THEME ISSUE: MOVING FROM INJUSTICE TO EQUITY

RESEARCH

Effects of Racial Trauma on Black Doctor of Pharmacy Students

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Objective. In the wake of several high-profile police killings, the United States has begun another reckoning with structural racism, injustice, and violence against Black Americans. The objectives of this project were to explore the impact of racialized sociopolitical events on Black Doctor of Pharmacy (PharmD) students.

Methods. Focus groups were conducted with second to fourth-year Black PharmD students enrolled at the University of Tennessee Health Science Center College of Pharmacy. The focus groups were conducted in summer 2020, beginning two months after the murder of George Floyd at the hands of police officers and concluding before the start of the fall semester. Data analysis was conducted using a phenomenological approach, and themes were identified using inductive coding.

Results. Twenty-four participants were recruited into five focus group sessions. Thematic Analysis of the transcripts resulted in three distinct themes related to the study objectives: Vicarious Trauma, Hypervigilance, and Fight or Flight Responses. The study results show that Black students experience significant psychological distress due to prominent racially traumatic events. Black students may withdraw from non-Black persons due to hypersensitivity and anxiety or they may be willing to engage in candid conversations.

Conclusion. This racial trauma has implications for student wellness and academic success. As racism and police brutality have proven to be an ever-present problem, this study offers key information for consideration for institutions to recruit, support, and retain diverse learners. The data may also inform interactions with Black patients, coworkers, and health professionals during times of sociopolitical unrest.

Keywords: mental health, wellness, diversity, race

INTRODUCTION

Black communities in the United States (U.S.) have suffered prejudice and inequality for centuries, and even today, Black Americans continue to experience inequities in housing, education, and health outcomes.1,2 Perhaps one of the most glaring disparities exists with regard to police brutality. According to Mapping Police Violence, Black Americans are three times as likely to die at the hands of police as White Americans.3 While the state-sanctioned violence against Black citizens is not a new phenomenon, unfiltered brutality against Black bodies can now be quickly and easily viewed and immediately shared by the public due to the advancement of technology and ability to capture photo and video evidence. In the past several years, multiple police killings of unarmed Black Americans such as Eric Garner, Tamir Rice, Alton Sterling, Philando Castile, Walter Scott, Terrence Crutcher, Laquan McDonald and many others - have been caught on tape and have garnered national media attention.4 In 2020, the high-profile killings of Ahmaud Arbery, Breonna Taylor, Rayshard Brooks and George Floyd, a Black man killed by a police officer kneeling on his neck for 8 minutes and 46 seconds, triggered worldwide protests, memorials, and online reactions. In response to George Floyd’s murder, mass protests took place in over 2,000 cities in the U.S. and around the world.5 These tragic, preventable events served as a catalyst for communities across the globe to speak up against racism. Weine and colleagues state that “people are not only calling for an end to injustice, police brutality, race-based violence, and institutional racism, they are also calling for a broader understanding that locates the root cause of these problems in socio-economic and political systems that entrench structural power and privilege in the hands of a few and then blame the victim for their own oppression.”6 In the groundswell of this racial reckoning, racism has been declared a public health crisis.7 While many health disparities such
as disproportionate fetal and maternal mortality and chronic disease burden have been well-described, there is room for investigation of mental health disparities. This includes how the horrifying images of police brutality and the aftermath of these sociopolitical events affect Black individuals’ stress and well-being.

According to a Robert Wood Johnson Foundation study, police killings of unarmed Black people adversely affect the mental health of Black adults, and according to the Washington Post, depression and anxiety spiked among African Americans after George Floyd’s murder. The framing of racism as a public health issue compels organizations to devise policies, education, support, and systemic changes in the ways that other threats to public health have historically been addressed. In order to devise these structures of support for diverse communities, it is important to first gain a deeper understanding of how Black individuals are affected by these events. There is a paucity of qualitative study describing the experiences Black pharmacy students. While stress is known to be an important factor in success and well-being for all, research shows race-related stress is a significantly more powerful risk factor for psychological distress in African Americans than other stressful life events. Black students may face a unique set of stressors in response to publicized racial violence. The objectives of this project were to explore the impact of racialized sociopolitical events on Black Doctor of Pharmacy (PharmD) students.

METHODS

A phenomenological qualitative approach was selected for this study. Phenomenology has been described as the study of lived experience, between start and finish points. Van Manen explained phenomenology as “the study of the world as people experience it.” It is the science of phenomena, and its key aim is to obtain a better understanding of the nature or meaning of daily encounters. The phenomenological approach was appropriate for this study because it aims to uncover the lived experiences of racial trauma through the student pharmacist’s lens. To enhance the potential for producing richer data and obtaining a collective opinion about the research question, focus groups were utilized. The focus group interview guide was designed to elicit the pharmacy students’ behaviors, experiences, and perceptions interacting with their peers related to the recent events through a series of open-ended questions. The semi-structured strategy allowed researchers to pose largely the same questions; however, the later focus groups incorporated additional questions, which were raised by earlier discussions.

The study was approved by the University of Tennessee Health Science Center (UTHSC) Investigational Review Board, and oral informed consent was obtained from all participants. The participants were recruited via email sent from the lead investigator (a Black female PharmD faculty member) to students who self-identified as Black/African American in years two to four (P2-P4) of the PharmD curriculum enrolled at UTHSC College of Pharmacy. Through criterion and snowball sampling, recruitment of participants continued until saturation, defined as a point beyond which no significant new information was being obtained, was reached. All focus groups were conducted virtually via Zoom videoconferencing by the lead investigator and co-investigator (a Romanian-American faculty member with PhD training in qualitative research). The focus groups were conducted in summer 2020, beginning two months after the death of George Floyd. All focus groups were digitally recorded, and professionally transcribed. Both authors took field notes during data collection to note non-verbal expressions and interactions that were used in writing memos in the data analysis process. After the focus group, the following demographic data were collected from each participant: age, gender, ethnicity, and rural or urban background.

Thematic Analysis proposed by Braun and Clarke was followed to analyze the data. The research team read each transcript multiple times to familiarize themselves with the corpus of data. Both researchers coded inductively all the data and met multiple times to discuss codes and reach consensus. During the coding process, both researchers wrote memos commenting on emotions experienced during the interview as well as biases detected. A third researcher met with the group and discussed patterns of convergence, divergence, and theme titles. Lincoln and Guba’s framework were used to address and meet criteria for quality and rigor such as credibility, dependability, confirmability, and transferability. Data analysis was assisted with use of Dedoose qualitative analysis software. Furthermore, the consolidated criteria for reporting qualitative research (COREQ) was consulted throughout the data collection, analysis, and interpretation.

RESULTS

There were 24 participants in this study. The majority of the participants were second-year (P2) (n= 14, 58%), or third-year (P3) students (n=8, 33%). There were also two (8%) fourth year (P4) student participants. All of the participants self-identified as Black or African American. For the purposes of this study, the term “Black” is used to encompass both. Participants’ ages ranged from 22 to 29, with a mean age of 27 years (SD=1.93). The majority of the participants were female (n = 20, 83%). Student backgrounds ranged from rural to small town to urban, and while the
majority of students were from Tennessee (n= 13, 54%), the cohort contained representation from 10 different states across the southern U.S.

There were five focus group sessions, including four to six students per group, and each group session lasted 94 minutes on average. Thematic Analysis of data resulted in three distinct themes related to the study objectives:

**Theme 1: Vicarious Trauma: personalization of racial violence.**

The participants described an intimate understanding that George Floyd’s murder was a reminder that this racialized violence could happen to a family member, a friend, or even themselves. One student said:

“I didn’t feel like George Floyd was any stranger to me. I felt very personal about it because, you know, many of us, our dads are around [his] age, our cousin or our uncle or whoever, and I feel like he was really a representation of our own families, right? ... it could be our own front door the next time.” (S13, Male)

The participants expressed a sense of familiarity with this particular type of tragedy, and this haunting understanding was described as damaging to the students’ mental health. Several students described consciously refusing to watch the video of George Floyd’s murder in order to prevent mental anguish. Thus:

“I just didn't want to watch it because...I could see it replaying over and over in my head, and I couldn't see my own family and myself in that position.” (S4, Female).

As another participant comments:

“It just happens so often that we absolutely have every reason to just spiral into a never-ending pit of depression and anxiety and worry...so I can't watch stuff like that because I don’t want to think about my future husband or my future kids in that situation...my dad, my brother...I can't do that.” (S3, Female)

The participants conveyed a deep empathy with George Floyd because he looked like them. Whether or not they bore witness to his death, they acknowledged that his suffering could have been or could one day be their own. Participants discussed feelings of sadness and hopelessness, and some reported trouble sleeping. One participant describes her vivid grief by stating:

“I was literally getting ready for work, sitting on the bed, like crying. And I'm like, I don’t even know this guy, why [can’t I] hold back tears?” (S5 Female).

Despite their varying backgrounds and experiences, the Black participants felt a personal connection to the tragedy simply because George Floyd was Black.

**Theme 2: Hypervigilance: heightened sense of awareness, fear, and anxiety**

After the murder of George Floyd, the participants expressed feeling guarded, anxious, and reluctant in public. Students described feeling as though others were automatically treating them as suspects. One participant stated clearly:

“... immediately after George Floyd happened...I was looking over my shoulder all the time, everywhere I was, even at work. I felt...charged.” (S13, Male)

Another participant reinforced the constant awareness of racial identity, saying:

“This whole thing has made me keep my guard up.” (S22, Female)

Participants described being overly cautious and taking steps to avoid being racially profiled such as abstaining from running in predominately white neighborhoods or parks. Students also discussed paying close attention to the words and actions of people of other races, resulting in questioning friendships and feelings of distrust. Several students noted wariness around white friends and colleagues. The following quotation describes this feeling of isolation:

“I distanced myself from my white friends...because I just felt a level of distrust build up inside of me... I think I just could not talk to them because I just felt too unsafe” (S4, Female)

One student recalled that after George Floyd’s death she became more attentive to some of the remarks that co-workers would make about the situation saying:

“Okay, mental note... I can still keep it professional, but I may keep my distance from this person because I know their standpoint and their lack of sensitivity.” (S9, Female)

Despite recognizing not all white people shared conflicting opinions on the matter, students still expressed feelings of suspicion. Several participants described a sense of paranoia with regard to their white peers’ intentions. Students remarked that many people were vocal on social media but questioned whether or not it was true allyship or just a trend. One student noted:

“We've gotten to the point where we feel paranoid about people's genuineness, right? We don't know who to trust... Who's real and who's not? Who's for me and who's not? Who's really going to fight with me and who's not?” (S8, Female)

Another student commented:
“They wouldn’t say it to your face. And I think that’s the worst... the biggest concern now is... Who is showing you who they really are versus, you know, being... an imposter?” (S14, Male)

Students expressed they not only payed attention to the remarks that were spoken or written, but also analyzed actions that were not taken. One participant remarked:

“I’ve been paying attention to the ones who haven’t been saying anything. They love our music. They jam with us. They hang with us. Love to see you in class. But when George Floyd happened, nothing. [I’m] paying attention.” (S13, Male)

The participants generally associated silence and inaction with complicity. Another student questioned:

“So are you really my friend if you don’t want to say anything about this? Because I believe in loving all people and treating them with respect. And you not standing up or saying something kinda says that you don’t believe the same thing, to me.” (S20, Female)

The participants often extrapolated being vocal in this movement with potential engagement with other issues involving students of color.

“I went to the White Coats for Black Lives protest... I know a lot of people that didn't go that were just like five minutes away and they could have easily driven down there and bent on one knee for nine minutes... that demonstration really showed me who is going to show up, whether it’s for a protest [or] just for if a person of minority in our college voices a concern and an issue, are they just going to brush it off or are they going to take it as a real issue?” (S18, Female)

In the wake of sociopolitical unrest, the participants of this study described increased alertness to their surroundings as well as other people. Both in public and in private, these students described perceived (albeit uncertain) threats and deliberately erred on the side of caution. The students’ sensitivity to their surroundings and peers resulted in additional psychological stress, the manifestations of which ranged from survival tactics to self-expression.

Theme 3: Fight or Flight Responses: Internal vs External Manifestations of racial trauma.

Participants described channeling their feelings after George Floyd in distinct ways – students described feeling overwhelmed by the situation and withdrawing into themselves and their communities (internal), as well as feeling empowered to advocate for change (external).

Internal Manifestations

Many participants described handling their feelings of stress related to racial trauma through simply not coping with them at all. Per one student’s account:

“I’m just not dealing with it.... it's exhausting to like even think about on top of I COVID, on top of literally school being online, just everything in life is- it's just, it's almost like I feel like I'm against a wall...something coming from every side.” (S5, Female)

Another mentioned:

“You only can feel two ways, either completely angry and furious and fuming and also sick to your stomach, or you can choose to feel numb.” (S6, Female)

Several participants discussed accepting the struggle as a condition of their race. One participant noted:

“As African Americans, we’re kind of wired to just keep pushing through it. I mean, it's kinda sad... [but] it's just something that I guess we've learned to live with” (S4, Female)

Another participant corroborated this sentiment stating:

“The best way I can sum it up, is to live through trauma, because that is what we have to do. Because this happens, and we're still required to go to work, we're still required to go to school, we're still required to live” (S14, Male)

The participants also discussed the health implications of not dealing with this stress, citing the high prevalence of hypertension as well as detrimental forms of self-medication (such as drug and alcohol abuse) in Black communities. One student remarked:

“...we might not even talk to [anybody] about it, but [there] is a lot weighing on us. And, as people, we're just... kinda programmed to survive.” (S13, Male)

Several participants described removing themselves from social interactions as a mechanism of self-preservation. Several participants described the social media atmosphere as “toxic.” Furthermore, the participants described distancing themselves from social media. One participant noted this decision was not without consequence, stating:

“I had to force myself to detach because I was entering a deep, dark hole, and it was just getting hard for me to smile. It was getting hard to just find something to look forward to. And I think, with COVID going on... that didn't help either because social media was the one place everybody was, you know, kinda using to stay connected.” (S15, Female)
The participants also described intentionally isolating themselves from other people. Students described
requesting off from work, practicing meditation, spending more time exercising, and spending more time (often virtually)
with family. One student describes the feelings causing her to retreat from co-workers saying:

“I love smiling... I didn't feel the need to smile. I didn't really want to talk to anybody like at work, I just wanted
to keep to myself.” (S18, Female)

One student remarked plainly:

“Especially with COVID going on, it’s a lot easier to spend that solidarity time by yourself... just finding comfort
in our own people and also just staying away from the white population.” (S16, Male)

**External Manifestations**

While some students describe detachment, disengagement, and numbing, others described empowerment
and provided examples of various forms of activism. Respondents noted participation in various forms of protest. In
describing her experience attending a demonstration, one student said:

“I've never been in a crowd so huge... And I felt like I was making a change when I was marching.” (S10,
Female)

Students who did not attend protests found other ways to advocate in the virtual environment. One student describes a
creative outlet stating:

“I wrote a poem, and I posted it on Facebook. It's called This is America” (S9, Female) while another student
notes, “I took the approach of posting information and just talking about being conscious about where we’re putting our
money, demanding that, if we’re going to spend money with these companies, that they actually care whether I die or
not.” (S3, Female)

Several students noted becoming emboldened in interactions on social media. One participant remarked

“Since the George Floyd event has happened, it's made me more vocal. [I] kept going back to the Facebook page,
like should I say something? Should I say something? And I ended up saying something because I want people to change
their hearts” (S22, Female)

Several students described this moment as a turning point and revealed that George Floyd’s death allowed them to
speak their minds more freely. Students described feeling fearless, candid, and audacious.

“I've come into being so unapologetic about my Blackness, my everything, at work, at school, like I just don't hold
back. [When I first started], there were certain things I didn't want to say because I [didn't] want them to think I'm an
angry Black girl or I [didn't] want them to think I'm too sensitive.” (S19, Female)

and other students echoed this stating:

“We're tired. [We're] going to speak our mind at this point. The reaction that we get is the reaction that we get.”
(S3, Female)

Another student remarked:

“George Floyd has already afforded me the privilege to actually to be honest about what it's like to really be a
Black woman in America....I appreciate George Floyd for giving me that opportunity.” (S4, Female)

**DISCUSSION**

To our knowledge, this exploratory study assessing the phenomenon of racial trauma in pharmacy students is the
first of its kind. Significant findings of this study include the deep racial empathy underpinning public events of racial
violence, as well as hyperawareness of surroundings, relationships, and action/inaction of peers and institutions. The
feelings many participants described - anxiety, depressed mood, isolation, anger, fear, avoidance - are symptoms
consistent with race-based trauma responses.28,29 Of note, this particular racial event and aftermath occurred when classes
were not in session. It is foreseeable that the array of emotions described by participants in this study would not be
suitable for scholastic success during the academic year. While exploring a framework for the experiences of
underrepresented minorities in pharmacy school, Bush cited the impact of sociopolitical events as an inhibitor of minority
pharmacy student wellness.30 According to Bor et al, the largest effects on mental health after police killings occur in the
1-2 months after exposure.11 This study highlights the need for development and/or expansion of systems of support,
specifically for Black students to sustain their wellness and success.

An important takeaway from this study is that in the wake of incidents of racial trauma, the participants describe
an instinct to avoid interacting with people of other races, particularly White people. Largely the students in this study
described concealing the weight of their pain from non-Black peers, coworkers and friends. Surprisingly, the students did
not describe this stress as causing significant limitations to their daily activities. However, it is known that over time,
chronic stress related to racial discrimination may be associated with poor health outcomes.25,31,32 This sentiment is echoed
by LaShyra Nolen, a Black Harvard medical student who noted in a recent article “My entire experience in higher
education has involved around centering my professors’ and colleagues’ white comfort, often at the expense of my own mental wellness. This illustrates that Non-Black faculty, students, and staff may have no idea of the extent of the racial trauma their peers may be experiencing. Once enlightened to the intensity of this distress, an instinct may be to reach out to connect with Black colleagues - however, this study reveals that Black individuals may have no interest in sharing their true feelings with non-Black persons. It should be noted that responses to pleasurants from White colleagues during periods of racial unrest may be met with a variety of emotions, from appreciation to suspicion, to annoyance or aggravation. The experiences of the Black students captured here are diverse and wide-ranging. This underscores that there is no “one size fits all” response to racial tragedy. Although individual student expectations and needs may vary, this study reveals that during times of racial unrest, despite how they may appear on the outside, Black students may not be “okay”. Those looking to provide support may take heed from Nolen who wants her White professors to know: “How are you doing” isn’t enough. “You should know I’m not ok, and you should do the work to make sure you aren’t contributing to the reason I’m not.”

As Black individuals may not feel comfortable fraternizing with members of other races after these racially traumatic incidents, extension of compassion, radical empathy, and trauma-informed care may benefit transracial interpersonal relationships. Additionally, despite experiencing significant distress, Black students may be unlikely to seek out mental health practitioners who are white because of sensitivity or suspicion. Institutions seeking to support Black students during times of sociopolitical unrest would be wise to employ or refer students to mental health providers of their race. Other structures of encouragement for minority students during these times may include social support, in the form of Black family, friends, and faculty/staff. Therefore, strategies to increase diversity and inclusion may also help to mitigate the effects of racial trauma on Black students. This study showcases the role of social media in influencing student well-being, and institutions may find proactive discussions on professionalism and freedom of speech limitations crucial to Black student perceptions of their classmates and environment. Additionally, training in microaggressions, implicit bias, and cultural humility may also prove helpful in maintaining a positive social and diversity climate.

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A limitation of this study was that the sample included only PharmD students from one institution located in the southern United States. However, this sample was diverse in age and background with 46% of participants being from out-of-state. Future studies may include larger nationwide samples.

George Floyd’s death and subsequent protests sparked a national conversation about systemic racism and injustice. Through this movement, the country has been forced to examine its societal ills, and its citizens compelled to recognize their common humanity. Unfortunately, these incidents of racialized violence are far too common and seemingly unceasing. For example, at the time of this manuscript preparation, police had killed 164 Black people in 2020 alone. Additionally, from 2013-2020 only 1.7% of killings by police have resulted in officers being charged with a crime. This study has shown that racial trauma occurs as a result of police violence, but these feelings may be reignited by microaggressions, discrimination, or recurrence of other types of racialized events. As the country continues to experience growing pains, there is an opportunity to capitalize on the momentum from George Floyd’s death by developing primary prevention strategies from a public health frame. These upstream approaches remain crucial to challenging and dismantling systemic racism and the trauma it leaves behind.

CONCLUSION

The study results show that Black students experience significant stress due to prominent racially traumatic events. Black students may withdraw from non-Black persons due to hypersensitivity and anxiety or they may be willing to engage in candid conversations. This racial trauma has implications for student wellness and academic success. As racism and police brutality have proven to be an ever-present problem, this study offers key information for institutions
seeking to recruit, support and retain diverse learners. The data portrays the inner turmoil that Black pharmacy students face, and may also inform interactions with Black patients, coworkers, and health professionals during times of sociopolitical unrest.

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REFERENCES


