The Mind Unveiled Addressing Racism through A Psychological Lens

Cory L. Drummond Jr

Southern New Hampshire University

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ABSTRACT

This research proposal titled, *The Mind Unveiled: Addressing Racism through a Psychological Lens* **explores chronic racist behaviors from a psychological perspective, proposing the potential classification as a mental health disorder. Employing a mixed-methods sequential explanatory design, the research integrates quantitative data from psychometric tools with qualitative insights from semi-structured interviews. The findings may potentially reveal that cognitive distortions, empathy deficits, and maladaptive personality traits significantly contribute to the persistence of racist behaviors. By aligning these traits with diagnostic frameworks like the DSM-5, the proposal evaluates therapeutic interventions, including cognitive behavioral therapy (CBT) and empathy training, as effective pathways to mitigate these behaviors. This interdisciplinary research bridges gaps between mental health and social justice, offering novel frameworks for practitioners, educators, and policymakers to address racism's profound psychological and societal impact.**

Keywords: *Racism, Cognitive Distortions, Mental Health, Empathy Training, Cognitive Behavioral Therapy (CBT), Dsm-5, Social Justice.*

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CHAPTER ONE
INTRODUCTION & RESEARCH PROBLEM

Racism, as defined by the Oxford English Dictionary (OED), is "prejudice, discrimination, or antagonism by an individual, community, or institution against a person or people on the basis of their membership of a particular racial or ethnic group, typically one that is a minority or marginalized" (OED, 1903). This complex phenomenon can manifest in overt forms such as aggression and discrimination, as well as more subtle expressions known as microaggressions. The OED describes microaggression as "a statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination or prejudice against members of a marginalized group such as a racial minority" (OED, 1970). Traditionally, racism has been understood primarily as a societal construct. However, its persistence and pervasive impact suggest that deeper psychological factors are at play. While systemic racism has garnered significant attention in research, there remains a notable gap in our understanding of the individual level cognitive distortions, emotional responses, and maladaptive traits that perpetuate racist behaviors (Sue et al., 2019; Miller & Campbell, 2008). This oversight limits psychology's capacity to recognize racism as a potentially diagnosable mental health disorder. This capstone research seeks to fill that gap by exploring chronic racist behaviors through a clinical lens, focusing on their cognitive and emotional foundations. By reframing racism as a matter of mental health, the study aims to identify pathways for diagnostic and therapeutic interventions, potentially alleviating the detrimental effects of racism on both individuals and society.

A. Research Question

The central research question for this capstone project is: Can racism be classified as a mental health disorder? Supporting questions include: What cognitive and emotional patterns characterize individuals who exhibit chronic racist behaviors? Can these patterns be linked to dysfunctions that meet the diagnostic criteria for a mental health disorder? What psychological interventions could effectively treat such behaviors, and how do these interventions compare to current methods for addressing racism? Understanding the cognitive and emotional underpinnings of racist behavior through a clinical lens is significant within the field of psychology. This research aims to provide insights into the potential for diagnostic frameworks that acknowledge deep-seated cognitive dysfunctions driving such behaviors, thereby opening avenues for targeted therapeutic interventions.

B. Significance of the Study

Understanding racism as a psychological phenomenon rather than solely a sociocultural one could revolutionize how mental health professionals, educators, and policymakers address prejudice. By aligning this inquiry with psychological theories and therapeutic approaches, the research contributes to bridging the gap between social justice and mental health.

C. Target Audience

This research is intended for mental health professionals, policymakers, academics, and social justice advocates. The exploration of this topic aims to inform clinical practices, shape public policies, and provide evidence-based strategies for combating racism.

CHAPTER TWO
LITERATURE REVIEW COGNITIVE DISTORTIONS & RACISM

Sue et al. (2019) explores the link between cognitive distortions and racism, emphasizing how these thought patterns fuel microaggressions and systemic bias. Their research indicates that racism is not solely a social issue but is intertwined with psychological patterns that can be analyzed clinically. Miller and Campbell (2008) delve into the traits associated with personality disorders, particularly Narcissistic and Antisocial Personality Disorders, highlighting characteristics such as entitlement and lack of empathy that could relate to racist behavior. These traits are crucial for framing potential diagnostic criteria.

Hofmann et al. (2012) provide a comprehensive meta-analysis of the effectiveness of Cognitive Behavioral Therapy (CBT) in altering maladaptive thought patterns. This resource is valuable for understanding how CBT can be adapted to treat chronic racist behaviors by addressing the underlying cognitive distortions. Galinsky and Moskowitz (2000) contribute by presenting research on empathy training to reduce bias, supporting therapeutic approaches that target emotional and cognitive reformation. Pettigrew and Tropp (2006) reinforce this with their meta-analytic review of the Contact Hypothesis, which shows that structured intergroup interactions can effectively reduce prejudice.

Grant and Potenza (2004) explore impulse control disorders, highlighting how compulsive behaviors can manifest and be managed. Their insights are relevant when considering chronic racist actions that may stem from similar cognitive processes. Fineberg et al. (2014) add to this by analyzing repetitive thought patterns in obsessive-compulsive disorder (OCD), which aligns with the idea that chronic racist ideations may involve persistent, maladaptive cognitive distortions. Kawakami et al. (2005) discuss non-stereotypic association training and its success in altering automatic biases, offering a promising intervention model for addressing deeply ingrained racist behavior.

Lilienfeld (2017) discusses the ethical concerns surrounding psychiatric labeling, noting the potential for stigma when categorizing behaviors as mental health issues. This insight is vital for balancing the clinical classification of racism with ethical responsibilities. Appelbaum (2007) emphasizes maintaining accountability while introducing therapeutic interventions. Kirmayer and Minas (2000) advocate for cultural sensitivity in psychiatric practices, essential for ensuring that such a classification respects the complexity of social and cultural contexts.

A. Assess Sources

Sue et al. (2019) established experts in multicultural psychology, lending credibility to analysis of cognitive distortions linked to racist behaviors. Their research, which is empirical and widely referenced, supports its validity. With solid academic credentials, Miller, and Campbell (2008) provide pivotal insights into understanding personality traits that may correlate with chronic racism, ensuring the applicability of their findings. Hofmann et al. (2012) provide an authoritative meta-analysis that is highly cited, confirming its reliability in the context of therapeutic intervention.

Galinsky and Moskowitz (2000) offer experimental data supporting empathy training, though their sample demographics may limit the generalizability across diverse populations. Pettigrew and Tropp's (2006) review are comprehensive and is bolstered by a large dataset, which adds weight to their conclusions about intergroup contact. Grant and Potenza (2004) contribute to this by providing a thorough examination of impulse control disorders and their treatment, enhancing the understanding of compulsive racist behaviors. Fineberg et al. (2014) are notable for their expertise in neuropsychology and detailed analysis of cognitive dysfunction in OCD, adding valuable insight into persistent cognitive patterns. Kawakami et al. (2005) strengthen the intervention strategies discussion with experimental data that supports behavior modification through training. Ethical perspectives from Lilienfeld (2017) and Appelbaum (2007) are well-grounded in psychiatric and medical ethics, ensuring their recommendations are credible and persuasive. Kirmayer and Minas (2000) provide an essential cultural lens, relevant for integrating ethical sensitivity into clinical applications.

B. Analyze Sources

The methodologies used across these sources demonstrate various strengths and weaknesses. Sue et al. (2019) employs qualitative and quantitative data to support their claims, ensuring a robust analysis of cognitive distortions. However, the primary focus on microaggressions may limit direct applicability to the broader classification of racist behavior as a disorder. Miller and Campbell (2008) use personality assessments to draw links between traits and behavior, which, while insightful, may need further empirical testing for direct application to racism.

Hofmann et al. (2012) offer a solid meta-analytical approach, strengthening their findings' generalizability on CBT's efficacy. Galinsky and Moskowitz (2000) provide solid experimental data, though their participant sample could affect the broader application of their conclusions. Grant and Potenza (2004) present a robust analysis of impulse control, with potential limitations due to its focus on specific disorders rather than racism itself. Fineberg et al. (2014) provide comprehensive research on OCD, which supports the idea of repetitive, dysfunctional thought patterns but may need adaptation for broader application to racism. Kawakami et al. (2005) demonstrate effective bias reduction methods, though they may be limited in scope due to participant diversity. Ethically, Lilienfeld (2017) and Appelbaum (2007) caution against oversimplification and stigmatization, which are critical considerations

when framing racism as a mental health issue. Kirmayer and Minas (2000) emphasize cultural competence, reminding researchers to balance clinical insights with social awareness.

C. Agent of Change

In recent years, the psychological dimensions of social issues have gained unprecedented attention. However, few areas of inquiry challenge the field as profoundly as the question of racism as a potential mental health disorder. While traditionally conceptualized as a societal ill, racism also displays characteristics that may align with psychological dysfunction, rooted in persistent cognitive distortions, entrenched biases, and maladaptive thought patterns that perpetuate harm (Sue et al., 2019; Hofmann et al., 2012). This capstone project proposes an innovative framework for analyzing chronic racist behaviors through a clinical lens, examining whether these behaviors meet the criteria for classification as a mental health disorder. By shifting the focus from merely a social phenomenon to one potentially indicative of psychological disorder, this research aims to open new avenues for understanding, diagnosing, and treating behaviors associated with racism.

The core research question driving this project is: Can racism be classified as a mental health disorder? This inquiry delves into supporting questions that explore the cognitive and emotional patterns underlying chronic racist behaviors and whether these patterns satisfy established diagnostic criteria for mental health disorders. Cognitive distortions, such as those observed in personality disorders and obsessive-compulsive tendencies, may offer a framework for understanding the persistent and irrational nature of racist beliefs. Additionally, this study evaluates whether therapeutic interventions such as CBT and empathy-based training might address these behaviors effectively. The goal is not only to explore the potential for clinical diagnosis but also to reimagine treatment strategies that might disrupt the cognitive and emotional mechanisms fueling racist behavior.

This project is situated at a critical juncture in psychology, where expanding the scope of mental health frameworks could enhance the field's ability to address harmful social behaviors systematically. By framing racism through a clinical perspective, this research invites psychologists, mental health professionals, and policymakers to consider the profound individual and societal benefits of therapeutic intervention in addressing entrenched biases. These benefits include improved mental health outcomes for individuals, reduced societal tensions, and enhanced social cohesion. The potential classification of racism as a disorder poses complex ethical questions and risks, such as stigmatization, yet it also offers a compelling opportunity to advance psychological theory and practice. The proposed framework could improve individual well-being and contribute to a more harmonious and cohesive society.

This study aims to contribute to a new era of psychological research that considers social pathologies through the rigor of mental health frameworks and prioritizes evidence-based intervention to promote individual and societal well-being. The implications of this research extend beyond academia; they challenge the field to confront racism not only as a societal problem but as a psychological phenomenon that may be better understood and mitigated through the precision of mental health science. By addressing this gap in understanding, this project endeavors to achieve distinction, offering a transformative perspective that could redefine the role of psychology in tackling pervasive issues of prejudice and bias. This transformative potential could inspire and motivate all those involved in the field of psychology, from researchers to practitioners, to continue pushing the boundaries of knowledge and practice.

D. Fit to the Field

Framing racism as a potential mental health disorder represents an innovative approach within psychology, aligning with a growing interest in understanding how social pathologies may also reflect underlying psychological dysfunctions. This perspective challenges psychologists to reconsider racism beyond sociocultural constructs, recognizing it as a manifestation of entrenched cognitive and emotional patterns that could be clinically significant. Such a viewpoint aligns with multiple areas within psychology, clinical, social, and cognitive psychology, each offering unique contributions to understanding and addressing chronic racist behaviors.

In clinical psychology, this topic introduces the possibility of expanding diagnostic frameworks to incorporate behaviors historically viewed as purely sociocultural. By analyzing racism through the lens of personality disorders and cognitive distortions, such as those found in narcissistic personality disorder or obsessive-compulsive disorder, the field may develop new, evidence-based criteria for identifying maladaptive cognitive processes associated with racist attitudes and actions. This approach allows mental health practitioners to explore how underlying psychological mechanisms, such as a lack of empathy or rigid cognitive schemas, drive persistent racist behaviors, which might otherwise go unaddressed within traditional social psychology frameworks.

Social psychology contributes insights into the environmental and interpersonal influences that reinforce racist attitudes, yet integrating these with a mental health focus deepens our understanding of how these behaviors become chronic and maladaptive. Concepts like social learning, conformity, and intergroup bias highlight how racist ideologies are both learned and socially perpetuated (Pettigrew & Tropp, 2006). However, incorporating clinical insights suggests that some individuals may internalize these biases to an extent that interferes with their emotional regulation, interpersonal relationships, and overall psychological well-being, warranting intervention.

Finally, cognitive psychology underscores how entrenched cognitive distortions such as overgeneralization, selective attention to stereotypes, and dichotomous thinking may be central to understanding racism as a disorder. These cognitive mechanisms can solidify racist beliefs, making them resistant to change and leading to behaviors that are not only harmful to others but also maladaptive for the individual (Fineberg et al., 2014). The concept of maladaptive thinking patterns provides a bridge between social behaviors and clinical intervention, allowing psychologists to explore how modifying these thought processes through therapies like CBT could mitigate the psychological underpinnings of racism.

By situating this research within these psychological subfields, the project demonstrates the potential to enhance both theoretical and applied approaches within psychology. A clinical framework for understanding racism addresses individual well-being. Moreover, a clinical framework for understanding racism encourages mental health professionals to engage in broader societal issues, advocating for interventions that foster social harmony and personal growth. This unique interdisciplinary approach underscores psychology's commitment to advancing both individual and community well-being, paving the way for a more comprehensive, ethically responsible engagement with the challenges posed by systemic and personal biases. It also opens the door for collaboration and knowledge exchange across different psychological subfields, fostering a sense of engagement and excitement about the potential for interdisciplinary research in the field of psychology.

E. Previous Research Findings
Examining racism through the lens of mental health introduces the need to understand the cognitive and emotional mechanisms that fuel persistent racist beliefs and behaviors. A wealth of psychological research provides frameworks for analyzing these mechanisms, offering insights into how cognitive distortions, personality traits, and social dynamics may contribute to the manifestation of racism. Synthesizing these findings allows for a clearer understanding of how chronic racist behaviors may align with patterns typically associated with mental health disorders.

Sue et al. (2019) underscores the role of cognitive distortions in perpetuating racist beliefs, specifically focusing on how maladaptive thought patterns contribute to microaggressions and systemic bias. Their work suggests that cognitive biases, such as overgeneralization and dichotomous thinking, reinforce prejudiced behaviors and create a self-sustaining cycle of negative perceptions that are resistant to change. This finding aligns with broader theories of cognitive distortion, as seen in personality disorders, were individuals' entrenched belief systems shape interactions with others. By framing racism as a manifestation of cognitive distortion, Sue et al.'s research offers a foundational perspective for understanding how these biases may meet diagnostic criteria for a disorder.

Miller and Campbell (2008) delve into the characteristics associated with certain personality disorders, particularly narcissistic personality disorder and antisocial personality disorder, which are marked by traits such as entitlement, lack of empathy, and a propensity for exploitative behavior. These characteristics may bear relevance to individuals exhibiting chronic racist behaviors, as the self-centered worldview and inability to empathize often observed in such disorders align with the psychological underpinnings of racism. Miller and Campbell's work provides a basis for considering whether chronic racism could reflect personality traits that meet the criteria for a disorder, suggesting that deeply ingrained biases may have roots in personality pathology.

Therapeutic intervention research also informs this perspective. Hofmann et al. (2012) conducted a meta-analysis demonstrating the efficacy of CBT in modifying maladaptive thought patterns. Given that CBT is commonly used to address cognitive distortions in disorders such as obsessive-compulsive disorder and anxiety disorders, Hofmann's findings raise the possibility that similar interventions could be adapted to address the distorted thought patterns inherent in racist beliefs. This connection provides a promising avenue for treating chronic racist behaviors by targeting the cognitive processes that perpetuate them.

Empathy training emerges as another significant intervention strategy, as evidenced by Galinsky and Moskowitz (2000), who investigated the impact of perspective-taking exercises on reducing bias. Their study reveals that promoting empathy can decrease stereotypic thinking, supporting the notion that enhancing empathy may counteract the lack of perspective and understanding often seen in racist individuals. Additionally, Pettigrew and Tropp (2006) reinforce this approach through their meta-analysis of the Contact Hypothesis, which posits that structured intergroup interactions can reduce prejudice. Together, these studies advocate for empathy-focused interventions as potentially effective methods for addressing the emotional and cognitive components of chronic racism.

Although these studies provide substantial insight, they also highlight gaps in existing literature. Much of the current research does not explicitly frame racism as a disorder, nor does it explore specific diagnostic criteria or long-term clinical interventions. These gaps underscore the need for further exploration into whether racist behaviors can meet mental health diagnostic standards. Moreover, few studies address how chronic racist beliefs might be measured and treated consistently within a clinical setting. The synthesis of these findings illustrates how racism, when viewed through psychological frameworks, may exhibit characteristics aligned with diagnosable mental health disorders. By drawing connections between cognitive distortions, personality traits, and therapeutic interventions, this body of research supports a novel approach to understanding and potentially mitigating racist behaviors through mental health perspectives.

F. Evaluation of Studies

The literature on the psychological dimensions of racism encompasses diverse methodologies and perspectives, each contributing uniquely to understanding this complex phenomenon. The studies reviewed in this capstone project employ various methods, from qualitative and quantitative approaches to meta-analyses and experimental designs, each offering strengths, limitations, and insights relevant to classifying chronic racist behavior as a mental health disorder.

➤ *Cognitive Distortions & Racism:*

Sue et al. (2019) presents a robust examination of cognitive distortions, through qualitative and quantitative analyses of microaggressions and systemic bias. The strength of this study lies in its dual-method approach, which allows for a deeper understanding of how cognitive patterns can contribute to subtle yet pervasive racist behaviors. However, a limitation is that it primarily focuses on micro-level expressions of racism rather than explicit or chronic racist behaviors. This narrow focus may limit its applicability to broader racist ideations and behaviors necessary for a disorder classification.

➤ *Personality Traits & Criteria for Diagnosis:*

Miller and Campbell (2008) utilize quantitative methods to explore personality traits associated with Narcissistic and Antisocial Personality Disorders, highlighting characteristics such as entitlement and lack of empathy that may align with chronic racist behaviors. This study's strength lies in its application of established diagnostic criteria, which could inform frameworks for classifying racism as a mental health disorder. However, as the study does not explicitly apply these findings to racist behavior, further empirical testing is required to substantiate these connections within a diagnostic context for racism.

➤ *Effectiveness of CBT:*

Hofmann et al. (2012) examined CBT's effectiveness in modifying maladaptive thought patterns, demonstrating its reliability and widespread applicability in addressing cognitive distortions. This study is significant for informing intervention strategies, as CBT could potentially target the dysfunctional cognitive patterns underpinning chronic racist behaviors. However, its focus on general cognitive distortions requires adaptation to address racism-specific thought patterns, which are often more profoundly ingrained and socially reinforced than those typically treated by CBT.

➤ *Empathy Training & Bias Reduction:*

Galinsky and Moskowitz (2000) use experimental methods to explore empathy training and its role in reducing bias, providing solid evidence of perspective-taking as an intervention to decrease stereotype expression. The strength of this study lies in its experimental rigor, which offers empirical support for empathy training as a tool to address racism. A limitation, however, is that the participant demographics may restrict generalizability to broader populations, as empathy responses can vary significantly across cultural and social contexts.

➤ *Intergroup Contact & Prejudice Reduction:*

Pettigrew and Tropp (2006) employ a comprehensive meta-analytic review of intergroup contact theory, demonstrating that structured, positive intergroup interactions reduce prejudice. This study's strength is in its extensive data set, which adds weight to its findings and suggests intergroup contact as an effective intervention for chronic racist behaviors. Nevertheless, a limitation exists in the variability of outcomes based on context; intergroup contact may not be effective in settings where racist beliefs are highly entrenched or socially normalized.

G. Strengths & Limitations

These studies offer insights into the cognitive, personality, and social dimensions that may characterize chronic racist behaviors, each contributing potential diagnostic or therapeutic approaches. The combined qualitative and quantitative methods of Sue et al. (2019) and Miller and Campbell (2008) highlight cognitive and personality-based frameworks, while the meta-analytic and experimental studies by Hofmann et al. (2012), Galinsky and Moskowitz (2000), and Pettigrew and Tropp (2006) provide intervention models. However, a consistent limitation across these studies is the need for a more integrated approach that directly connects these cognitive, personality, and social factors to a clinical model for racism as a mental health disorder.

H. Impact on Research Question & Study Direction

The insights gained from these studies help clarify how cognitive distortions, personality traits, and social interventions could be applied within a diagnostic framework. Additionally, the information gleaned from the studies emphasize the potential for structured, evidence-based interventions like CBT and empathy training to address the persistent biases associated with chronic racist behaviors. By evaluating each study's contributions and limitations, this section underscores the importance of combining clinical frameworks with social and cognitive approaches, providing a foundation for further exploration of racism as a diagnosable mental health issue.

I. The Gaps

The current literature on racism frames racism as a social issue without extensively exploring the cognitive and emotional underpinnings that may align with mental health dysfunctions. While studies have analyzed the psychological aspects of prejudice and bias, few have sought to categorize chronic racist behaviors as potential manifestations of cognitive and emotional disorders. This gap suggests a lack of research on the specific mental health frameworks that could diagnose and address these behaviors systematically. Moreover, existing research often overlooks how these behaviors might be resistant to change, like patterns seen in personality disorders or obsessive-compulsive tendencies, leaving a gap in understanding the persistent nature of racism as a maladaptive psychological condition.

J. Connecting the Gaps

Addressing these gaps is essential because understanding racism through a clinical lens could lead to more effective interventions. By applying mental health criteria to chronic racist behaviors, psychology could advance in recognizing and treating racism as a potential mental health issue (Miller & Campbell, 2008; Sue et al., 2019). This would also provide a structured, evidence-based approach to behavioral interventions, moving beyond societal condemnation to therapeutic engagement that seeks to modify harmful patterns.

K. The how

This study intends to bridge these gaps by examining chronic racist behaviors as expressions of cognitive distortions and maladaptive thought processes like those found in clinical disorders. By focusing on diagnostic criteria and assessing intervention efficacy, this research could contribute a novel framework that helps clinicians recognize and treat racist behaviors as part of a broader mental health approach. Through therapeutic methods such as CBT and empathy training, this study will investigate whether specific interventions can disrupt these cognitive patterns, providing a foundation for mitigating these behaviors.

L. Existing Research

Existing research contributes significantly to understanding how chronic racist behaviors may intersect with mental health frameworks, providing a foundation upon which this capstone project builds. A body of work within cognitive psychology has shed light on the role of cognitive distortions in sustaining harmful behaviors and attitudes. Sue et al. (2019) establish that cognitive distortions underpin many forms of microaggression and systemic biases, reframing racism as behavior deeply rooted in psychological patterns rather than solely learned social attitudes. By exploring how these distortions reinforce biased thinking, Sue et al.'s (2019) work offers insight into how racism could meet specific mental health diagnostic criteria, particularly those tied to cognitive dysfunction.

Personality psychology also offers critical insights, particularly in examining how traits associated with Narcissistic and Antisocial Personality Disorders, such as entitlement, lack of empathy, and a sense of superiority, might correlate with chronic racist behavior. Miller and Campbell's (2008) findings on these traits emphasize that such behaviors may be driven by enduring personality traits rather than transient social influences. This research strengthens the case for considering racism within the scope of personality disorder frameworks, identifying traits that not only drive bias but perpetuate those biases over time.

Interventions developed within therapeutic settings, such as CBT, provide a promising foundation for examining how mental health treatment could address racism-related cognitive distortions. Hofmann et al. (2012) conducted a meta-analysis demonstrating CBT's effectiveness in treating cognitive distortions across a range of disorders, suggesting its potential application to treating the cognitive distortions that underlie chronic racist behaviors. The adaptability and efficacy of CBT in modifying entrenched thought patterns make it an attractive option for interventions targeting racism as a maladaptive psychological phenomenon.

Empathy training and intergroup contact are well-documented intervention strategies relevant to this project. Research by Galinsky and Moskowitz (2000) and Pettigrew and Tropp (2006) illustrates how structured intergroup interactions and perspective-taking exercises can reduce bias, supporting an empathy-based approach to treating the cognitive and emotional patterns of racism. Their work suggests that bias can be mitigated through targeted emotional and cognitive interventions, thereby reinforcing the potential for treating racism as a mental health issue.

Taken together, the contributions of these existing studies demonstrate that racism may indeed be framed as a mental health disorder by drawing on theories from cognitive, personality, and therapeutic psychology. This body of research supports the possibility of diagnosis by highlighting intervention pathways that could be beneficial to addressing racism as a psychological issue. The research invites new strategies for intervention, with the potential to make a tangible impact on individuals and communities. Through synthesizing these diverse research contributions, this capstone aims to build upon a well-established foundation, pushing the boundaries of psychological research to address one of society's most pressing challenges in innovative and therapeutic ways.

CHAPTER THREE
METHODOLOGY RESEARCH METHOD

This study employs a Sequential Explanatory Design within a mixed-methods framework, combining quantitative and qualitative methodologies to understand the research topic comprehensively. The quantitative phase will gather structured data using validated instruments, such as the Cognitive Distortions Scale (CDS), Interpersonal Reactivity Index (IRI), and Personality Inventory for DSM-5 (PID-5). These tools are specifically chosen to measure cognitive distortions, empathy deficits, and maladaptive personality traits commonly linked to chronic racist behaviors. The qualitative phase will follow, using semi-structured interviews to delve into participants' subjective experiences, providing rich contextual insights that cannot be captured through quantitative methods alone. This comprehensive approach ensures that no aspect of chronic racism is left unexplored, providing a robust foundation for the study's findings.

The mixed-methods approach is not just a choice, but a necessity for a topic as multifaceted as racism. The mixed-methods approach allows statistical trends to be established in the quantitative phase, which can then be elaborated upon during the qualitative phase to provide deeper insights into personal perspectives and lived experiences. This dual approach is essential for addressing the multidimensional nature of chronic racism, as it bridges the gap between objective measurement and the subjective realities of individuals. The dual approach aligns directly with the study's central research question, which seeks to uncover measurable cognitive and emotional patterns and the experiential aspects of racist behaviors. This integration of methodologies ensures that the study can comprehensively address the clinical and social dimensions of the issue, offering both evidence-based findings and nuanced understandings of the phenomenon (Creswell & Plano Clark, 2017).

A. Support of Method

A mixed-methods approach is best suited for this study because it integrates numerical data with qualitative narratives, creating a comprehensive understanding of the psychological roots of racism. The quantitative phase will provide objective data, enabling statistical analysis of patterns and correlations between cognitive distortions, personality traits, and empathy deficits. The qualitative phase will enhance these findings by exploring the participants' perspectives and emotional contexts, uncovering patterns that may not emerge through quantitative measures alone. This design aligns with recommendations for studying complex psychological phenomena that span measurable behaviors and subjective experiences (McGrath et al., 2019).

B. Strengths & Weaknesses

The Sequential Explanatory Design, with its notable strengths, provides a comprehensive approach to the study. The Sequential Explanatory Design starts with quantitative data collection, which informs the qualitative phase, ensuring that the findings are grounded in measurable evidence. This design enhances the study's validity by triangulating data from two distinct sources, increasing the reliability and richness of the conclusions (Creswell & Plano Clark, 2017). Despite the challenges of employing a sequential explanatory design, such as increased resource requirements and potential difficulty of integrating diverse datasets, the benefits of addressing the research question comprehensively outweigh the drawbacks.

C. Data Collection Tools

➢ *Primary Tools:*

- *Cognitive Distortions Scale (CDS):*
  This scale measures maladaptive thought patterns, such as dichotomous thinking and overgeneralization, which are relevant to chronic biases. It has strong internal consistency (Cronbach's alpha > .80) and cross-cultural validity, making it a reliable choice for assessing cognitive distortions (Beck, 2011).

- *Interpersonal Reactivity Index (IRI):*
  The IRI assesses multiple dimensions of empathy, including perspective-taking and empathic concern. High test-retest reliability and proven construct validity are ideal for measuring empathy deficits linked to racism (Davis, 1983).

- *Personality Inventory for DSM-5 (PID-5):*
  This inventory evaluates maladaptive personality traits, such as antagonism and narcissism, which may underlie racist behaviors. The PID-5's strong psychometric properties ensure its reliability and applicability (Krueger et al., 2012).

- *Semi-Structured Interview Guide:*
  Open-ended questions will explore participants' experiences, beliefs, and emotions. Pilot testing will refine the guide for clarity and ensure interview consistency (Brinkmann & Kvale, 2005).

D. Population & Sampling Procedures

This study will target adults who exhibit chronic racist behaviors, as these individuals are the focus of the investigation into the potential classification of racism as a mental health disorder. The proposal and methods will be reviewed by SNHU's IRB to ensure safety and to uphold the institution's policies related to this research. Moreover, to ensure relevance to the research questions, purposive sampling will be employed, selecting participants based on specific criteria such as frequency and intensity of racist behaviors, duration of these behaviors, and their impact on the individual's mental health. These criteria align with the study's objectives. Recruitment efforts will focus on outreach to organizations and networks addressing issues of racism, social justice, and mental health, as well as community forums and advocacy groups. These channels provide access to individuals who may demonstrate the behaviors and cognitive patterns central to the study.

Recruitment materials will clearly explain the study's purpose, procedures, and voluntary nature of participation, ensuring informed consent and adherence to ethical guidelines. The study will uphold the principle of respect for participants' autonomy, ensuring that they have the right to make their own decisions about participation. Participants will be assured of confidentiality and the ability to withdraw from the study without penalty. Efforts will also be made to achieve diversity within the sample, capturing variations in demographic and sociocultural contexts to provide a more comprehensive understanding of the phenomenon (Creswell & Plano Clark, 2017). Using purposive sampling and strategically targeting recruitment, the study aims to gather a sample that accurately represents the psychological and behavioral patterns of interest. This approach allows for an in-depth analysis of the cognitive distortions, empathy deficits, and personality traits associated with chronic racist behaviors.

E. Data Collection

The data collection process will follow recruitment, informed consent, and data collection. Recruitment will involve targeted outreach to communities and organizations that address racism-related issues. Participants will receive detailed informed consent forms outlining the study's purpose, procedures, risks, and their rights to withdraw at any time. Quantitative data will be gathered using secure online surveys for the CDS, IRI, and PID-5, while qualitative data will be collected through semi-structured interviews conducted in private, ensuring confidentiality. Data will be stored securely, with access restricted to the research team. Ethical considerations will include minimizing risks, protecting participant anonymity, and addressing any distress caused by sensitive topics (Lincoln & Guba, 1985).

F. Data Analysis Process

Quantitative data will be analyzed using IBM SPSS and Microsoft Excel. SPSS will facilitate statistical analyses, including analysis of variance (ANOVA) and regression analysis, to identify relationships and predictive patterns among cognitive distortions, empathy deficits, and personality traits. Microsoft Excel will complement this process by organizing raw data and generating visual representations such as charts and graphs to enhance data interpretation and presentation.

Qualitative data collected through semi-structured interviews will be transcribed using Otter.ai or Rev. These transcription tools ensure accuracy and efficiency in converting audio data into text. The transcribed data will then be manually coded to identify recurring themes and patterns related to participants' lived experiences and cognitive processes. The quantitative findings will inform the coding categories to maintain alignment between the two datasets. To ensure reliability, the qualitative analysis process will involve member checking, where participants will review and confirm the accuracy of their responses. Also, inter-rater reliability will be achieved by involving another researcher to verify coding consistency. This mixed-method approach ensures that quantitative and qualitative data are integrated effectively, providing a holistic understanding of the research topic. Lastly, all data will be kept on a password protected computer and given a numeric code in contrast to any individual identifying markers.

G. Justification of Statistical & Qualitative Analysis

For the quantitative data, ANOVA will be utilized to identify significant differences in cognitive and personality traits between groups, such as individuals exhibiting chronic racist behaviors and control groups. This will provide insights into how these traits vary across populations. Regression analysis will explore predictive relationships among variables, such as the extent to which empathy deficits or maladaptive cognitive distortions predict racist behaviors. These statistical methods ensure a comprehensive understanding of the underlying patterns and relationships.

The qualitative data will be analyzed using thematic analysis, a method that delves deep into the data to identify recurring themes and patterns within participants' narratives. This approach provides a richer, more nuanced understanding of participants' lived experiences, allowing for insights into cognitive and emotional processes that are not easily captured through quantitative measures. The quantitative and qualitative methods offer a complementary analysis, each addressing the limitations of the other (Creswell & Plano Clark, 2017). To ensure reliability and validity, member checking will be conducted, allowing participants to review and confirm the accuracy of their responses. Triangulation, a powerful method of cross-verifying data from multiple sources, will significantly strengthen the study's findings by ensuring consistency between the quantitative and qualitative data (Lincoln & Guba, 1985). This integrative approach ensures a robust and holistic analysis, facilitating more profound insights into the cognitive, emotional, and personality factors that contribute to chronic racist behaviors.

H. Limitations & Assumptions

This study operates on the assumption that participants will provide honest and accurate responses to the instruments and interview questions, which is essential for capturing genuine cognitive, emotional, and personality traits related to chronic racist behaviors. Another assumption is that the selected instruments such as the CDS, IRI, and PID-5 are valid and reliable for measuring constructs tied to racist behavior. However, there are significant challenges and limitations. One of the most notable is the difficulty in recruiting participants who openly exhibit or acknowledge chronic racist behaviors. This is due to the sensitive nature of the topic and the potential for bias in the data. Self-reported data may also be subject to bias, including social desirability bias, where participants may provide responses, they perceive as more socially acceptable. ("The influence of sociodemographic factors on students' attitudes toward ...") The mixed-methods approach introduces an additional layer of complexity; integrating quantitative and qualitative findings can present analytical challenges, particularly when discrepancies arise between the datasets (Creswell & Plano Clark, 2017). Finally, while this research seeks to generalize findings to broader populations, the sample size and diversity may limit the extent to which results are applicable across diverse cultural or societal contexts.

I. Dissemination of Findings

Dissemination will occur through multiple channels to ensure the findings of this study reach relevant stakeholders. For academic and clinical audiences, results will be presented at psychology conferences and published in peer-reviewed mental health and social psychology journals. These publications will provide evidence-based insights into the cognitive and emotional mechanisms driving racist behavior and the effectiveness of targeted interventions.

For policymakers, tailored executive summaries will highlight the research's implications for public policy, particularly regarding education, mental health programming, and social justice initiatives. Community workshops will serve as a platform to engage directly with affected communities, mental health practitioners, and advocacy groups. These workshops will present findings in an accessible manner, focusing on practical applications and fostering dialogue around implementing interventions to address racism. This study aims to influence clinical practice, inform policymaking, and raise public awareness by employing a multi-pronged dissemination strategy. These efforts have the potential to inspire significant advancements in addressing racism from a psychological perspective, thereby contributing to broader societal change.

CHAPTER FOUR
ETHICAL CONSIDERATIONS

Given the sensitive and potentially controversial nature of this research, ethical considerations are paramount to ensuring the well-being and rights of participants. Recruitment materials and consent forms will clearly outline the study's purpose, procedures, and potential risks, emphasizing participants' right to withdraw at any time without penalty. Informed consent will be obtained through a detailed discussion and a written agreement, ensuring participants fully understand the scope of the study and their involvement. Confidentiality will be rigorously maintained throughout the research process, with meticulous measures in place to ensure the security of participant data. Participant data will be de-identified, and all electronic files will be encrypted and stored on secure, password-protected servers accessible only to authorized personnel. Physical documents, if any, will be locked in secure storage. Special attention will be given to managing audio recordings from qualitative interviews; these will be anonymized during transcription using tools such as Otter.ai or Rev, ensuring participants' privacy and providing a sense of reassurance and security.

To address the potential for emotional distress, especially given the focus on racism, a proactive protocol will be established to provide participants with resources, such as counseling or mental health support, should they experience discomfort during or after participation. Researchers conducting interviews will be trained to recognize signs of distress and to respond appropriately, including offering to pause or terminate the session if necessary. This proactive approach is aimed at making participants feel cared for and supported throughout their involvement in the study. The study will also emphasize cultural competence to ensure its design, implementation, and dissemination are respectful and inclusive. Findings will be presented constructively, avoiding stigmatization or overgeneralization, and framed within a context that acknowledges societal and cultural complexities. Incorporating diverse perspectives into the analysis and dissemination will further enhance the study's ethical rigor and relevance (Kirmayer & Minas, 2000). By addressing these ethical considerations comprehensively, the study seeks to balance its ambitious objectives with the responsibility to protect participants and foster trust and respect throughout the research process.

CHAPTER FIVE
CONCLUSION

In conclusion, this comprehensive capstone project offers a pioneering perspective on the interplay between racism and mental health, situating chronic racist behaviors within a clinical framework that merits thoughtful consideration. Our extensive literature review reveals a robust foundation for investigating racism as a potential mental health disorder, highlighting cognitive distortions, personality traits, and maladaptive behaviors as key diagnostic criteria. Influential studies, such as those by Sue et al. (2019), Miller and Campbell (2008), Hofmann et al. (2012), and Galinsky and Moskowitz (2000), substantiate the argument that these characteristics align with recognized mental health conditions, while also suggesting intervention strategies like CBT and empathy training that could effectively address such entrenched biases.

Furthermore, the current literature exposes significant gaps in particular, the lack of a formal diagnostic framework for identifying racism within mental health parameters and an insufficient examination of its underlying cognitive processes. Recognizing these deficiencies, this project proposes a structured approach to assessing and treating racism, rooted in the cognitive and emotional dysfunctions that characterize such behaviors. By advocating for a more expansive psychological framework that encompasses complex social issues like racism, this research not only highlights the necessity of ethical and culturally sensitive methodologies but also emphasizes the importance of targeted intervention strategies.

This work challenges the mental health field to adopt a holistic perspective on social behaviors that adversely affect individual and societal well-being. By using evidence-based therapeutic approaches, mental health professionals can play a pivotal role in mitigating racist behaviors and fostering a more inclusive and psychologically healthy society. This capstone not only advances the discourse surrounding racism in the context of psychology but also lays the groundwork for transformative practices that uphold both individual accountability and the broader public good. In doing so, this capstone project aims to contribute to the growing understanding of racism as a significant mental health issue, advocating for a change in basic assumptions that could enhance treatment effectiveness and promote social equity.

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APPENDICE I

➤ *Tables, Figures, & Visuals*

Table 1 Overview of Cognitive Distortions Related to Racism

Cognitive Distortion	Description	Example
Overgeneralization	Applying a specific experience to all situations.	"All _____ are _____."
Dichotomous Thinking	Viewing situations in black-and-white terms.	"You are either with us or against us."
Stereotyping	Assuming traits based on group membership.	"All members of group X are lazy."
Personalization	Taking responsibility for negative outcomes inappropriately.	"If I fail this, it's because I'm not as good as them."
Emotional Reasoning	Assuming emotions reflect reality.	"I feel anxious around people of X; therefore, they must be threatening.

A flowchart illustrating how cognitive distortions lead to chronic racist behaviors, showing the interconnectedness of thoughts, feelings, and actions. (Below)
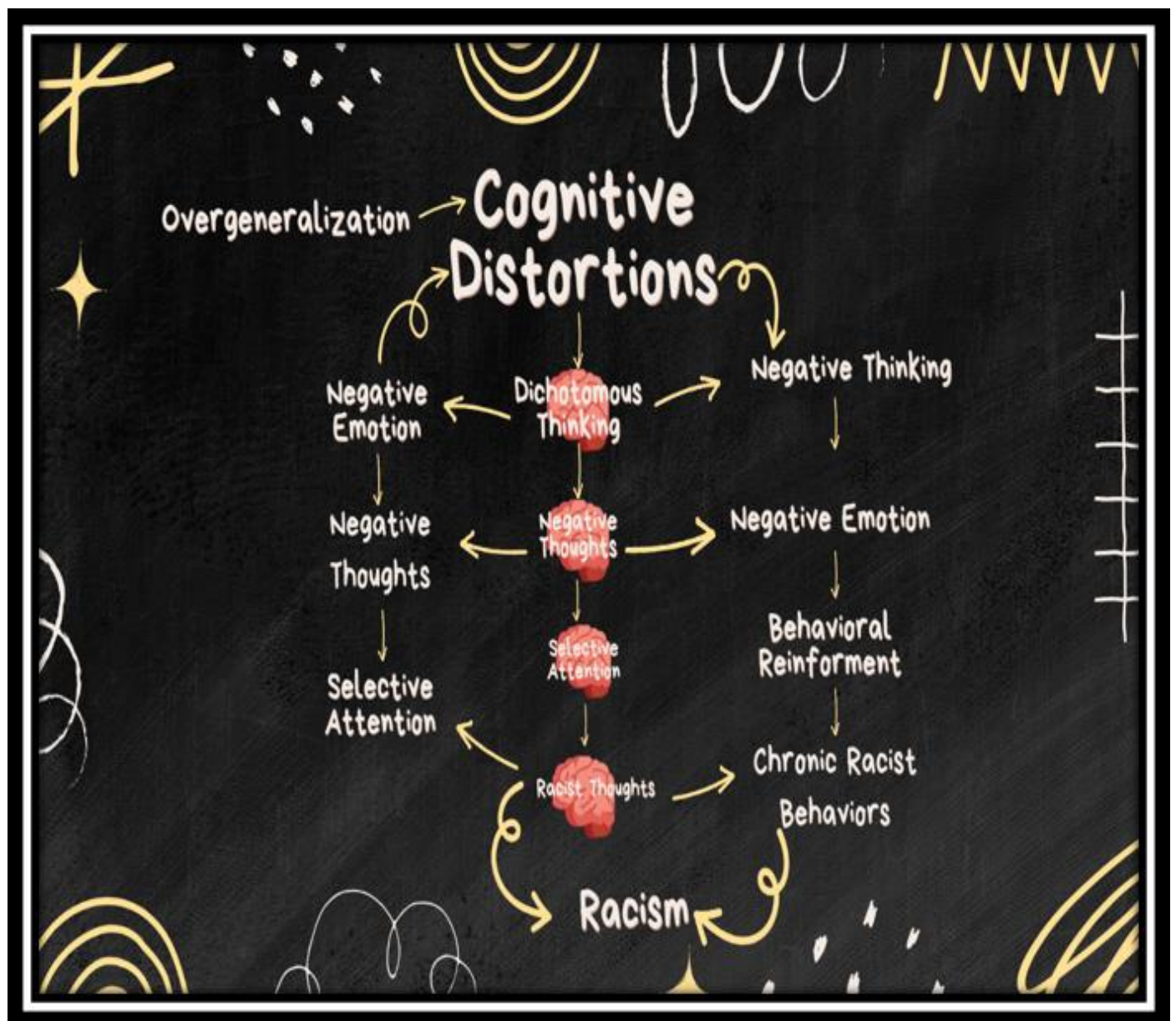

Fig 1 The Relationship between Cognitive Distortions and Racism

Table 2 Diagnostic Criteria Alignment for Chronic Racism

Criterion	Description	Alignment with DSM-5 Traits
Impaired Functioning	Behaviors significantly affect interpersonal relationships.	Reflects personality disorder features.
Persistent Patterns	Chronic engagement in racist ideation and behavior over time.	Comparable to maladaptive personality traits.
Emotional Distress	Experience of guilt, shame, or anxiety associated with racism.	Like symptomatology in mood disorders.
Lack of Empathy	Difficulty recognizing or understanding the feelings of others.	Aligns with Antisocial and Narcissistic traits.

A diagram illustrating the mixed-methods sequential explanatory design used in the research, with clear distinctions between the quantitative and qualitative phases.
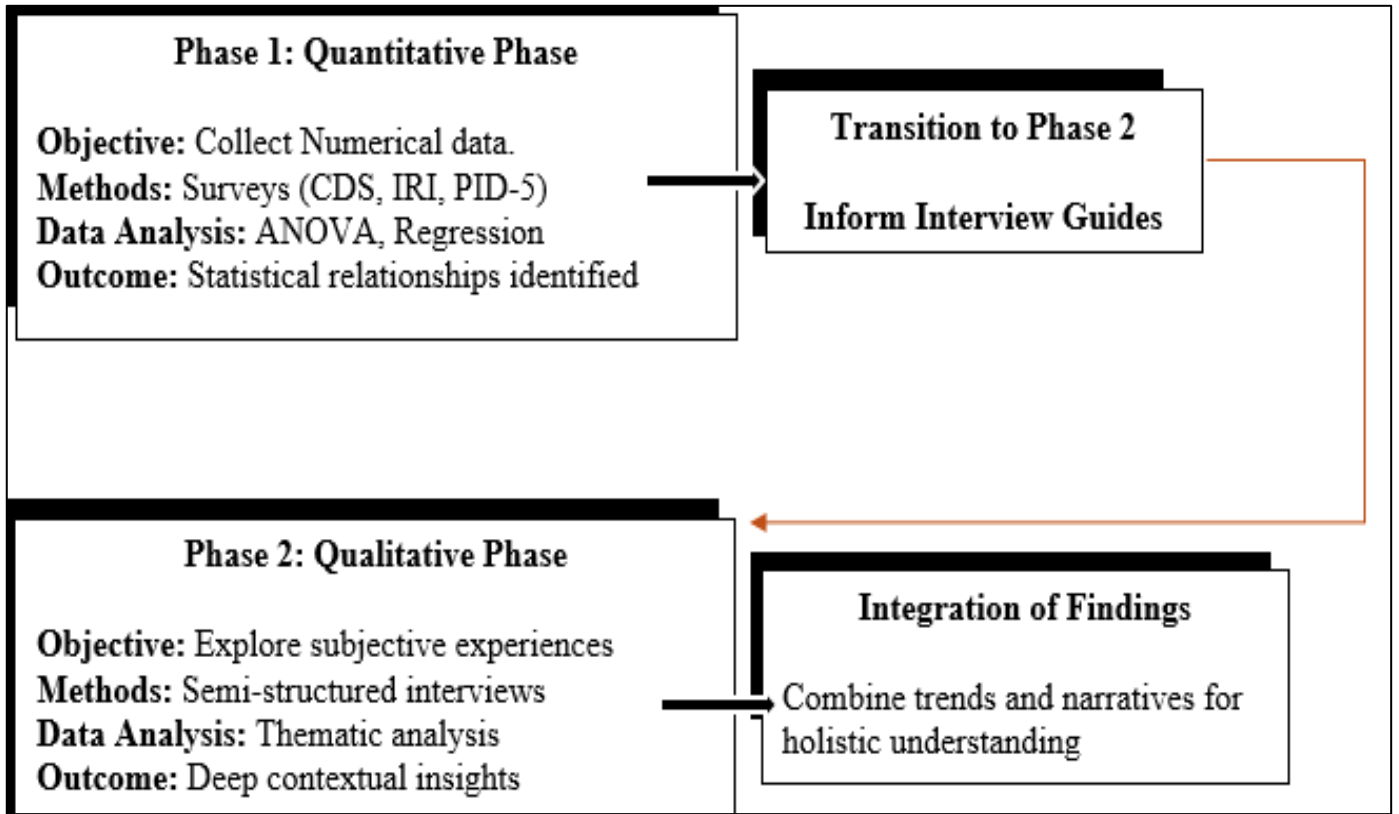

Fig 2 Visual Representation of Research Methodology

Table 3 Summary of Literature Review Findings

Author(s)	Key Findings	Implications for This Study
Sue et al. (2019)	Established cognitive distortions contribute to ongoing racist behaviors.	Supports examining cognitive frameworks.
Miller & Campbell (2008)	Personality traits may inform chronic racism manifestations.	Advocates for using personality assessments.
Hofmann et al. (2012)	CBT is effective in addressing maladaptive cognitive patterns.	Suggests a framework for intervention strategies.
Galinsky & Moskowitz (2000)	Empathy training can mitigate stereotypes.	Offers intervention pathways for treatment.

A conceptual model illustrating the connection between cognitive distortions, personality traits, empathy deficits, and chronic racist behaviors, along with potential therapeutic interventions.
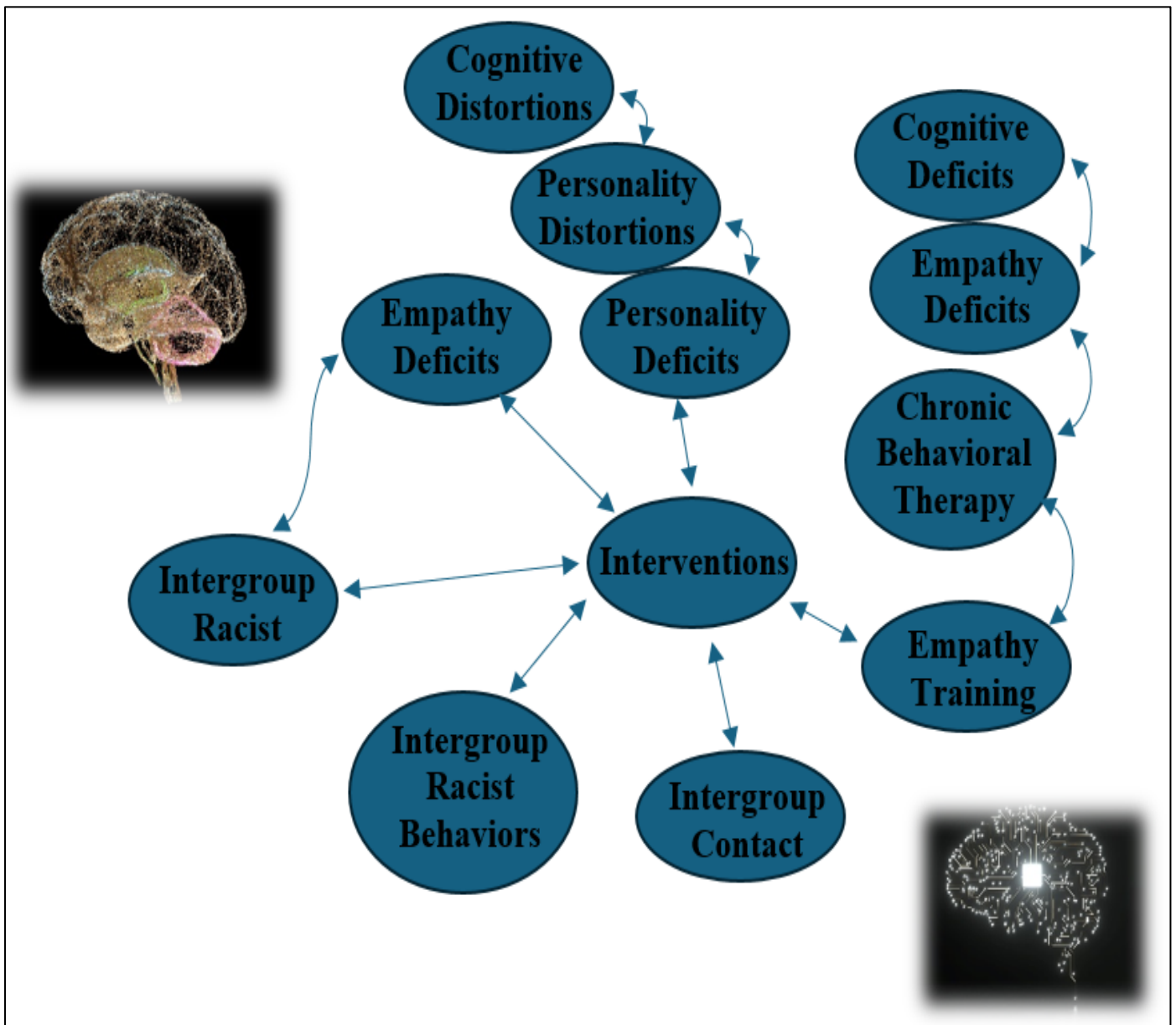
Fig 3 Proposed Framework for Addressing Racism as a Mental Health Disorder

Table 4 Summary of Interview Themes

Theme	Description	Example Quotes
Awareness of Bias	Participants' insights into recognizing personal biases.	"I never thought about it until... "
Emotional Responses	Discussions around feelings related to racism.	"I feel angry when I see such behavior."
Impact of Socialization	The role of upbringing and environment in shaping views.	"My parents said... "
Change Resistance	Challenges in changing ingrained racist beliefs.	"It's hard to unlearn those things."

APPENDICE II

A. Informed Consent Form

➤ *Title of Study*
   The Mind Unveiled Addressing Racism through a Psychological Lens

➤ *Principal Investigator*
   Cory L. Drummond Jr., Graduate Researcher Southern New Hampshire University

➤ *Purpose of the Study:*
   The purpose of this study is to investigate the cognitive and emotional patterns associated with chronic racist behaviors and explore whether these behaviors may meet criteria for classification as a mental health disorder. This research aims to contribute to a better understanding of these behaviors and inform potential therapeutic interventions.

➤ *Participant Requirements*
   You are being asked to take part in this study because you meet the following criteria:

- Adults aged 18 or older.
- Individuals showing or acknowledging chronic racist behaviors or attitudes.

➤ *Procedures*
   If you agree to take part, you will:

- Complete a survey assessing cognitive patterns, personality traits, and empathy levels.
- Participate in a semi-structured interview (45–60 minutes) to discuss your experiences, beliefs, and emotions related to these behaviors.
- The study will be conducted online and/or in-person, depending on your preference, to ensure accessibility.

B. Potential Risks and Benefits

➤ *Risks:*

- You may experience emotional discomfort when reflecting on sensitive topics such as racism and mental health.
- Counseling resources will be provided should any distress arise.

➤ *Benefits:*

- Contributing to groundbreaking research that may inform interventions to reduce bias and promote mental health.
- Gaining insights into the cognitive and emotional factors influencing personal behavior.

➤ *Confidentiality*
   Your participation is confidential. Identifiable information will not appear in any reports or publications resulting from this study. All data will be securely stored on password-protected servers, and audio recordings will be anonymized during transcription. Only the research team will have access to the data.

➤ *Voluntary Participation*
   Your participation is entirely voluntary. You may withdraw from the study at any time without penalty. If you choose to withdraw, your data will be excluded from the study and destroyed.

➤ *Compensation*
   Participants will receive a $10 gift card as a token of appreciation for their time and contributions.

➤ *Contact Information*
   For questions about this study, you may contact:

- Cory L. Drummond Jr., Principal Investigator: [corydrummond@ymail.com]
- Institutional Review Board (IRB) at SNHU: [irb@snhu.edu]

➢ *Consent*

By signing below, I acknowledge that I have read and understand the information provided above. I agree to take part in this study. I understand that I can withdraw at any time without penalty.

Participant's Name (Printed):

Participant's Signature:

Date:

Researcher's Signature:

Date:

Optional: Permission to Record

I consent to audio recording of my interview for research purposes only. (Circle One)

- Yes

- No

APPENDICE III

A. Interview Questions

➢ *Understanding Racism:*

- Can you describe what racism means to you and how you perceive its impact on individuals and society as a whole?
- Can you share an experience in which you saw or took part in a racist incident? How did it affect your feelings or thoughts at that moment?

➢ *Cognitive Patterns:*

- How do you think your childhood environment and experiences shaped your views on race and racism? Are there specific beliefs or ideas you can identify?

➢ *Emotional Responses:*

- What emotions do you associate with racist thoughts or behaviors, either personally or in others? Can you describe a situation that triggered such emotions?

➢ *Self-awareness and Recognition:*

- In your opinion, how aware are people of their own racial biases or prejudices? What factors do you believe contribute to this awareness or lack thereof?

➢ *Impact of Socialization:*

- How do you think societal influences, such as media, education, and family, have shaped attitudes toward race? Can you share any specific influences that stand out to you?

➢ *Cognitive Distortions:*

- Have you noticed any patterns in your thinking that may influence your perspectives on race or those different from yourself? Can you identify any specific thought processes you might recognize as distorted?

➢ *Potential Diagnosis:*

- How do you feel about the idea of categorizing certain chronic racist behaviors as a mental health disorder? What are your thoughts on the potential implications of this classification for individuals and society?

➢ *Therapeutic Interventions:*

- In what ways do you believe that psychological interventions, such as therapy, could effectively address racism? Have you experienced or heard of any interventions that seemed to work?

➢ *Empathy and Understanding:*

- Can you discuss experiences that have helped you or others develop empathy towards individuals from different racial or cultural backgrounds? Why do you think these experiences were impactful?

➢ *Resistance to Change:*

- What do you think makes it difficult for individuals to change their racist beliefs or behaviors? Are there specific challenges or barriers you have observed?

➢ *Vision for the Future:*

- How do you envision a more inclusive society that addresses racism effectively? What role do you believe mental health professionals should play in this vision?

➢ *Ethical Considerations:*

- What concerns do you have about framing racism as a mental health issue? How do you think mental health professionals can navigate those ethical considerations?

➢ *Personal Growth:*

- Reflecting on your journey, how have your views on race and racism evolved over time? Can you identify key moments or influences in this evolution?

➢ *Community Engagement:*

- How do you think communities can improve their understanding of racism and its psychological aspects? What local or global initiatives do you find valuable in this context?

APPENDICE IV

A. Data Collection Tool Descriptions & Psychometric Properties

Table 5 Cognitive Distortions Scale (CDS)

Cognitive Distortions Scale (CDS)	
Description:	The CDS is designed to measure maladaptive thought patterns, such as dichotomous thinking, overgeneralization, and personalization. These distortions are often associated with negative emotional outcomes and dysfunctional behaviors.
Psychometric Properties:	The CDS demonstrates strong internal consistency with Cronbach's alpha exceeding 0.80. It has been validated across diverse populations and shows strong construct validity, particularly in identifying cognitive distortions related to emotional and behavioral dysfunctions (Beck, 2011).

Table 6 Interpersonal Reactivity Index (IRI)

Interpersonal Reactivity Index (IRI)	
Description:	The IRI assesses multiple dimensions of empathy, including perspective-taking, empathic concern, and personal distress. It is Commonly used in studies examining social behaviors and emotional responses.
Psychometric Properties:	The IRI exhibits high test-retest reliability, with coefficients ranging from 0.70 to 0.85 across studies. It also has proven construct validity, making it suitable for measuring empathy deficits, particularly those linked to interpersonal conflicts (Davis, 1983).

Table 7 Personality Inventory for DSM-5 (PID-5)

Personality Inventory for DSM-5 (PID-5)	
Description:	The PID-5 evaluates maladaptive personality traits, including antagonism, narcissism, and emotional instability. These traits are often associated with chronic behavioral and interpersonal difficulties.
Psychometric Properties:	The PID-5 has excellent reliability, with Cronbach's alpha values consistently above 0.85. It demonstrates strong criterion validity in distinguishing clinical and subclinical personality traits and has been widely applied in clinical and research contexts (Krueger et al., 2012).

Table 8 Semi-Structured Interview Guide

Semi-Structured Interview Guide	
Description:	This guide consists of open-ended questions designed to explore participants' cognitive patterns, emotional responses, and lived experiences related to chronic racist behaviors. It allows for in-depth qualitative insights that complement quantitative findings.
Psychometric Properties:	While qualitative tools like interviews do not have traditional psychometric properties, this guide has been pilot-tested for clarity and consistency. Steps such as member checking and inter-rater reliability are used to ensure validity and reliability in thematic analysis (Brinkmann & Kvale, 2005).in clinical and research contexts (Krueger et al., 2012).

APPENDICE V