time (50-70% of the time)	ALL of the time (more than 70% of the time)

How stressful was it?

Not at all stressful	A little stressful	Somewhat stressful	moderately stressful	Very stressful	Extremely stressful

Appendix H – Berstein & Putnam's (1986) Dissociative Experiences Scale II (validated)

This questionnaire consists of 28 questions about experiences that you may have in your daily life. We are interested in how often you have these experiences. It is important, however, that your answers show how often these experiences happen to you when you are not under the influence of alcohol or drugs. To answer the questions, please determine to what degree the experience described in the question applies to you and indicate the percentage of the time you have the experience:

0%-(Never)	10	20	30	40	50	60	70	80	90	100% (Always)

----

1. Some people have the experience of driving or riding in a car or bus or subway and suddenly realising that they do not remember to indicate what has happened during all or part of the trip. Indicate what percentage of the time this happens to you.

0%-(Never)	10	20	30	40	50	60	70	80	90	100% (Always)

2. Some people find that sometimes they are listening to someone talk and they suddenly realise that they did not hear part or all of what was said. Indicate what percentage of the time this happens to you.

0%-(Never)	10	20	30	40	50	60	70	80	90	100% (Always)

3. Some people have the experience of finding themselves in a place and having no idea how they got there. Indicate what percentage of the time this happens to you.

0%-(Never)	10	20	30	40	50	60	70	80	90	100% (Always)

4. Some people have the experience of finding themselves dressed in clothes that they do not remember buying. Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

5. Some people have the experience of finding new things among their belongings that they do not remember buying. Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

6. Some people sometimes find that they are approached by people that they do not know; do you call them by another name, or insist that they have met them before. Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

7. Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something, and they actually see themselves as if they were looking at another person. Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

8. Some people are told that they sometimes do not recognise friends or family members. Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

9. Some people find that they have no memory of some important events in their lives (for example, a wedding or graduation). Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

10. Some people have the experience of being accused of lying when they do not think that they have lied. Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

11. Some people have the experience of looking in a mirror and not recognising themselves. Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

12. Some people have the experience of feeling that other people, objects and the world around them are not real. Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

13. Some people sometimes have the experience of feeling that their body does not seem to belong to them. Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

14. Some people have the experience of sometimes remembering a past event so vividly that they feel as if they were reliving that event. Indicate what percentage of the time this happens to you.

0%-(Never)	10	20	30	40	50	60	70	80	90	100% (Always)

15. Some people have the experience of not being sure whether the things that they remember happening really did happen or whether they just dreamed them. Indicate what percentage of the time this happens to you.

0%-(Never)	10	20	30	40	50	60	70	80	90	100% (Always)

16. Some people have the experience of being in a familiar place but finding it strange and unfamiliar. Indicate what percentage of the time this happens to you.

0%-(Never)	10	20	30	40	50	60	70	80	90	100% (Always)

17. Some people find that when they are watching television or a movie, they become so absorbed in the story that they are unaware of other events happening around them. Indicate what percentage of the time this happens to you.

0%-(Never)	10	20	30	40	50	60	70	80	90	100% (Always)

18. Some people sometimes find that they become so involved in a fantasy or daydream that it feels as though it were really happening to them. Indicate what percentage of the time this happens to you.

0%-(Never)	10	20	30	40	50	60	70	80	90	100% (Always)

19. Some people find that they sometimes are able to ignore pain. Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

20. Some people find that they sometimes sit staring off into space, thinking of nothing, and are not aware of the passage of time. Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

21. Some people sometimes find that when they are alone, they talk out loud to themselves. Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

22. Some people find that in one situation they may act so differently compared with another situation that they feel almost as if they were two different people. Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

23. Some people sometimes find that in certain situations they are able to do things with amazing ease and spontaneity that would usually be difficult for them (for example, sports, work, social situations, etc.). Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

24. Some people sometimes find that they cannot remember whether they have done something or have just thought about doing that thing (for example, not knowing whether they have just mailed a letter or have just thought about mailing it). Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

25. Some people find evidence that they have done things that they do not remember doing. Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

26. Some people sometimes find writings, drawings or notes among their belongings that they must have done but cannot remember doing. Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

27. Some people sometimes find that they hear voices inside their head that tell them to do things or comment on things that they are doing. Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

28. Some people sometimes feel as if they are looking at the world through a fog so that people and objects appear far away or unclear. Indicate what percentage of the time this happens to you.

0%- (Never)	10	20	30	40	50	60	70	80	90	100% (Always)

Appendix I: - Rosenberg's (1965) Self Esteem Scale (validated)

Please answer each question as honestly as possible by circling one of the four possible responses. ANSWER ALL THE QUESTIONS.

1.   I feel that I am a person of worth, at least on an equal basis with others.

Strongly Agree	Agree	Disagree	Strongly Disagree

2.   At times, I think I am no good at all

Strongly Agree	Agree	Disagree	Strongly Disagree

3.   I feel that I have a number of good qualities

Strongly Agree	Agree	Disagree	Strongly Disagree

4.   All in all, I am inclined to feel that I am a failure.

Strongly Agree	Agree	Disagree	Strongly Disagree

5.   I am able to do things as well as most other people.

Strongly Agree	Agree	Disagree	Strongly Disagree

6.   I feel I do not have much to be proud of.

Strongly Agree	Agree	Disagree	Strongly Disagree

7.   I take a positive attitude towards myself.

Strongly Agree	Agree	Disagree	Strongly Disagree

8.   On the whole, I am satisfied with myself.

Strongly Agree	Agree	Disagree	Strongly Disagree

9.   I wish I could have more respect for myself

Strongly Agree	Agree	Disagree	Strongly Disagree

10.   I certainly feel useless at times.

Strongly Agree	Agree	Disagree	Strongly Disagree

Appendix J –My Object Relations and Social Cognition of Racial Identity Scale (not-validated)

Instructions: This questionnaire assesses concerns about physical appearance. Please read each question carefully and tick the answer that best describes **your** own personal experience. Also, write in answers where indicated.

___

1) When I close my eyes and think about my experiences, <u>most</u> of the images that come to mind show me with:

a) People who make racist comments about other people from my racial background, but it is not serious, and it does not involve me

Strongly disagree	disagree	Moderately disagree	Neither agree or disagree	Moderately agree	agree	Strongly agree

b) People who make insulting remarks about other people from my racial background, but they always make a point of excluding me

Strongly disagree	disagree	Moderately disagree	Neither agree or disagree	Moderately agree	agree	Strongly agree

c) People who never mention the colour of my skin, hair texture, or the thickness of my lips, but I know they have a significant effect on how they respond to me

Strongly disagree	disagree	Moderately disagree	Neither agree or disagree	Moderately agree	agree	Strongly agree

d) People like to socialise with me, but I know they would not want me to have a personal relationship with any member of their families

Strongly disagree	disagree	Moderately disagree	Neither agree or disagree	Moderately agree	agree	Strongly agree

2) When I close my eyes and think about my experiences, <u>most</u> of the images that come to mind show me with:

a) People who make racist remarks about some aspect of my body

Strongly disagree	disagree	Moderately disagree	Neither agree or disagree	Moderately agree	agree	Strongly agree

b) People who tell me how much they do not like the darkness of my skin colour, the shape of my lips, or the texture of my hair

Strongly disagree	disagree	Moderately disagree	Neither agree or disagree	Moderately agree	agree	Strongly agree

c) People who make racist jokes and usually direct them at me

Strongly disagree	disagree	Moderately disagree	Neither agree or disagree	Moderately agree	agree	Strongly agree

d) People who say insulting things about my skin colour, shape of my nose, or the thickness of my lips, and do not seem to care if it makes me feel unwanted and unhappy

Strongly disagree	disagree	Moderately disagree	Neither agree or disagree	Moderately agree	agree	Strongly agree

3) When I close my eyes and think about my experiences, <u>most</u> of the images that come to mind show me with:

a) People who rarely, if ever, socialise with anyone who is not from the same racial background

Strongly disagree	Disagree	Moderately disagree	Neither agree or disagree	Moderately agree	Agree	Strongly agree

b) People who often make more positive remarks about my Black skin, the shape of my nose, the texture of my hair texture, or thickness of my lips, than they do about people from other racial backgrounds

Strongly disagree	Disagree	Moderately disagree	Neither agree or disagree	Moderately agree	Agree	Strongly agree

c) People who often make more positive remarks about my Black skin, the shape of my nose, the texture of my hair texture, or thickness of my lips, than they do about people from other racial backgrounds

Strongly disagree	Disagree	Moderately disagree	Neither agree or disagree	Moderately agree	Agree	Strongly agree

d) People who made you feel more valued as a Black person at the expense of people from other racial backgrounds

Strongly disagree	Disagree	Moderately disagree	Neither agree or disagree	Moderately agree	Agree	Strongly agree

4) When I close my eyes and think about my experiences, <u>most</u> of the images that come to mind show me with:

a) People who prefer to be around people from different racial backgrounds

Strongly disagree	Disagree	Moderately disagree	Neither agree or disagree	Moderately agree	Agree	Strongly agree

b) People who value their own individual racial identities, as much as they do

Strongly disagree	Disagree	Moderately disagree	Neither agree or disagree	Moderately agree	Agree	Strongly agree

c) People who often make positive statements about the physical bodies of people from different racial backgrounds

Strongly disagree	Disagree	Moderately disagree	Neither agree or disagree	Moderately agree	Agree	Strongly agree

d) People who accept both the positive and negative aspects of their own physical bodies

Strongly disagree	Disagree	Moderately disagree	Neither agree or disagree	Moderately agree	Agree	Strongly agree

Appendix K – 'Body Image Disturbance Questionnaire'

Instructions: This questionnaire assesses concerns about physical appearance. Please read each question carefully and circle the answer that best describes your experience. Also, write in answers where indicated.

1. Are you concerned about the appearance of some part of your body, which you consider especially unattractive?				
1	2	3	4	5
Not at all concerned	Somewhat concerned	Moderately concerned	Very Concerned	Extremely concerned

2. What do you think these concerns are? What specifically bothers them about the appearance of these body parts?

3. If, you are at least somewhat concerned, do these concerns preoccupy you? That is, you think about them a lot, and they are hard to stop thinking about? (Circle the best answer)				
1	2	3	4	5
Not at all preoccupied	Somewhat preoccupied	Moderately preoccupied	Very preoccupied	Extremely preoccupied

4. What effect has your preoccupation with your appearance had on your life? Please describe):

5. Has your physical "defect" often caused you a lot of distress, torment or pain? How much? (Circle best answer)				
1	2	3	4	5
No distress	Mild, and not too disturbing	Moderate and disturbing but still manageable	Severe, and very disturbing	Extreme, and disabling

6. Has your physical "defect" caused you impairment in social occupational or other important areas of functioning? How much? (Circle the best answer)				
1	2	3	4	5
No limitation	Mild interference, but overall performance not impaired	Moderate definite interference, but still manageable	Severe causes substantial impairment	Extreme

7. Has your physical "defect" significantly interfered with your social life? How Much? (Circle the best answer)				
Never	Occasionally	Moderately often	Often	Very often

8. Has your physical "defect" significantly interfered with your schoolwork, your job or your ability to function in your role? How Much? (Circle the best answer)				
Never	Occasionally	Moderately often	Often	Very often

9. Do you ever avoid things because of your physical "defect"? how often?				
Never	Occasionally	Moderately	Often	Vern often

Appendix L - Modified Body Image Disturbance Scale (not-validated)

Instructions: This questionnaire assesses concerns about physical appearance. Please read each question carefully and circle the answer that best describes your experience. Also, write in answers where indicated.

1. Do other people appear concerned about the appearance of some part of your physical body, which they consider especially unattractive?				
0	1	2	3	4
Not at all concerned	Somewhat concerned	Moderately concerned	Very Concerned	Extremely concerned

2. What do you think these concerns are? What specifically bothers them about the appearance of these body parts?

3. If, you are at least somewhat concerned, do these concerns preoccupy you? That is, you think about them a lot, and they are hard to stop thinking about? (Circle the best answer)				
0	1	2	3	4
Not at all preoccupied	Somewhat preoccupied	Moderately preoccupied	Very preoccupied	Extremely preoccupied

4. What effect has your preoccupation with your appearance had on your life? Please describe):

5. Has does preoccupation with your appearance often caused you a lot of distress, torment or pain, and if so how much? (Circle best answer)				
0	1	2	3	4
No distress	Mild, and not too disturbing	Moderate and disturbing but still manageable	Severe, and very disturbing	Extreme, and disabling

6. Has your preoccupation with your appearance caused you impairment in social, occupational, or other important areas of functioning, and if so, how much? (Circle the best answer)				
0	1	2	3	4
No limitation	Mild interference, but overall performance not impaired	Moderate definite interference, but still manageable	Severe causes substantial impairment	Extreme

7. Has your preoccupation with your appearance significantly interfered with your social life, and if so how much? (Circle the best answer)				
0	1	2	3	4
Never	occasionally	Moderately often	Often	Very often

8. Has your preoccupation with your appearance significantly interfered with your schoolwork, your job, or your ability to function in your role, and if so, how much? (Circle the best answer)				
0	1	2	3	4
Never	Occasionally	Moderately often	Often	Very often

9. Do you ever avoid things because of your preoccupation with your appearance, and if so how often?				
0	1	2	3	4
Never	Occasionally	Moderately	Often	Vern often

Appendix M – My Racialised Body Image Disturbance Scale

Instructions: This questionnaire assesses concerns about physical appearance. Please read each question carefully and circle the answer that best describes your experience. Also, write in answers where indicated.

1. Do other people appear concerned about the appearance of some part of your physical body, which they consider especially unattractive?

0	1	2	3	4
Not at all concerned	Somewhat concerned	Moderately concerned	Very Concerned	Extremely concerned

2. Are these concerns related to (tick all that apply):

Skin tone ☐   Hair texture ☐
Shape of your body ☐   Other (please describe): ………………………….

3. If, you are at least somewhat concerned, do these concerns preoccupy you? That is, you think about them a lot, and they are hard to stop thinking about? (Circle the best answer)

0	1	2	3	4
Not at all preoccupied	Somewhat preoccupied	Moderately preoccupied	Very preoccupied	Extremely preoccupied

4. What effect has your preoccupation with your appearance had on your life? (Please tick all that apply):

a) Excessive wariness of others ☐   e) Frustration ☐
b) Identity insecurity and confusion ☐   f) Lack of confidence ☐
c) Fear of damage due to skin or hair treatment ☐   g) Interfered with your life chances ☐
d) Desire to fit these aspects of yourself ☐

5. Has does preoccupation with your appearance often caused you a lot of distress, torment or pain, and if so how much? (Circle best answer)

0	1	2	3	4
No distress	Mild, and not too disturbing	Moderate and disturbing but still manageable	Severe, and very disturbing	Extreme, and disabling

6. Has your preoccupation with your appearance caused you impairment in social, occupational, or other important areas of functioning, and if so, how much? (Circle the best answer)

0	1	2	3	4
No limitation	Mild interference, but overall performance not impaired	Moderate definite interference, but still manageable	Severe causes substantial impairment	Extreme

7. Has your preoccupation with your appearance significantly interfered with your social life, and if so how much? (Circle the best answer)

0	1	2	3	4
Never	Occasionally	Moderately often	Often	Very often

8. Has your preoccupation with your appearance significantly interfered with your schoolwork, your job, or your ability to function in your role, and if so, how much? (Circle the best answer)

0	1	2	3	4
Never	Occasionally	Moderately often	Often	Very often

9. Do you ever avoid things because of your preoccupation with your appearance, and if so how often?

0	1	2	3	4
Never	Occasionally	Moderately	Often	Vern often

Appendix N – Permission for use of Dissociative Experiences Scale

DISSOCIATIVE EXPERIENCES SCALE (DES)
ADOLESCENT DISSOCIATIVE EXPERIENCES SCALE (A-DES)

The DES, according to the authors, "is a brief, self-report measure of the frequency of dissociative experiences. The scale was developed to provide a reliable, valid, and convenient way to quantify dissociative experiences. A response scale that allows subject to quantify their experiences for each item was used so that scores could reflect a wider range of dissociative symptomatology than possible using a dichotomous (yes/no) format." (From *Dissociation* 6 (1): 16-23)

The Sidran Institute is pleased to be able to distribute the original English-language DES and several translations in almost 20 languages. Sidran is in the process of compiling the translations and securing permission for distribution from the translators. As these translations become available, they will be added to this list below. The A-DES is available in a French Canadian version.

Copies of the DES (in any available language) and the A-DES are copyright-free. You are welcome to photocopy any of the materials for use in research or clinical work. You do not need special permission to use the DES in your research or clinical work. Copies of the DES are packaged with reprints of the article, *An Update on the Dissociative Experiences Scale (Dissociation* 6 (1): 16-27), which is a manual for the DES, and a list of 193 references for studies that have used or discussed the use of the DES as a measure of dissociation.

Because of the ever increasing costs of paper and postage, Sidran charges a small fee to underwrite the distribution of the DES and related materials. For a package containing 5 copies of each of the DES (designate language please), the DES manual, and the list of references, the cost is $12.00 plus $4.00 shipping, totaling $16.00. The A-DES packet also contains 5 copies of the test, and an article by the authors. The A-DES also costs $12.00 plus $4.00 shipping, totaling $16.00. For orders outside the U.S.: Canada and Mexico, please add $3.00 (totaling $19.00), elsewhere, please add $4.50 (totaling $20.50). All checks and money orders (payable to Sidran) must be drawn on a U.S. bank, in U.S. dollars. VISA and MasterCard credit cards are accepted. Orders may be placed by phone, fax, e-mail, or postal mail. Contact:

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Appendix O – Permission for adaption of Body Image Disturbance Questionnaire

Dear Vernon,

This is fine. All you would need to do is cite the original article on the Body Image Disturbance Questionnaire (BIDQ) and specify how you adapted it with my permission.

Best wishes on the publication of your work.

Thomas F. Cash, PhD.
University Professor
Department of Psychology
Old Dominion University
Norfolk, VA 23529
Phone: (757) 683-4439
Fax: (757) 683-5087
web site: www.body-images.com
....
Editor-in-Chief, Body Image:
An International Journal of Research
www.elsevier.com/locate/bodyimage
....
----- Original Message -----
From: De Maynard, Vernon Augustus
To: Body-Images@cox.net
Sent: Friday, March 02, 2007 5:05 AM
Subject: re permissions

Dear Dr T. Cash,

A year ago, you gave me permission to use/republish you BIDQ scale. Thank you. I have since found the need to modify it such that it measures what I want it to measure, (i.e., rather than asking people what others them about their own physical appearance, the modified scale asks individuals what they think bothers other people about their own physical appearance). I would most appreciate your permission to modify the scale in this way. I have enclosed a copy of the modifications below.

Yours Sincerely,

Vernon A. De Maynard, AKC, BSc (Hons.), BA (Hons.), MSc, MBACP (Accred.)
Research Asst/PhD Student

This email message may be confidential and is intended only for the use of the individual(s) to whom it is addressed. It may contain information, which is or may be confidential, non-public, or legally privileged. Please do not disseminate or distribute this message other than to its intended recipient without permission of the author. You should not copy it or use it for any purpose nor disclose its contents to any other person. If you have received this message in error, please notify me by email immediately and delete the original message and al Email has been scanned for spam and viruses by Altman Technologies' email management service

Appendix P – Ethics Approval

DEPARTMENT OF PSYCHOLOGY RESEARCH ETHICS CHECKLIST
(Effective November 2009)

If the ethics submission relates to staff research for which an application to an external funding agency will be/has been made, then please complete and submit the full University ethics submission form.

Section I: Project Details

1. Project title:

Dissociative experiences in black people of African and African Caribbean descent in the UK

Section II: Applicant Details

2. Name of researcher (applicant): Vernon De Maynard

3. Status (please circle): Postgrad Student

4. Discipline (please circle): Psychology

5. Email address: Vernon.DeMaynard@brunel.ac.uk or vernon@vadm.co.uk

6 Telephone number: 02086744500

Section III: For Students Only

7. Student number: 0927853

8. Module name and number:

9. Brunel supervisor's or module leader's name: Dr. S Gaines

10. Brunel supervisor's email address: Stanley.Gaines@brunel.ac.uk

To be completed for *all* research by the principal investigator, member of staff leading the research, or student supervisor.

✓   If applicable, the student states that he or she has read the Brunel University Code of Research Ethics.

✓   The topic merits further research.

✓   If applicable, the student will possess the skills to carry out the research by the time that he or she starts any work which could affect the well-being of other people. He or she will be deemed to have acquired such skills on passing the relevant research skills module.

✓   The participant information sheet or leaflet is appropriate.

✓   The procedures for recruitment and obtaining informed consent are appropriate.

Please confirm the professional research ethics code that will guide the research (please circle)

ASA/BPS/BSA/Other (please state) _____

☐   ✓   Is a CRB check necessary for researchers/students working on this project?
Yes   No   If yes, please confirm by ticking this box that appropriate CRB procedures will be followed ☐

☐   ✓   Is a *new* Risk Assessment required for this research?
Yes   No   If yes, please consult the information on the Psychology Ethics webpage, and attach the Risk Assessment to this submission.

[signature]   12 04 2010

Section IV: Research Checklist

Please answer each question by ticking the appropriate box:

		YES	NO
1.	Does the study involve participants who may be particularly vulnerable and/or unable to give informed consent, thus requiring the consent of parents or guardians? (e.g. children under the age of 16; people with certain learning disabilities)	☐	✓
2.	Will all participants be age 18 and over?	☑	✗
3a.	Will the study require the co-operation of a gatekeeper for initial access to the groups or individuals to be recruited?	☐	✓
3b.	If the answer to Question 2a is Yes, then will the study involve people who could be deemed in any way to be vulnerable by virtue of their status within particular institutional settings? (e.g. students at school; disabled people; members of a self-help group; residents of a nursing home, prison, or any other institution where individuals cannot come and go freely)	☐	✓
4.	Does the research involve observational/ethnographic methods?	☐	✓
5.	Will the study involve discussion by or with respondents or behaviour or drug use, where they have not given prior consent to such discussion?	☐	✓
6.	Are drugs, placebos or other substances (e.g. food substances, vitamins) to be administered to the study participants or will the study involve invasive. intrusive or potentially harmful procedures of any kind?	☐	✓
7.	Will blood or tissue samples be obtained from participants?	☐	✓
8.	Is pain or more than mild discomfort likely to result from the study?	☐	✓
9.	Could the study induce psychological stress or anxiety or cause harm or negative consequences beyond the risks encountered in normal life?	☐	✓
10.	Will the study involve prolonged or repetitive testing?	☐	✓
11.	Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?	☐	✓
12.	Will the study involve recruitment of patients or staff through the NHS?	☐	✓
13a.	Have you undertaken this study as part of your work placement?	☐	✓
13b.	If your answer to Question 12a is Yes, then have the employers at your work placement conducted their own research ethics review?	☐	✓
14.	Does the research involve MRI. MEG. or EEG methods?	☐	✓

Give a brief description of participants and procedure (methods, tests used etc) in up to 150 words

The study is a within group design quantitative study looking at the relationship between mental representations that might be indicative of the subjective experience of racism and dissociation experiences, and will involve inviting a sample population of black people of African and Caribbean descent living in the UK to complete a questionnaire online. Ideally, a single multivariate questionnaire will be published online comprised of eight component parts: 1) demographic component, 2) mental representations of self in relation with racialising others (ORSCRIS), 3) Modified version of Cash et al's. (1995) Body Image Disturbance Scale (i.e. Racialised Body Image Disturbance (RBIDS), 4) the Dissociative Experiences Scale II (DES II) (Bernstein & Putnam 1986), 5) Schedule of Racist Events (SRE) (Landrine & Klonoff, 1996), 6) Race-based Rejection Sensitivity (RBRS) (Mendoza-Denton et al., 2002), 7) White Bear's Suppression Inventory (WBSI)(Wegner & Zanatos, 1999), and 8) Rosenberg (1965) Self Esteem Scale (RSES). However, the questionnaire is long, and may contribute to participant fatigue. Therefore, it is planned to design five multivariate questionnaires will be designed and published on the WWW. Questionnaire 1 was comprised of a demographic component, RBID, ORSCRIS, RBRS, RSES. Questionnaire 2 was comprised of a demographic component, RBID, ORSCRIS, SRE, and RSES. Questionnaire 3 was comprised of a demographic component, RBIDS, ORSCRIS, DESII and RSES. Questionnaire 4 was comprised of a demographic component, RBRS, RBID, ORSCRIS, WBSI, SRE, DESII, and RSES.

Potential respondents would be contacted by advertising on websites known to be frequented by black people, (i.e., New Nation, The Voice, Colourful Network, etc.), and contacting those who have subscribed to a BME Research Panel. Adversting in this way would provide a signficantly biased sample; however. this could be addressed by boosting the number of black people who have already subscribed to a BAME Research Panel through strategic advertising, and then to randomly invite subscribers from the Panel to participate in the research. There are no significant differences in age, annual income, ethnicity, and academic achievement in the 193 black current members already subscribed to this Panel. All those define themselves as Black or Black British of African and African Caribbean descent will be included in the study and asked to participate.

Analysis will involve determining whether the data violated tests for normalcy and homogeneity, and whether there were any differences in demographic and independent measures within the sample population; if differentiated according to gender and ethnicity. Given that, the ORSCRIS and RBIDS are new scales, and the DES II, and RSES were not designed for use in black populations, exploratory factor analysis of all the measures used would ascertain whether the scales used maintained their conceptual validity as suggested by their designers. Data from ORSCRIS and RBID will be compared with date from SRS and RBRS to determine construct validtity. Data from WBSI and SRE would provide discriminant and convergent validity for the new scales respectively, and also, indicate suppresion is invoked in response to race-related distress. Hierarchical regression analsysis will determine that proportion of variance in disssociative experiences which could be explained by the variables said to be indicative of the subjective experiences of 'racism'.

Name of Principal Investigator at Brunel University (please print): _Vernon A. De Maynard_____

Signature of Principal Investigator at Brunel University: _____

E-Mail Address: __ Vernon.DeMaynard@brunel.ac.uk or vernon@vadm.co.uk   Date: 12 : 10 : 2010

This request for expedited review has been: ☑ **Approved** (no additional ethics form is necessary)

☐ **Declined** (full University ethics form is necessary)

Signature of PsyREC Officer: _____

Date: _____ Oct.19, 2010 _____

NHS

National Research Ethics Service
Charing Cross Research Ethics Committee
Room 4W/12, 4th Floor
Charing Cross Hospital
Fulham Palace Road
London, W6 8RF
Telephone: 020 8846 7283
Facsimile: 020 8846 7280

Mr Vernon. A De Maynard
Clinical Director
VADM Centre for Ethnic Minority Mental Health
32 Bruce House,
Headlam Road
London, SW4 8LT

06 January 2009

Dear Mr De Maynard

Full title of study:	**Dissociation in black or black British people of African and African Caribbean descent in the UK: an adaptive response to perceived racism, or evidence of psychopathology.**
REC reference number:	**08/H0711/133**

Thank you for your letter of 24 December 2008, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information was considered at the meeting of the Sub-Committee of the REC held on 06 January 2009. A list of the members who were present at the meeting is attached.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Ethical review of research sites

The Committee has not yet been notified of the outcome of any site-specific assessment (SSA) for the research site(s) taking part in this study. The favourable opinion does not therefore apply to any site at present. We will write to you again as soon as one Research Ethics Committee has notified the outcome of a SSA. In the meantime no study procedures should be initiated at sites requiring SSA.

Conditions of the favourable opinion

The favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission or approval must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission at NHS sites ("R&D approval") should be obtained from the relevant care organisation(s) in accordance with NHS research governance arrangements. Guidance on applying for NHS permission is available in the Integrated Research