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MEXICAN AMERICANS: SYSTEMATIC DESENSITIZATION  
OF RACIAL EMOTIONAL RESPONSES

DISSERTATION

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To determine whether or not systematic desensitization treatment would produce a significant reduction in negative affect evoked by racial discrimination, 60 Mexican-American college students who scored above average on the Terrell Racial Discrimination Index were selected and assigned randomly to one of three treatment conditions: systematic desensitization (DS), therapist contact (TC), and no-treatment control (NTC). Before undergoing treatment, subjects completed the Background Information Questionnaire (BIQ), and three measures of negative affect: the Multiple Affect Adjective Check List (MAACL); the Profile of Mood States (POMS); and the Treatment Rating Scales (TRS). After concluding treatment, subjects completed the three measures of negative affect only.

Results were nonsignificant with respect to two of the affect measures--the POMS and the MAACL. However, significant differential treatment effects were observed for the TRS measure. Relative to the TC and NTC conditions, subjects in the DS condition evidenced significantly less anger, depression, and anxiety. No other group differences attained the level of statistical significance ( $p < .05$ ).

Several explanations are offered for the negative findings of the MAACL and POMS. These explanations include the possibility that the measures themselves are insensitive to treatment effects. Nevertheless, due to the significant findings of the TRS, it is concluded that systematic desensitization proves effective in alleviating the negative emotional responses of Mexican Americans to racial discrimination. The implications of these findings are discussed.

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## CHAPTER I

### MEXICAN AMERICANS: SYSTEMATIC DESENSITIZATION OF RACIAL EMOTIONAL RESPONSES

Though there have been noticeable improvements in relations between majority and minority groups in the United States, this country's second largest minority group, Mexican Americans (or chicanos), continues to experience substantial racism from the majority group, Anglo Americans (or whites) (see Farley, 1982, and Feagin, 1978, for overviews of this literature). Racism is defined as "any attitude, belief, behavior, or institutional arrangement that tends to favor one race or ethnic group (usually a majority group) over another (usually a minority group)" (Farley, 1982, pp. 8-9). It has been proposed that the inferior economic, political, and educational status of chicanos, relative to that of whites, to some extent reflects the differential treatment experienced by this minority group (Blalock, 1982; Kitano, 1974).

Racism also has been known to have a negative impact on the psychological functioning of Mexican Americans. For instance, the media's unfavorable representation of Mexicans (e.g., the Frito Bandito and the Jose Jimenez characters depicted on television) has contributed to negative stereotyping of Mexican Americans (e.g., Mexican Americans are

bandits and/or dummies) and to lowering self-esteem among Mexican Americans (Morales, 1971; Obledo, 1971; Padilla & Lindholm, 1984). The negative effects of racism may contribute, at least in part, to various forms of maladaptive behavior among Mexican Americans, such as withdrawal from social contact with whites, denial of ethnic group membership, and aggression toward one's cohorts (Blalock, 1982; Padilla & Ruiz, 1976). It would be highly desirable if a procedure were available which would help Mexican Americans become more resistive to the adverse emotional effects of racism. The present study addressed this problem by assessing the effects of systematic desensitization on the racial emotional responses of Mexican Americans.

Social-psychological research on racism has focused primarily on the majority group, that is, white Americans. Some behaviors which have been studied include the galvanic skin response during a prejudicial state (Cooper, 1969); attitudes toward different names of the same minority group (Fairchild & Cozens, 1981); and nonverbal discriminatory behaviors (Feldman & Donohoe, 1978). Most of these behaviors of white Americans have been examined in relation to Afro Americans, or blacks--the largest minority group in the United States.

In contrast, "the literature is practically devoid of material on white racism and its impact on Mexican Americans" (Morales, 1971, p. 286). A recent review of the Spanish

Speaking Mental Health Research Center's data base, which includes both sociological and psychological abstracts, yielded but a few relevant studies (University of California, personal communication, July 13, 1984). Consequently, the present literature review was not limited to studies of chicanos and whites. It also included studies of blacks and whites, particularly those addressing racial emotional responses and the alleviation of such responses.

Interracial relationships are believed to be a function of several factors (Farley, 1982). One factor that has received considerable attention by researchers has been interracial attitudes.

Pinkney (1963) assessed the attitudes of 319 white adults toward the approval of chicano and black rights. The rights of interest were in the following areas: integrated neighborhoods, social mixing with whites, membership in integrated organizations, and equality in employment. Pinkney reported that whites were more willing to accord greater rights to chicanos than to blacks. For example, 53 percent of the whites approved of chicanos joining integrated organizations, whereas 31 percent of the whites approved of blacks joining integrated organizations. However, Pinkney also reported that the order in which rights were approved did not differ for either blacks or chicanos. The right of equal employment received the most approval, whereas the right of equal housing received the least approval.



In explaining the latter finding, Pinkney (1963) suggested that whites had a strong need to protect their superior social position. For instance, whites found it appropriate to associate with minorities in a restaurant but not in the same neighborhood. As for the differences in attitudes toward blacks and chicanos, Pinkney suggested that whites were less prejudiced (attitudinal racism) toward chicanos because they saw chicanos as less well-organized, less demanding of equal rights, and less competition for jobs than blacks. "Nevertheless, the status of the two minorities in practice is not significantly different" (Pinkney, 1963, p. 359).

Unlike Pinkney who emphasized only white attitudes, Davidson and Gaitz (1973) assessed the attitudes of whites, blacks, and chicanos. The attitudes studied were those toward interethnic contact, perceived status of minorities, selected civil rights goals and strategies for achieving them. The study's sample consisted of 697 adult residents of Houston, Texas. This sample was stratified according to age, sex, ethnicity (white, black, or chicano), and occupational skill level. Attitudes were measured by items that assessed the extent to which ethnic groups were willing to interact, work together, and live together.

Davidson and Gaitz's (1973) survey indicated that most whites, blacks, and chicanos were willing to interact with

each other. However, compared to whites, chicanos were more tolerant of blacks, and blacks were more tolerant of chicanos. In regard to perceived status of one's group, chicanos were more likely than blacks to perceive full equality. Nonetheless, majorities of both groups perceived inequality in housing, job training, job opportunities, and wages. Moreover, in regard to civil rights, most blacks and chicanos believed that equality could be achieved through personal effort; few favored compensatory treatment.

Davidson and Gaitz (1973) concluded that the social tolerance expressed by whites, blacks, and chicanos toward each other would not necessarily be manifested in behavioral tolerance or more than mere token interaction. In addition, the common inequities perceived by blacks and Chicanos suggested that these two groups might form a political coalition. However, "because of the threat a united inter-minority bloc would pose to the state's present political structure, the controlling group in Texas politics--the conservative Anglos--may attempt to encourage competition and hostility between the minorities" (Davidson & Gaitz, 1973, p. 748).

According to Taylor, Sheatsley, and Greeley (1978), the National Opinion Research Center (NORC) has monitored white attitudes toward blacks for the past 35 years. Their most recent (1976) survey included 1,350 white Americans. Racial attitudes were measured by a five-item racial-tolerance scale

(e.g., tolerance to having a black in one's home) that had been used in previous (1963, 1970, 1972) NORC surveys. Results of the recent survey indicated a persistence of regional differences in tolerance of blacks. Whites in the New England and Pacific Coast states were the most tolerant, whereas whites in the Deep South were the least tolerant. Furthermore the average white American was more pro-integration in 1976 (3/5 items) than in 1963 (2/5 items).

Taylor et al. (1978) concluded that the attitudes of whites continue to demonstrate a constant change toward greater integration of blacks. This change was attributed to more young people in the population, particularly the better educated and those exposed to recent advances in race relations (e.g. desegregated schools).

Although some studies reported a decline in white racism, surveys by McConahay and Hough (1976) suggest that the decline reflects a reduction in blatant anti-black attitudes, only. These researchers assessed both subtle and blatant anti-black attitudes of 160 white, Protestant, seminary students (Seminarian Study). Blatant anti-black attitudes were measured by eight items (e.g., the belief that blacks should occupy a lower social position than whites) that reflected "old-fashioned, red-neck racism" (sic). Subtle anti-black attitudes were measured by a series of paragraphs (e.g., a black being insulted) that attempted to evoke

sympathetic identification with the "underdog," and by four items (e.g., blacks are getting too pushy) that reflected symbolic racism.

McConahay and Hough (1976) found minimal evidence of red-neck racism among their white sample. They did, however, find sufficient evidence of symbolic racism. White students who could not identify sympathetically with blacks tended to be symbolic racists. McConahay and Hough defined symbolic racism in the following manner:

The expression in terms of abstract ideological symbols [e.g., equal rights for whites, too!] and symbolic behaviors [e.g., opposing affirmative action] of the feeling that blacks are violating cherished values and making illegitimate demands for changes in the racial status quo (p. 38).

They noted that symbolic racism represents the emerging form of anti-black attitudes, feelings, and behaviors.

In an attempt to resolve some of the inconsistencies in recent survey data, Crosby, Bromley, and Saxe (1980) reviewed studies on white discrimination of blacks to determine whether a reduction in prejudice reflects a reduction in discrimination. Crosby et al. (1980) noted that whites were more likely to discriminate against blacks (i.e., render less aid) in remote (anonymous) helping situations (e.g., injured black was in another room) than in immediate helping situations (e.g., injured black in same room). Unlike their verbal

reports (e.g., expressed friendliness), the nonverbal behavior of whites toward blacks continued to reflect discrimination (e.g., greater spatial distance to black). Moreover, whites were more likely to discriminate against blacks (e.g., administer punishment) when the potential for black retaliation was low.

From their review of the literature, Crosby et al. (1980) concluded that "discriminatory behavior is more prevalent in the body of unobtrusive studies than we might expect on the basis of survey data . . . . Whites today are, in fact, more prejudiced than they are wont to admit" (p. 60). Moreover, because of social pressure to not discriminate against blacks, some whites have resorted to more subtle/covert forms of anti-black behavior (e.g., providing equal but perfunctory aid to blacks).

Likewise, covert discrimination of Mexican Americans by whites has been reported by Paredes (1963). He noted that Mexican Americans, particularly those residing in Texas, have achieved full citizenship in areas related to human dignity and personal rights (e.g., admission to public facilities). However, these same Mexican Americans--and those residing elsewhere--have yet to receive full citizenship in areas related to legal, political, educational, and economic rights. According to Paredes

This creates a situation that is sometimes hard for the Texas Mexican to understand. You knew where you stood

in the old days, when the Anglo American made no bones of his hatred or contempt toward you and you answered him in kind. But things are different when the man who will sit down and eat with you, put his hand confidentially on your shoulder and call you his friend, will offer you a job for less money than he would pay an Anglo American, confident that you will accept, assuming that your children need less education, less sanitary facilities and poorer food than his own (p. 50).

Another form of covert discrimination against Mexican Americans has been the importation and hiring of Mexican nationals as inexpensive labor. This tends to produce a surplus of workers of Mexican descent, hence undermining the economic development of Mexican Americans. Paredes concluded that the white person's antipathy of the Mexican American's culture (e.g., the Spanish language) and history (e.g., the 1836 Battle of the Alamo) is responsible for the discrimination expressed toward this minority group.

Cota-Robles de Suarez (1971) also reported the discrimination of Mexican Americans by whites. She particularly mentioned the following areas of discrimination: (a) economic, reflected in the low skilled occupations of most chicanos (e.g., farm workers and laborers); (b) civil rights, reflected in police mistreatment of chicanos and in

their exclusion from jury duty; (c) politics, reflected in economic subjugation and limited political power; and (d) education, reflected in segregated schools (e.g., El Paso, Texas school system), curricula that emphasize vocational coursework instead of college preparatory coursework, and school systems that devalue the sociocultural characteristics of its students (e.g., "no Spanish" rules).

In summary, white racism against blacks and chicanos continues in the United States. Though recent surveys indicate a decline in white prejudice, "this attitude change . . . reflects more of a change in what [white] people feel they ought to say in response to surveys than in what they truly feel about equality" (Sue, 1983, p. 585). Discrimination studies (cf. Crosby et al., 1980) reveal a persistence of white racism, particularly symbolic or covert discrimination of blacks and chicanos.

Although the incidence of white racism has been given considerable attention by researchers, few studies have assessed the negative effects of white racism on members of minority groups, much less the treatment of these negative effects. As noted by Dion, Earn, and Yee (1978)

Most research on prejudice has concentrated on assessing why the majority group, or some of its members, are prejudiced toward minorities without considering how members of minority groups respond to discrimination and defend themselves against it. Consequently, in the area

of prejudice, we presently know a great deal more about the phenomenon of bigotry than about the problem of victimization (pp. 197-198).

In response to the latter, Dion et al. (1978) reported the findings of five separate experiments (three by them) that assessed the psychological consequences of perceived prejudice on members of a minority group. Experimental subjects were either blacks, Jews, women, or Chinese persons. All experiments employed an attributional paradigm to manipulate perceived prejudice. Perceptions of prejudice were induced in subjects by making them believe that they were competing singly against other people on a competitive task (e.g., accumulating tickets for points); by failing them on the interpersonal competition (e.g., low score on a score sheet); and by portraying (e.g., through photographs) their opponents as members of either the majority group (prejudice condition) or the minority group (no-prejudice condition). Only subjects whose opponents belonged to the majority group were expected to attribute their task failure to prejudice. Dependent measures included minority members' self-evaluations on stereotypic traits, self-esteem, and affective reactions to perceived prejudice.

For the effects of perceived prejudice on minority members' self-evaluations, Dion et al. (1978) noted that subjects in the prejudice condition evaluated themselves more positively than subjects in the no-prejudice condition.



This was reported for male Jewish undergraduates, women, Chinese undergraduates, and black children. An exception was some adolescent Jewish boys who demonstrated more self-derogation and submissiveness upon failure to alleged Christian opponents. In addition, the four minority groups demonstrated qualitative differences in their positive self-evaluations. Jews (except the adolescent boys) and women evaluated themselves in accord with the positive traits of majority-group stereotypes toward them, whereas blacks and Chinese persons evaluated themselves contrary to the negative traits of majority-group stereotypes.

In explaining these results, Dion et al. (1978) invoked Miller's defensive self-presentation hypothesis that minority members subjected to perceived prejudice responded defensively with self-presentational ploys that denied stereotypes or their negative traits, thus the positive self-evaluations. Another explanation by Dion et al. suggested that perceived prejudice was experienced as an external threat and lead to stronger feelings of ingroup belongingness, thus the identification with positive stereotypic traits among Jews and women. As for qualitative differences in positive self-evaluations among the four minority groups, Dion et al. concluded that this seemed a function of the minority group's visibility (i.e., physical and/or ethnic distinctiveness). Members of highly visible minority groups (e.g., blacks)

would tend to respond to prejudice by denying negative stereotypic traits, whereas members of less visible groups (e.g., Jews) would tend to respond to prejudice by identifying with positive stereotypic traits.

For the effects of perceived prejudice on minority members' self-esteem, Dion et al. (1978) noted that only women demonstrated significant experimental effects on the composite index of self-esteem. Women who experienced severe failure and perceived their male opponents as prejudiced evidenced higher self-regard than women who did not perceive their male opponents as prejudiced. Dion et al. concluded that among women, perceptions of prejudice mitigated the effect of severe failure in lowering self-esteem. They also stated that "at least in terms of its immediate effects, our results appear to counter the hypothesis frequently mentioned in the literature of intergroup relations, that the experience of being a victim of prejudice lowers self-esteem" (Dion et al., 1978, p.207).

For the effects of perceived prejudice on minority members' affective reactions, Dion et al. (1978) reported the results of male Jewish undergraduates, only (they reportedly had been the victims most thoroughly assessed for affective reactions to perceived prejudice). Subjects' affective reactions were measured by a modified version of the Mood Adjective Check List. Results indicated more aggression, sadness, anxiety, and egotism among Jewish subjects in the

prejudice condition than among those in the no-prejudice condition. Dion et al. concluded that perceived prejudice provoked more negative affect and greater stress among Jewish subjects. As for the process underlying these negative emotional reactions to prejudice, Dion et al. stated the following:

Since the latter appraisal [perception of prejudice] imputes malevolent motives and intentions to the opponents and suggest their discriminatory actions were deliberately and explicitly directed toward them [victims of prejudice], it created a considerably more threatening situation from a subjective viewpoint (p. 211).

Izard, Chappell, and Weaver (1970) also assessed the emotional reaction of minority members to prejudice. These investigators noted that minority members, specifically blacks, usually encountered their first experience with prejudice during their vulnerable childhood years (ages 5-7), and that it usually was within a child-adult relationship. Because prejudice might be both accusatory and threatening, Izard et al. posited that the initial emotional reaction of minority members to prejudice would consist of surprise, guilt, shyness, and fear-distress. Then with an increase in age and understanding of prejudice and civil rights, subsequent emotional reactions would consist of anger, disgust, and contempt.

To test their hypotheses, Izard et al. (1970) employed 156 black students and subjected each student to three conditions: (a) recall of their first experience as a victim of prejudice; (b) recall of their most recent experience as a victim of prejudice; and (c) imagining of a hypothetical situation in which they are a victim of prejudice. After each condition, subjects completed the Differential Emotion Scale (DES), wrote a verbal description of the actual situations experienced, and described their feelings in one word.

Results of the study by Izard et al. (1970) indicated that the recall of the first encounter with prejudice elicited higher scores on the surprise, guilt, shyness, and fear-distress factors of the DES. In contrast, recall of the most recent encounter with prejudice and the imagined encounter with prejudice elicited high scores on the anger-disgust-contempt factor of the DES.

Izard et al. (1970) concluded that the first encounter with prejudice made the victim feel that he/she had done something wrong and that he/she was unworthy and inadequate. Subsequent encounters with prejudice made the victim feel angry, disgusted, and contemptuous toward perpetrators of racism.

That victims of white racism experience hostile feelings toward their oppressors seems to be supported by Wilson and

Rogers' (1975) research. Though this study did not examine the immediate effects of white racism, it did examine the amount of aggression exhibited by blacks toward whites who insulted them (e.g., a white experimental confederate criticized black female subjects for their inability to follow experimental procedures). Wilson and Rogers reported that blacks exhibited more aggression (i.e., intense electrical shocks and direct verbal hostility) toward insulters who were white and could retaliate than toward insulters who were black and could retaliate. Wilson and Rogers concluded that "a new type of black has emerged from the ghettos of America who possesses a positive self-image, favorable attitude toward other blacks, and more hostility toward whites than was true of previous generations" (p. 863).

The responses of Mexican Americans to white racism were described in a recent review of such literature by Padilla and Ruiz (1976). Though several responses to racism were noted (e.g., aggression against one's group, denial of ethnic group membership, withdrawal), most have not been empirically assessed among Mexican Americans. Padilla and Ruiz did, however, present related research that examined the contention that Mexican Americans experience self-hatred in response to white racism. According to studies completed during the 1960s, Mexican American school children used more disparaging terms (e.g., dull, lazy) in describing themselves

than did white school children. Moreover, less favorable attitudes toward self (and toward white Americans) were reported by native-born Mexican Americans than by foreign-born Mexican Americans. This self-hatred (or low self-image) among Mexican Americans--especially those born in the United States--was attributed to lifetime experiences of prejudice and discrimination by white Americans.

In contrast, studies completed in the 1970s failed to report self-hatred among Mexican Americans. Instead, Mexican American school children evidenced a stronger preference for their own ethnic group than did white school children. This increase in self-esteem was attributed to recent events that enhanced ethnic pride (e.g., Chicano Movement). Nonetheless, Padilla and Ruiz concluded that more research was needed to determine whether Mexican Americans possess typically negative or positive self-images. Furthermore, they recommended that subsequent research address the question, "Can 'coping with discrimination' be taught like other skills?" (Padilla & Ruiz, 1976, p. 118).

In summary, white racism often tends to have negative psychological consequences upon its victims, members of minority groups. Minority members who have experienced discrimination and prejudice by white persons tend to exhibit self-hatred (Dion et al., 1978; Padilla & Ruiz, 1976). They also may exhibit fear or anger toward white persons (Dion et

al., 1978; Izard et al., 1970; Wilson & Rogers, 1975). Interestingly, negative emotional reactions to racism have also been observed among white Americans subjected to discrimination (Johnson, 1980).

Several attempts have been made to reduce racism among white Americans (e.g., Elkin, 1972; Katz & Ivey, 1977; Teahan, 1975). These attempts have employed one of three treatment techniques: (a) reeducation programs, (b) inter-racial group contact, and (c) systematic desensitization.

The reeducation program employed by Landis, Day, McGrew, Thomas, and Miller (1976) sought to increase the racial understanding of white officers toward black enlisted men. This program--labeled a culture assimilator--consisted of 100 items that described critical incidents between white officers and black enlisted men (e.g., a white officer denies a promotion to a competent black soldier, and the soldier asks the officer to reconsider the rejection). After each item, there was a question (e.g., why did more blacks than whites request reviews of promotion decisions) and several response options (e.g., the officer was prejudiced). Only one response option was correct for it reflected knowledge of black culture (e.g., blacks feel they will not receive a promotion unless they ask for one).

After subjects selected a response option, they received feedback (e.g., yes, many blacks feel that a good performance record is not sufficient for a promotion). Then they were

told to proceed either to the next item (for correct response) or to select another response option (for incorrect response). Landis et al. (1976) reasoned that the feedback would help officers learn the cultural mores and lifestyles of black enlisted men. Such knowledge was expected to dispel white misperceptions of blacks (e.g., blacks who are assertive are often seen as hostile) and to increase white sensitivity to black interpersonal cues (e.g., assertiveness being a call for attention).

The culture assimilator developed by Landis et al. (1976) was field tested on 84 white junior grade officers (males and females). Assimilator training was conducted during one 4-hour session. Before and after training, subjects completed the Test of Intercultural Sensitivity to assess change in cultural understanding.

Results of the Landis et al. (1976) study indicated that white officers became more proficient in responding correctly to assimilator items, thus learning the blacks' perspective of race relations in the Army. Moreover, these officers became more sensitive to intercultural differences. Landis et al. concluded that their culture assimilator was effective in transmitting black cultural knowledge to white Americans. However, lack of behavioral measures did not permit testing of the assumption that black cultural knowledge would facilitate white-black relations.



Katz and Ivey (1977) did evaluate the effect of reeducation training on white interracial behavior. Their program attempted to increase white people's awareness of incongruities between their liberal beliefs and their racist behaviors. For example, the majority of whites believe in freedom and equality for all Americans; however, they continue to discriminate against blacks and Mexican Americans. There were six stages to Katz and Ivey's reeducation program: (a) exploration of concepts of prejudice and racism; (b) confrontation of external incongruities, that is those between American ideology and American reality (e.g., equality vs. institutional racism); (c) integration of new learning without rationalizing the incongruities or developing negative feelings; (d) confrontation of internal incongruities, that is those between personal beliefs and personal behaviors (e.g., the belief that one is not a racist vs. the continued emission of racial slurs); (e) integration of new learning and acceptance of responsibility for perpetuating racism; and (f) implementation of behaviors to combat personal and institutional racism.

Katz and Ivey (1977) tested their reeducation program on 24 undergraduate students. Because of the need for a control group, subjects were divided into two groups, and one group underwent training after the other had completed it, thus a control group. Reeducation training was conducted over two 15-hour weekend workshops. Before and after training,

subjects completed the Attitude Exploration Survey (AES) and the Steckler Anti-black and Anti-white Inventory (SAI). Moreover, in accordance with program directives, each subject developed and implemented a behavior to reduce racism.

Katz and Ivey (1977) found that compared to the control group, the training group expressed more positive attitudes toward blacks (SAI) and a greater awareness of racism as a problem of white Americans (AES). Similar changes were also observed in the control group after undergoing training. In addition, most subjects completed their behavioral objectives for combating racism (e.g., reduction of racial slurs), thus demonstrating greater congruency between their racial attitudes and their racial behaviors. These changes were maintained upon a one-year follow-up.

Katz and Ivey (1977) concluded that their program could "enable white people to become aware of how they are crippled, miseducated, and psychologically affected by racism" (p. 489). They also claimed that such awareness would have a positive effect on whites' mental health (e.g., greater reduction in cognitive dissonance and greater reality testing) and their relationships with minorities (i.e., less racism).

Another treatment technique that has been used in the attempts to reduce white racism has been interracial group contact. Teahan (1975) employed this technique, in conjunction with the technique of role play, to improve interracial relationships among black and white policemen.

Initially, contact among black and white group members was evoked by having them role play interracial encounters between citizens and policemen. For example, two white participants played the parts of two white policemen responding to a call of a robbery committed by a black male suspect; a third, black participant played the part of a black citizen who upon returning home from a movie theatre is stopped by two white policemen. After the interracial encounter was enacted by the participants, it was discussed among all group members. Discussion resulted in the expression of thoughts and feelings, especially those with racial overtones. Subsequent sessions did not require use of the role play technique to promote interracial group contact.

Teahan's (1975) study included 59 white and 51 black police officers. These officers were randomly assigned to either one of five experimental groups, one of five corresponding control groups, or to a special control group. Except for the special control group which included 9 whites and 1 black, all groups consisted of 7 whites and 3 blacks. Only the experimental groups were exposed to interracial group contact and role play techniques. Group sessions were held for 90 minutes, once per-week for 12 weeks. All subjects were pre- and posttested on the following measures: Rokeach Value Survey (RVS), Social Survey (SS), and Police-Community Attitude Questionnaire (PCAQ).

Results of Teahan's (1975) study indicated that blacks subjected to interracial group contact perceived an improvement in black-white police relationships (PCAQ). In contrast, whites subjected to interracial group contact perceived a deterioration in black-white police relationships. Moreover, these white officers exhibited a reduction in contact with blacks and an increase in prejudice toward blacks (SS).

Teahan concluded that his group program had a positive effect on black officers and a negative effect on white officers. White officers sensitized to black-white problems evidenced an increase in negative feelings toward blacks. Teahan attributed these unexpected negative feelings to white backlash (i.e., "an antagonistic reaction to some prior action construed as a threat"; Morris, 1975, p. 97).

Unlike Teahan (1975) who studied the effects of interracial group contact on blacks and whites only, Walker and Hamilton (1973) studied the effects of interracial group contact on whites, blacks, and Mexican Americans. Interracial group contact was elicited by individual group members, for the group facilitators emphasized group-centered leadership (i.e., a nondirectional therapist approach) and sensitivity training (i.e., talking, listening, and understanding). This type of interracial group encounter was expected to increase interracial communication, interracial group solidarity, and to reduce distrust, stereotyping, and hostility.

Walker and Hamilton's (1973) study included 2 white, student-personnel deans who functioned as group facilitators (i.e., they modeled appropriate methods for coping with meaningful issues). In addition, the interracial group was composed of 14 undergraduate students: 6 blacks, 4 whites, and 4 Mexican Americans. The group met for an 18-hour encounter weekend. None of its members were pre- or posttested on any dependent measures. Instead, the encounter was videotaped to analyze group process. This analysis was performed by six judges, two of them the group facilitators.

Results of Walker and Hamilton's (1973) study indicated changes in verbal and nonverbal behaviors among group members. In regard to verbal behaviors, there was an increase in personal opinions (regardless of subgroup approval) and a decrease in offensive racial remarks (e.g., spic); thus group members demonstrated greater personal awareness and responsibility for racism. In regard to nonverbal behaviors, there was a decline in fidgeting and fleeting eye contact; thus group members demonstrated greater interpersonal trust. In addition, group process proceeded from distrust and violent rhetoric to effective communication and understanding among group members. Walker and Hamilton (1973) concluded that interracial group encounters were an effective method for promoting interracial relationships and reducing interracial tension.

Weigel, Wiser, & Cook (1975) also assessed the effects of interracial group contact on whites, blacks, and Mexican Americans. Their study, however, was unique in that it included a large sample of subjects (324) who attended a newly integrated high school. Interracial group contact was induced by a teaching method which emphasized cooperative learning, instead of traditional, competitive learning. For example, students were given an assignment which required their combined efforts to complete it. Weigel et al. hypothesized that cooperative learning would promote interracial relationships and would reduce interracial tension.

To test their hypotheses, Weigel et al. (1975) enlisted the cooperation of 6 female English teachers (5 whites, 1 black) and 12 English classes--2 classes per teacher so that each teacher could act as her own control. The 12 classes formed 6 racially-mixed, racially-matched pairs consisting of a cooperative learning class and a non-cooperative learning class. Subjects included 324 students--231 whites, 54 blacks, and 39 Mexican Americans.

For the cooperative learning class, students were randomly assigned to small interracial groups composed primarily of 3 whites, 1 black, and 1 Mexican American. For the non-cooperative learning class, students were neither divided into small groups nor did they cooperate among each other to complete school tasks. There were several dependent measures: (a) teacher's evaluation of the two teaching

methods; (b) frequency of interracial conflict within classes; (c) student's like and respect rating of racially-different classmates; (d) student's friendship choices of racially-different classmates; (e) student's racial attitudes, as measured by the Multifactor Attitude Inventory; and (f) minority member's sense of group identification and group pride.

Weigel et al. (1975) reported the following corresponding results: (a) teachers preferred the cooperative learning/interracial group-contact teaching method; (b) frequency of helping behavior was highest in the cooperative learning classes; (c) only white students in the interracial groups demonstrated an increase in liking and respect for racially-different classmates, Mexican Americans; (d) only white students in the interracial groups demonstrated an interest in befriending racially-different classmates, Mexican Americans; (e) no significant change; and (f) no significant increase or decrease.

Weigel et al. (1975) concluded that interracial group contact had a limited effect on improving interracial relationships, but it did not eliminate racial prejudice. For instance, white students of the interracial/cooperative learning groups expressed greater interpersonal attraction for their Mexican American classmates, but they did not demonstrate a significant decline in negative attitudes toward

Mexican Americans in general. Failure of generalization of treatment effects to attitudes was attributed to the resistant nature of such attitudes to change and also to the possibility that white students perceived their Mexican-American classmates as atypical of Mexican Americans in general.

Another treatment technique that has been used in the attempts to reduce white racism has been systematic desensitization. Originally, desensitization was employed in the reduction of anxiety experienced by neurotic patients to stimuli perceived as "threatening" (Wolpe, 1982). Doctor Joseph Wolpe, the founder of the technique, describes desensitization in the following manner.

A physiological state that is inhibitory of anxiety is induced in the patient by means of muscle relaxation; he is then exposed to a weak anxiety arousing stimulus for a few seconds. If the exposure is repeated, the stimulus progressively loses its ability to evoke anxiety. Successively "stronger" stimuli are then introduced and similarly treated (Wolpe, 1982, p. 133). By using this counter-conditioning technique, the patient/subject can be desensitized to almost any anxiety-provoking stimulus.

One of the first to use systematic desensitization in the reduction of white racism was Elkin (1972). He attempted to lower prejudice toward blacks among whites.



Elkin noted that "most authorities describe prejudice as a learned behavior often based upon a fear response" (p. 7307). Since fear is alleviated by systematic desensitization, Elkin reasoned that desensitization would also reduce prejudice toward blacks among whites.

To test such a hypothesis, Elkin (1972) enlisted 39 white subjects and assigned each to one of three treatments: (a) systematic desensitization of racial stimuli, using a fixed-order anxiety hierarchy; (b) lectures on prejudice; and (c) no treatment. Both the anxiety hierarchy and the lectures were presented via audiotapes. Moreover, both the desensitization and lecture conditions met for six 40-minute sessions over a two-week period. Prejudice was assessed by four dependent measures: (a) the Multifactor Racial Attitude Inventory; (b) subjective unit of disturbance (SUD) scores during interracial situations; (c) the galvanic skin response (GSR) to racial statements and slides; and (d) seating proximity to a black person. Except for the latter which was a posttest measure only, all measures were administered to subjects before and after treatment.

Results of Elkin's (1972) study generally did not support his hypotheses. No significant differences were manifested by treatment groups for the racial attitude inventory, the SUD scale, the GSR measure, or the behavioral measure. Thus the assumption that systematic desensitization

would lower prejudice toward blacks among whites was not supported.

That racial prejudice might have a core of conditioned emotional responses to racial cues was also proposed by Cotharin and Mikulas (1975). Moreover, these authors argued that since most emotions manifest a similar pattern of physiological arousal, systematic desensitization could be employed in the reduction of any racial emotional response.

Cotharin and Mikulas (1975) recruited 6 white students (4 females, 2 males) from a racially integrated high school and subjected them to systematic desensitization of racial stimuli. During the treatment sessions, subjects were taught muscle relaxation and then were desensitized to imagined scenes from an individualized anxiety (racial) hierarchy. Hierarchies consisted of situations involving black people (e.g., asking a black man for change). Treatment sessions were held twice per week for 3 months, each session lasting approximately 55 minutes. All subjects were pre- and posttested on three dependent measures: (a) the Semantic Differential Questionnaire, used in rating 5 race-related colors (black, brown, red, yellow, white) and 5 control colors; (b) the Social Situations Questionnaire, used in measuring attitudes toward discrimination of blacks; and (c) a behavioral avoidance test, used in assessing anxiety (as measured by SUD scores) for situations involving black people. The latter was done in vivo during posttesting only.

Results of Cotharin and Mikulas' (1975) study generally supported their hypotheses. After desensitization treatment, white subjects demonstrated more positive ratings for black and brown colors only, of the Semantic Differential Questionnaire. Moreover, subjects evidenced a substantial decline in SUD scores after treatment (e.g., from a high score of 100 to a low score of 10 or less for the most anxiety-provoking situation). No significant change, however, was observed in attitudes toward discrimination of blacks.

Cotharin and Mikulas (1975) concluded that systematic desensitization was useful in the reduction of racially-related emotional tension. This was evident for both verbal and behavioral measures. It was recommended that future studies include more subjects, controls for placebo and relationship factors, and that desensitization hierarchies be individually tailored (cf. Elkin, 1972).

In a subsequent study, Cotharin (1979) evaluated the effects of desensitization on the racial emotional responses of a different sample population--white college freshmen. Moreover, Cotharin modified the experimental procedure previously employed by Cotharin and Mikulas (1975) in order to control for the effects of experimenter bias and subject expectancy on experimental results.

Cotharin's (1979) study included 16 white students (males and females) from a predominantly white college.

These students were chosen as subjects because they evidenced considerable fear of both black persons and snakes. To control for expectancy effects, subjects were randomly assigned to one of two treatments--desensitization of fear evoked by either blacks or snakes--and then were tested on the dependent measures of both treatments. Identical performance on the untreated measure would reflect a subject expectancy effect. To control for experimenter bias, different experimenters were involved in different parts of the study (e.g., pretest, posttest), thus "blinding" them to the purpose of the study. During treatment, subjects were taught muscle relaxation (three 1-hour sessions) and then were desensitized to imagined scenes (four 1-hour sessions). A standardized hierarchy was used in the snake condition, whereas a varying hierarchy was used in the black condition. Subjects completed the following measures before and after treatment: (a) modified version of the Fear Survey Schedule (FSS), to measure both fear of snakes and fear of blacks; (b) Semantic Differential Questionnaire (SDQ), to measure response to animal names (e.g., snake, rat) and color names (e.g., black, brown); and (c) a behavioral avoidance test (BAT), to measure change in SUD scores for situations involving snakes (snake condition) and/or blacks (black condition).

Results of Cotharin's (1979) study showed that subjects who were desensitized to snakes rated the name "snake" in a

more positive manner (SDQ). Moreover, these subjects demonstrated significant reductions in their fear of snakes (SUDS, FSS) and in their fear of blacks (FSS). Subjects who were desensitized to blacks demonstrated significant reduction in fear of blacks only (FSS, SUDs).

Cotharin (1979) concluded that desensitization was effective not only in the reduction of fear of snakes but also in the reduction of fear of blacks. Cotharin also concluded that, "additional controls dealing specifically with subject/experimenter expectations and bias further suggest systematic desensitization as being the primary cause of change" (p. 151).

Unlike studies that dealt with the desensitization of racially-induced anxiety, O'Donnell and Worell's (1973) study concerned the desensitization of racially-induced anger. Even though these investigators were interested primarily in evaluating the effectiveness of three different types of desensitization procedures on anger, the anger response of interest was one evoked by provocative black racial stimuli (e.g., listening to a pre-recorded militant speech by Malcolm X).

O'Donnell and Worell (1973) enlisted 32 white male students from a university in the South. These students were selected because of their considerable anger to racial stimuli, as measured by the Emotional Rating Scale pretest. Subjects were assigned to one of four treatment conditions:

(a) desensitization with muscle relaxation (DM; traditional treatment); (b) desensitization with cognitive relaxation, only (DC; no motor training); (c) desensitization without relaxation (NR; no motor training prior to presentation of hierarchy); and (d) no treatment (NT). Relaxation was taught via audiotapes, and desensitization was to imagined scenes only. Individual 10-item hierarchies were constructed from a list of 25 racial items (e.g., interracial dating, Black Panthers). Treatment was administered by three therapists (no therapist for the NT condition). Each subject received five treatment sessions. Dependent measures included a test battery and a behavioral assessment. Tests in the battery were the Buss-Durkee Hostility Inventory, the Ethnocentrism Scale, and the Emotional Rating Scale. The behavioral assessment involved the recording of subject's behavior (e.g., clenching of fists, blood pressure, angry verbalizations, and response to the Adjective Check List) during an anger-inducing presentation (e.g., a pre-recorded militant speech by Malcom X).

Results of O'Donnell and Worell's (1973) study indicated that for the test battery, only the scores of the DM group reflected significant change due to treatment. The DM group evidenced less anxiety and disgust to racial stimuli (as measured by the Emotional Rating Scale) than did the NT group. For the behavioral assessment, only the scores of the

DC group reflected significant treatment effects. The DC group evidenced less anxiety (as measured by the Adjective Check List) than did the NT group. Surprisingly, the DC group also exhibited an unexpected increase in systolic and diastolic blood pressure. Finally, relative to the NR group, the DM and DC groups were rated less angry by therapists.

In accounting for their results, O'Donnell and Worell (1973) provided separate conclusions on the effectiveness of each treatment. The NR treatment was ineffective because relaxation was not taught prior to desensitization. The DC treatment lead to inconsistent results (low anger but high blood pressure), thus no firm conclusion. And as for the DM treatment, "although the target behavior was anger, Ss [subjects] demonstrated reliably greater change in anxiety and disgust. This suggests that emotions other than the targeted one may be changed in desensitization" (O'Donnell & Worell, 1973, p. 479).

Overall, reeducation programs, interracial group contact, and systematic desensitization seem effective methods for reducing white racism. Reeducation programs lowered prejudice toward blacks among whites (Katz & Ivey, 1977) and increased their sensitivity to the black culture (Landis et al., 1976). Interracial group contact reduced interpersonal tension and promoted interpersonal relationships among blacks, whites, and Mexican Americans (Walker & Hamilton,

1973; Weigel et al., 1975). Systematic desensitization reduced interracial anxiety and disgust among whites toward blacks (Cotharin, 1979; Cotharin & Mikulas, 1975; O'Donnell & Worell, 1973).

As previously noted (e.g., Dion et al., 1978), members of minority groups exhibit negative emotional responses to racial discrimination (e.g., anger, anxiety). These responses are believed to be correlated with various maladaptive behaviors (e.g., substance abuse, social withdrawal). Considering the adverse effects of racism, it would benefit minority members to enhance their skills for coping with discrimination and prejudice (F. Terrell, personal communication, November 28, 1983).

Few studies have focused on the alleviation of negative racial emotional responses, particularly those experienced by victims of discrimination. Therefore, the present study addressed this problem by examining the effects of systematic desensitization on the racial emotional responses of Mexican Americans. Systematic desensitization has proven an effective method for reducing negative racial emotional responses among Anglo/white Americans (e.g., Cotharin, 1979). In the present study, systematic desensitization was expected to reduce the anxiety, anger, and/or depression experienced by Mexican Americans to racial discrimination.



## CHAPTER II

### METHOD

Participants in this study were Mexican-American college students from the University of Texas at El Paso. To qualify for participation in the study, students had to have Spanish surnames, speak both English and Spanish, and identify themselves as Mexican American. This criteria was employed in order to utilize a particular subgroup of Mexican Americans, those being bicultural and bilingual (cf. Cuellar, Harris, & Jasso, 1980).

All participants who volunteered for the study were screened for the actual experiment by having them initially complete a modified version of the Terrell (1981) Racial Discrimination Index (RDI; see Materials section below). The RDI provides two indices of racial discrimination: (a) frequency of experience with discrimination, and (b) degree of emotional distress evoked by discrimination. A total of 334 students completed the RDI. However, 57 of these students completed the RDI incorrectly. Hence, only 277 participants were included in the potential-subject pool.

#### Subjects

Of the 277 participants, those who scored above average on the frequency (mean = 13.58) and distress (mean = 5.41) subscales of the RDI were chosen as subjects for the experiment

proper. (Means were computed by averaging the scores of all 277 participants.) Subjects included 60 Mexican American college students, 34 females and 26 males. The average (median) age of subjects was 21 years, and the age range was 18 to 69 years (this and the following information were obtained from the Background Information Questionnaire [BIQ] completed by subjects only; see Materials section below). Subjects mostly were single, undergraduate sophomores whose median family income was below \$30,000. Furthermore, most subjects had parents who had been to high school, but few of the parents had attended college (mean years-of-education for mothers and fathers = 10.3 and 10.6, respectively).

Subjects were randomly assigned to one of three treatment conditions: (1) systematic desensitization (DS), (2) therapist contact (TC), and (3) no-treatment/control (NTC). Randomization was accomplished by a research assistant who drew slips of paper with subjects' names on them without replacement from the total pool. The first 20 slips comprised the DS group, the second 20 slips comprised the TC group, and the final 20 slips comprised the NTC group. After the first session of treatment, three subjects of the TC group dropped out of the study; two females because of loss of interest in the study, and one male because of lack of discomfort to racial discrimination cues. Therefore, only 57 of the 60 subjects who qualified for participation in the study completed the

three phases of the experiment. Subjects were paid (\$5 per session) for their participation in the study.

### Materials

Racial discrimination index (RDI). The RDI is a 24-item self-report inventory which provides two indices of racial discrimination: (a) frequency of experience with discrimination, and (b) intensity of emotional discomfort evoked by discrimination. Items of the RDI consist of short statements depicting racial incidents between black and white persons (e.g., a black person who enters a restaurant before a white person is served after the white person). Respondents complete each item by indicating the number of times they have experienced similar events. Moreover, by employing a 10-point intensity scale--ranging from "not at all disturbing" to "extremely disturbing"--respondents rate the emotional discomfort evoked by the depicted event.

As for the consistency and validity of the discrimination indices, "this instrument has been found to have a two-week test-retest reliability estimate of .83 and correlates significantly with various personality characteristics (such as self-concept) among Blacks often assumed to be affected by racism" (Terrell, 1981, p. 237). In this study, the RDI was modified to make it applicable to Mexican-Americans; the term "black" was replaced with the term "Mexican American" and the term "white" was replaced with the term "Anglo American." A copy of the modified RDI may be found in Appendix A.

Multiple affect adjective check list (MAACL). The MAACL is a 132-item self-report inventory which measures three different negative affects: anxiety, depression, and hostility/anger (Zuckerman & Lubin, 1965). MAACL items are comprised of single adjectives depicting particular moods (e.g., sad). Respondents mark the adjectives that best describe how they feel. In the present study, subjects were required to mark a minimum of 20 items to insure the validity of the inventory.

The two forms of the MAACL are the general/trait form and the today/state form. Both forms have high internal (split-half) reliability (e.g.,  $r = .85$  for the Today anxiety subscale; college student sample), signifying consistency among items measuring a specific affect. However, the Today form--unlike the General Form-- demonstrates low test-retest (one-week interval) reliability (e.g.,  $r = .21$  for the Today anxiety subscale; college student sample), signifying instability of measured affect over time. Such fluctuation of affect is to be expected among most people in the "normal" population. Moreover, among a group of people, fluctuation of affect would tend to be randomly distributed and any significant change in group affect from one situation to another would be due to external intervention--such as stress, medication, or psychotherapy (Zuckerman & Lubin, 1965).

The present study employed the Today Form of the MAACL. It is believed that this form "is ideally suited for studies

requiring repeated measurements of affect over time" (Zuckerman & Lubin, 1965, p. 22). A copy of this instrument may be found in Appendix B.

Profile of mood states (POMS). The POMS is a 65-item self-report inventory which measures six different affective states: anxiety, depression, anger, confusion, fatigue, and vigor (McNair, Lorr, & Droppleman, 1981). Like the MAACL, the POMS' items consist mainly of adjectives depicting mood (e.g., sad). Unlike the MAACL, the POMS requires completion of all items. Moreover, items are answered according to the degree of affect felt along a 5-point ("not at all" to "extremely") intensity scale.

The internal (K-R 20) reliability of the POMS is near .90 and above, whereas its test-retest (20-day interval) reliability is .65 to .74 (both reliability estimates obtained from samples comprised of psychiatric outpatients; McNair et al., 1981). Lower estimates of retest reliability reflect the instability characteristic of a fluctuating state such as mood (cf. Zuckerman & Lubin, 1965). Nevertheless, the POMS "has proved to be a sensitive measure of the effects of various experimental manipulations upon normal subjects and other nonpsychiatric populations" (McNair et al., 1981, p. 5). A copy of this instrument is available in Appendix C.

Treatment rating scales (TRS). The TRS consists of three 5-point intensity scales (ranging from "not at all" to

"extremely") for rating the degree of anxiety, anger, and depression evoked by racial discrimination. In addition, the TRS includes an item for assessing the number of discriminatory events experienced during the preceeding month. Respondents complete the TRS by marking each of the three emotion scales and by indicating the frequency of discriminatory incidents experienced. The TRS was constructed specifically for use in the present study. A copy of this instrument may be found in Appendix D.

Background Information Questionnaire (BIQ). The BIQ is a 12-item questionnaire for obtaining demographic information from persons. This measure was designed specifically for the present study in order to more accurately identify experimental participants. A copy of the BIQ may be found in Appendix E.

#### Therapists

Therapists in this study were four male undergraduate students (seniors) who were majoring in Psychology and who were from the same university in Southwest Texas as the subjects. All therapists spoke both English and Spanish, had Spanish surnames, and were Mexican American. Two of the therapists were 22 years old, whereas the other two were 23 years old. In addition, two of the therapists had experience in counseling others (8 months and 2.5 years, respectively) and/or in receiving counseling (20 sessions, specifically), whereas the other two therapists did not. Primary occupation for all therapists was "student."

Prior to administering treatment to subjects, therapists received instruction and training from the author on the treatment techniques of the study. Training included the study of detailed treatment protocols, practice and modeling of treatment techniques, instruction in basic empathic counseling skills, individual training sessions with feedback, and on-going supervision throughout the study. As a group, therapists received three formal treatment-training sessions--lasting approximately 2 hours each--before treating subjects. The first two sessions consisted mainly of clarifying treatment procedures and of practice with treatment techniques. The third session was a simulated treatment session in which therapists administered treatment to a surrogate subject (research assistant). During the actual experiment, each therapist treated an equal number of subjects in both the DS and TC groups. At no time were therapists informed of the specific purpose of the study (i.e., they were "blind" to the experimental hypotheses). All therapists were paid (\$20 per subject) for their participation in the study.

#### Experimental Conditions

Subjects assigned to the three experimental conditions--desensitization (DS), contact (TC), and no treatment (NTC)--were seen individually during the course of the study. Those in the DS and TC conditions were seen by student therapists,

for eight 1-hour treatment sessions. Those in the NTC condition were seen by the author, for two 20-minute testing sessions. The first and final treatment sessions included the administration of pre- and posttests, respectively. All sessions were scheduled at the mutual convenience of subjects and experimenters.

Treatment of subjects was conducted over a 7-week period. The average (median) treatment interval (i.e., time spent in completing the eight treatment sessions) was 21 days, with a range of 8 to 44 days. At no time were subjects exposed to treatment twice in one day. Delay in completing treatment was usually due to conflicting schedules and missed appointments.

Treatments were administered in one of two small rooms located on the first floor of the psychology building of the university. Each room was furnished with two comfortable chairs, a lamp, a "place" rug, and a t.v. tray to write on. The rooms were next to each other and were "blacked out" to attenuate external stimulation. Each room was entered through its individual door which opened to a larger room that served as a "waiting" area.

Systematic desensitization (DS). The DS treatment that was employed in the present study was a modified form of that described by Paul (1966) and by Lanyon, Lang, Lazovick, and Manosevitz (1968). Basically, this treatment involved four major procedures: (1) informing subjects of the rationale and course of treatment; (2) training subjects in progressive



muscle relaxation; (3) assisting subjects in the construction of individual discriminatory-incidents list/hierarchy; and (4) desensitizing subjects to incidents of their individual hierarchy. The first three procedures were implemented primarily during the first two therapy sessions, whereas the last procedure was implemented primarily during the remaining six therapy sessions. Consequently, DS treatment consisted mainly of desensitizing subjects to events in which they had been victims of discrimination. A copy of the procedural manual used by therapists to administer DS treatment to subjects is available in Appendix F.

Therapist contact (TC). The TC treatment employed in the present study was developed specifically for this investigation. Its instructional format, however, was patterned after Paul's (1966) attention-placebo condition. The three major components to the TC procedure were (1) informing subjects of rationale and course of treatment; (2) introducing topics on racism and promoting discussion; and (3) summarizing discussion and suggestions for effecting change in response to racial discrimination. These components were implemented during the first session. However, during subsequent sessions, the second component was deleted if subjects spontaneously discussed issues on racism.

The TC procedure was included primarily as a control for nonspecific treatment effects (e.g., subjects having personal

contact with a therapist). It should be noted, however, that the TC procedure had yet to be implemented among Mexican Americans; thus, there were no firm conclusions as to its utility in the reduction of negative racial emotional responses among this ethnic group. The TC procedure was entitled "Re-education Treatment" in order to give it some credibility among therapists and subjects. A copy of the procedural manual used by therapists to administer TC treatment to subjects is available in Appendix G.

No-treatment control (NTC). The NTC treatment was not a treatment per se, for it did not entail any specific intervention procedures. Instead, subjects of this condition were merely assessed during pre- and posttesting sessions. The time interval between these sessions was comparable to the treatment interval of the other two conditions. During this period, subjects in the NTC condition waited until re-called for posttesting. The NTC condition was included as a control for changes in subjects' affect independent of treatment.

#### Procedure

The three phases to the experiment were pretreatment, treatment, and posttreatment. During the pretreatment phase, Mexican-American college students were notified about the experiment. Those who volunteered for participation completed an informed consent form (Appendix H) and the RDI. Participants who met the criteria for subjects were then assigned to one of three treatment conditions--DS, TC, or

NTC--and contacted by their respective therapist. Each subject then completed another consent form (either the in Appendix I or J) and the pretest measures. The pretest measures were the BIQ, MAACL, POMS, and TRS.

During the treatment phase, subjects met with their therapists individually. Each session was conducted by the therapist according to the procedures outlined in the specific treatment protocol (see Appendices F and G, respectively).

Subjects of the DS condition were given a detailed description of the purpose and nature of systematic desensitization. Each subject was told that a major aim of desensitization was to enable him/her to become as calm and relaxed as possible when discriminated against, thereby making it possible to make appropriate decisions and/or to not allow racism to interfere with one's ability to function. It was emphasized that the ability to relax when discriminated could be learned but that it required active participation and frequent practice. Moreover, it was suggested that relaxation was a general coping strategy that could be helpful in dealing with a variety of stressful situations in addition to racism.

Each DS subject then received two sessions of relaxation training. This training consisted of tensing and relaxing various large-muscle groups (e.g., the muscles of the left hand and forearm). In addition, toward the end of each

relaxation session, each subject was instructed in the construction of an individual discriminatory-incidents hierarchy. This hierarchy consisted of at least 10 incidents in which the subject had been discriminated upon by Anglo Americans (e.g., having been stopped by the U.S. Border Patrol and asked for an I.D. just because one is dark haired and dark skinned), and in which the subject experienced progressively greater emotional discomfort with each successive incident. An individual hierarchy, as opposed to a standardized hierarchy, format was adopted because past research (e.g., Cotharin & Mikulas, 1975) had demonstrated greater desensitization effects when treatment was tailored to the individual.

Following relaxation training and construction of the hierarchy, each DS subject received six sessions of desensitization proper. This had been shown by previous research (cf. Paul, 1969, p. 106) to be sufficient contact to produce change in subjects' emotional responding. Subjects were desensitized by having them pair relaxation with imagined scenes of racial discrimination. Desensitization was to imagined scenes only. Moreover, subjects were considered desensitized to a scene only after having reported zero SUDs (subjective units of disturbance) to two presentations of the same scene. Desensitization continued up to the first half of the eighth session.

Subjects of the TC condition initially were told that previous research had shown that the opportunity to talk with someone about being discriminated against could help a person to cope with such experience. Specifically, subjects were told that a person might be able to remain calm, to make the experience of being discriminated against less unpleasant, and to reduce the likelihood of doing something inappropriate-- such as arguing or becoming depressed.

After this introduction, TC subjects were given a brief presentation by the therapist on some aspect of racism (e.g., definition of racism; history of racism in the U.S.). This was done to evoke subject's attention to the issue and to promote a "sense" of formal education on racism. In addition, therapists attempted a warm, genuine, and empathic interpersonal style to elicit subjects' comments. Once subjects responded to the presentation, conversation was allowed to develop naturally and spontaneously. During subsequent sessions, this presentation format was employed only when subjects hesitated in initiating discussion on racism.

Toward the conclusion of each session, TC subjects and their therapist reviewed the discussed topics and suggestions for responding to racial discrimination. Suggestions by the therapist consisted primarily of common-sense feedback (e.g., "Don't let it bother you"). Effort was expended to conclude each session on a "positive note," by having subjects focus on positive experiences.

Subjects of the NTC condition were neither exposed to desensitization treatment nor to therapist contact (i.e., discussions on racism). After completing the pretests, these subjects were told that they were a vital part of the study and that they would be contacted at some future date for further testing. In the meantime, they were to go about their business as usual.

During the posttreatment phase, all subjects were asked to complete the MAACL, POMS, and TRS measures. Testing of subjects was conducted by their respective therapist/experimenter. After completing the posttests, subjects were debriefed, thanked and paid for their participation. In addition, they were encouraged to discuss the study and/or its aspects with the author.

## CHAPTER III

### RESULTS

This study examined the effectiveness of systematic desensitization to reduce the emotional effects of racism. Initially, participants who scored above average on an inventory designed to assess the frequency with which Mexican Americans had been exposed to racism and the extent to which exposure to racism was upsetting to them, were selected. These individuals were then randomly assigned to one of three treatment conditions consisting of no contact, therapist contact, and systematic desensitization. Prior to undergoing treatment, participants were also given measures assumed to assess their level of anxiety, anger, and depression.

After pretesting, the systematic desensitization group received eight 1-hour sessions of desensitization treatment, while the therapist contact group received eight 1-hour sessions of re-education treatment. The no-treatment group simply waited until called back to complete the posttests. Posttest measures used for all groups were the same as pretest measures.

#### RDI

The means and standard deviations of RDI scores for the three treatment groups are presented in Table 1. To estimate the extent to which random assignment of subjects resulted in

comparable pretreatment groups, separate one-way analysis of variance tests (ANOVAs) were computed among the mean group scores of each RDI subscale.

Table 1  
Means and Standard Deviations of Scores for  
the Racial Discrimination Index (RDI)

Subscale		Treatment Condition		
		Systematic Desensitization	Therapist Contact	No Treatment
Frequency	<u>M</u>	26.45	27.00	26.40
	<u>SD</u>	12.22	14.84	11.18
Discomfort	<u>M</u>	7.56	7.59	7.09
	<u>SD</u>	1.30	1.18	1.39

No significant differences were found on either the RDI frequency subscale,  $F(2, 57) = 0.01$ ,  $p > .05$ , or the RDI discomfort subscale,  $F(2, 57) = 0.93$ ,  $p > .05$ . Therefore, it was assumed that groups were similar on the basis of RDI test scores.

#### Pretreatment

The means and standard deviations of pretest scores for each subscale of the MAACL, POMS, and TRS measures are presented in Tables 2, 3, and 4, respectively. To explore homogeneity of variance among groups on these scales, separate one-way ANOVAs were also computed on each subscale of each measure. A summary of these analyses is presented in Table 5.



Table 2  
Means and Standard Deviations of Pretreatment Scores  
for the Multiple Affect Adjective Check List  
(MAACL)

Subscale	Treatment Condition			
		Systematic Desensitization	Therapist Contact	No Treatment
Anxiety	<u>M</u>	7.30	6.95	7.00
	<u>SD</u>	3.24	4.17	3.98
Anger	<u>M</u>	7.25	7.55	7.55
	<u>SD</u>	3.40	4.43	5.27
Depression	<u>M</u>	9.60	11.75	9.95
	<u>SD</u>	5.55	5.83	4.81

Excluding two TRS subscales, the ANOVAs computed on pretest measures generally did not indicate significant differences among treatment group means, all  $F_s(2, 57) < = 1.73$ ,  $p > .05$ . The two TRS subscales which did reveal significant differences among groups were the anxiety subscale,  $F(2, 57) = 4.24$ ,  $p < .01$ , and the anger subscale,  $F(2, 57) = 3.39$ ,  $p < .05$ .

Because of the significant mean differences found on the anxiety and anger subscales of the TRS, all pretest scores--excluding those of the RDI--were transformed. It should be noted however that considerable controversy exists regarding whether or not pretest scores should be transformed when initial differences are found, and if so, what constitutes an appropriate transformation.

Table 3  
Means and Standard Deviations of Pretreatment  
Scores for the Profile of Mood States  
(POMS)

Subscale		Treatment Condition		
		Systematic Desensitization	Therapist Contact	No Treatment
Anxiety	<u>M</u>	12.35	9.40	10.80
	<u>SD</u>	3.76	6.15	4.84
Anger	<u>M</u>	10.55	8.60	11.35
	<u>SD</u>	7.33	6.85	8.31
Depression	<u>M</u>	9.65	8.60	9.20
	<u>SD</u>	8.46	6.89	7.30
Fatigue	<u>M</u>	7.45	6.50	7.80
	<u>SD</u>	4.91	5.49	4.95
Confusion	<u>M</u>	7.55	7.50	8.05
	<u>SD</u>	3.54	4.04	4.74
Vigor	<u>M</u>	20.25	18.45	18.75
	<u>SD</u>	5.99	5.86	5.41

Cronbach and Furby (1970) have proposed that simply using difference scores between pre- and posttest scores, are inappropriate because this procedure does not take into consideration regression effects. These theorists recommend not using any procedure to transform scores. However, if the investigator does elect to transform scores, Cronbach and Furby propose a procedure which essentially consists of utilizing deviations from the regression line.

Table 4  
Means and Standard Deviations of Pretreatment  
Scores for the Treatment Rating Scales  
(TRS)

Subscale	Treatment Condition			
	Systematic Desensitization	Therapist Contact	No Treatment	
Anxiety	<u>M</u>	2.70	2.15	2.90
	<u>SD</u>	.73	.93	.85
Anger	<u>M</u>	2.75	2.45	3.20
	<u>SD</u>	.85	1.05	.83
Depression	<u>M</u>	1.80	1.30	2.20
	<u>SD</u>	1.36	.97	1.43
Number <sup>a</sup>	<u>M</u>	2.00	1.00	2.30
	<u>SD</u>	2.05	2.20	1.65

<sup>a</sup>Number of discriminatory incidents experienced during the preceding month.

More recently, Glass and Hopkins (1984) have proposed a transformation technique similar to that originally proposed by Cronbach and Furby (1970). This procedure offers the advantage of taking into consideration the effects of negative correlations between pre- and posttest scores. Therefore, the formula proposed by Glass and Hopkins was used to transform the scores of the present study. This procedure consisted of subtracting predicted scores based upon a regression analysis, from observed posttest scores, and then performing analyses of treatment effects on what are commonly referred to as residual gain scores.

Table 5  
 Analyses of Variance for Raw Scores of  
 Pretreatment Measures of Emotion

Measure	Mean Square Between Groups <sup>a</sup>	Mean Square Within Groups <sup>b</sup>	F
MAACL			
Anxiety	.71	14.61	< 1
Anger	.60	19.67	< 1
Depression	26.61	29.36	< 1
POMS			
Anxiety	43.55	25.13	1.73
Anger	40.01	56.67	< 1
Depression	5.55	57.51	< 1
Fatigue	9.05	26.30	< 1
Confusion	1.85	17.13	< 1
Vigor	18.60	33.20	< 1
TRS			
Anxiety	3.01	.71	4.24**
Anger	2.85	.84	3.29*
Depression	4.06	1.62	2.50
Number	9.26	3.93	2.35

<sup>a</sup>df = 2. <sup>b</sup>df = 57.

\*p < .05. \*\*p < .01.

#### Posttreatment

The means and standard deviations of residual gain scores for the MAACL are presented in Table 6. To explore the effects of treatment upon subjects, separate one-way ANOVAs were computed on the treatment group means of each MAACL subscale (see Table 9 for a summary of these analyses). None of these analyses, however, revealed significant

differences among groups in either anxiety, anger, or depression (all  $F_s[2, 54] < = 1.30, p > .05$ ). Consequently, no significant treatment effects were manifested on the MAACL.

Table 6  
Means and Standard Deviations of Residual  
Gain Scores for the MAACL

Subscale		Treatment Condition		
		Systematic Desensitization	Therapist Contact	No Treatment
Anxiety	<u>M</u>	-.21	-.87	.95
	<u>SD</u>	3.29	2.45	4.37
Anger	<u>M</u>	.41	-.14	-.29
	<u>SD</u>	4.73	2.07	4.16
Depression	<u>M</u>	.25	-.46	.14
	<u>SD</u>	3.83	4.23	5.08

The means and standard deviations of residual gain scores for the POMS are presented in Table 7. The separate ANOVAs performed on the means of each subscale of the POMS are presented in Table 9. As noted by the latter table, the results for the anxiety, anger, depression, confusion, and vigor subscales generally were not significant, all  $F_s(2, 54) < = 1.29, p > .05$ . However, results of the analysis of the fatigue subscale of the POMS did approach significance,  $F(2, 54) = 2.87, p < .10$ . Post hoc comparisons of the means (Tukey tests) for this subscale revealed that the desensitization group reported feeling less fatigue than the no-treatment

control group,  $q(54, 3) = 3.17, p < .10$ . None of the other comparisons of treatment group means approached the level of significance.

Table 7  
Means and Standard Deviations of Residual  
Gain Scores for the POMS

Subscale	Treatment Condition			
		Systematic Desensitization	Therapist Contact	No Treatment
Anxiety	<u>M</u>	-.74	-.93	1.53
	<u>SD</u>	5.12	4.51	6.06
Anger	<u>M</u>	-.71	-.98	1.54
	<u>SD</u>	7.06	4.50	7.26
Depression	<u>M</u>	-.22	-1.35	1.38
	<u>SD</u>	5.65	4.50	5.34
Fatigue	<u>M</u>	-1.13	-.67	1.71
	<u>SD</u>	3.54	5.03	3.41
Confusion	<u>M</u>	.33	-.22	-.13
	<u>SD</u>	3.89	3.99	3.19
Vigor	<u>M</u>	-.96	2.04	-.77
	<u>SD</u>	4.72	4.87	4.92

Finally, the means and standard deviations of residual gain scores for the TRS are presented in Table 8. Similar to the analysis of the above measures, separate one-way ANOVAs were computed among the means of each subscale of the TRS. Results of these analyses are presented in Table 9.

Generally, the ANOVAs for the emotion subscales of the TRS indicated significant differences among treatment group

means (all  $F_s[2, 54] \geq 5.72, p < .01$ ), whereas the ANOVA for the non-emotion/number subscale of the TRS did not ( $F[2, 54] = 0.53, p > .05$ ). To compare specific differences between groups on the TRS, Tukey post-hoc tests were performed.

Table 8  
Means and Standard Deviations of Residual  
Gain Scores for the TRS

Subscale		Treatment Condition		
		Systematic Desensitization	Therapist Contact	No Treatment
Anxiety	<u>M</u>	-.52	.35	.22
	<u>SD</u>	1.00	.49	.93
Anger	<u>M</u>	-.47	.05	.42
	<u>SD</u>	.81	.74	.74
Depression	<u>M</u>	-.57	.15	.44
	<u>SD</u>	.79	.95	1.13
Number	<u>M</u>	-.41	.07	.35
	<u>SD</u>	2.55	1.15	2.88

For the anxiety subscale, comparison of the means indicated that the desensitization group manifested significantly less anxiety than the therapist contact group  $q(54, 3) = 4.36, p < .01$ , and the no-treatment control group,  $q(54, 3) = 3.87, p < .05$ . There was no significant difference, however, between the therapist contact group and the no-treatment control group,  $q(54, 3) = 0.65, p > .05$ .

For the anger subscale of the TRS, comparison of the treatment group means indicated that the desensitization group manifested significantly less anger than the no-treatment control group,  $q(54, 3) = 5.18, p < .01$ . However, there were no significant differences between the desensitization group and the therapist contact group,  $q(54, 3) = 2.90, p > .05$ ; or between the therapist contact group and the no-treatment control group,  $q(54, 3) = 2.06, p > .05$ .

Table 9  
Analyses of Variance for Residual Gain Scores  
of Posttreatment Measures of Emotion

Measure	Mean Square Between Groups <sup>a</sup>	Mean Square Within Groups <sup>b</sup>	F
MAACL			
Anxiety	16.06	12.35	1.30
Anger	2.70	15.27	< 1
Depression	2.67	19.57	< 1
POMS			
Anxiety	36.64	28.20	1.29
Anger	37.28	42.17	< 1
Depression	35.20	27.32	1.28
Fatigue	46.08	16.03	2.87*
Confusion	1.72	13.65	< 1
Vigor	50.80	23.44	2.16
TRS			
Anxiety	4.31	.73	5.88**
Anger	4.02	.59	6.79**
Depression	5.41	.94	5.72**
Number	3.01	5.61	< 1

<sup>a</sup>df = 2.    <sup>b</sup>df = 54.

\*.05 < p < .10.    \*\*p < .01.



For the depression subscale of the TRS, comparison of the treatment group means indicated that the desensitization group manifested significantly less depressed affect than the no-treatment control group,  $q(54, 3) = 4.67, p < .01$ . Moreover, the desensitization group manifested moderately less depressed affect than the therapist contact group,  $q(54, 3) = 3.18, p < .10$ . However, there was no significant difference in depressed affect between the therapist contact group and the no-treatment control group,  $q(54, 3) = 1.28, p > .05$ .

In summary, differences between groups were not found on the MACCL or POMS measures of affect. However, treatment effects were found on the TRS measure of affect. These effects were most evident for the systematic desensitization group. In general, using Tukey's technique of post hoc comparisons, the systematic desensitization group--relative to the no-treatment and therapist contact groups--evidenced less anxiety, anger, and depression.

## CHAPTER IV

### DISCUSSION

This study examined the effectiveness of systematic desensitization to reduce negative racial emotional responses of Mexican Americans. It was hypothesized that desensitization treatment would reduce and/or eliminate the anxiety, anger, or depression felt by Mexican Americans when discriminated against by Anglo/white Americans.

To examine the hypothesis of this study, the extent to which Mexican-American students had been discriminated against and the degree to which these instances of discrimination had been distressful, were assessed. Students who reported frequent discrimination were then separated into three groups. One group was given desensitization training, another was given re-education training, and a third group was given no intervention. To evaluate the effects of desensitization, participants were given the Multiple Affect Adjective Check List (MAACL) and the Profile of Mood States (POMS). All participants were also given the Treatment Rating Scales (TRS), an inventory designed especially for this study.

No significant differences were found between groups on any of the subscales of the MAACL or POMS. However, it should be noted that for the fatigue subscale of the POMS,

group differences approached the level of statistical significance. Specifically, the desensitization group displayed slightly less fatigue than did either the therapist contact or no-treatment control groups. Such was not the case for the therapist contact or no-treatment control groups. Thus, subjects in the desensitization group seemed to benefit most from treatment.

Several explanations are available to account for the lack of significant findings. One explanation is that desensitization, at least in the present study, was not an effective technique for reducing the extent to which participants are distressed by racism. Past research has tended to focus on the racial emotional responses of the perpetrator of racism, instead of those of the victim of racism.

Another explanation for the lack of significant findings is that during desensitization, the participants either had difficulty imaging the aversive scene sufficiently or had difficulty relaxing while visualizing the aversive scene. To be effective, desensitization requires participants to vividly imagine the aversive stimuli while remaining relaxed. Although an attempt was made to observe participants while desensitization training was being conducted, no systematic attempt was made to explore whether participants actually were able to relax or to effectively image the aversive

stimuli. In order to clarify this possibility, it is recommended that this study be replicated using systematic measures of the extent to which participants are able to relax and to image the aversive scenes.

Alternatively, the lack of significant findings may have been due to the number of desensitization sessions that were administered to subjects. Previous research (cf. Paul, 1969, p. 106) had shown that eight sessions of desensitization were sufficient in significantly reducing emotional disorders. Based upon said research, this study followed what appeared to be an adequate number of sessions. However, past studies worked with a different population having different disorders than the present study. It may be that if participants in the present study had been given more desensitization sessions, significance may have been found. This speculation seems especially plausible since, although significant differences were not found between groups, the trend of group scores, to some extent, were in the predicted direction.

Another possible explanation for the failure to obtain significant findings on most of the posttest measures is that although the subjects used in the study reported a relatively high level of exposure to racism, the extent to which they were actually exposed to racism could still have been relatively low. This seems to be a particularly salient possibility since most participants were from an area which has a high concentration of other individuals from

Spanish speaking backgrounds. Subsequent studies exploring the effectiveness of desensitization to reduce the emotional effects of racism should be done using Spanish speaking individuals who have more frequent contact with a non-minority population and have received a higher exposure to racial incidents.

It is also possible that the present negative findings were due to the insensitivity of the MAACL and the POMS to detect changes in negative affect associated with racial discrimination. In a study aimed at assessing the effects of group desensitization treatment on interracial anxiety among majority group members (Anglo/white Americans), Gurstelle (1974) failed to observe significant group differences when employing the MAACL. However, by including a more specific measure of interracial anxiety--the Interracial Anxiety Scale--Gurstelle succeeded in demonstrating significant differential treatment effects; the desensitization group evidenced significantly less interracial anxiety than did two control groups.

That more specific and direct measures of interracial dysphoria will enable the detection of positive treatment effects is partially supported by the findings of other studies on desensitization and negative emotional responses (Cotharin, 1979; Cotharin & Mikulas, 1975; O'Donnell & Worell, 1973). For instance, though they employed several

measures of negative emotion (e.g., Buss-Durkee Hostility Inventory), O'Donnell and Worell (1973) observed significant treatment effects of desensitization (group DM) only for the specific measure of interracial dysphoria--the Emotional Rating Scale. This measure consisted of 5-point Likert-type scales for assessing anger, anxiety, and disgust to racial stimuli. Similarly, for Cotharin (1979) and Cotharin and Mikulas (1975), the positive effects of desensitization in reducing interracial anxiety were best detected by measures developed specifically for assessing said affect. For example, Cotharin (1979) modified the Fear Survey Schedule (see Wolpe, 1982) by including items related directly to interracial anxiety (e.g., "Touching black people").

In the present study, significant differences between treatment groups were found only for the specific measure of interracial dysphoria--the TRS. For the anxiety subscale of the TRS, the desensitization group evidenced significantly less anxiety than either the therapist contact or no-treatment control group. No other group differences for this subscale were significantly different. For the anger subscale of the TRS, the desensitization group evidenced significantly less anger than the no-treatment control group only. No other group differences for this subscale were significantly different. And for the depression subscale of the TRS, the desensitization group evidenced significantly less depression than did the no-treatment control group. No other group

differences for this subscale were significantly different. Consequently, as evident by the TRS results, the hypothesis that systematic desensitization would lower the anxiety, anger, and depression experienced by Mexican Americans to racial discrimination was supported.

The differences found between groups on the TRS should be interpreted with caution for several reasons. First, multiple outcome measures were used. Because multiple measures were used, it would have been appropriate to use multivariate statistical techniques. Thus differences found between groups in this study may have been a chance finding simply because of the number of measures used. Second, no psychometric analyses were done to examine the reliability and validity of the TRS. Thus it is possible that the TRS did not reflect changes in emotional levels following desensitization. Although the TRS seems to display face validity, it is suggested that the psychometric properties of this measure be examined and this study be replicated.

Assuming that the results found using the TRS can be replicated, the findings of the present study would seem to have the following implications. First, the effectiveness of desensitization in reducing negative racial emotional responses among Mexican Americans offers these individuals a method for coping with the dysphoria evoked by racial discrimination. In addition, it offers these persons the

means for becoming more resistive to the negative effects of racial discrimination. Such benefits might be experienced by other minority group members who may find themselves discriminated against by majority group members.

Second, by focusing on the victim of discrimination and the reduction of negative racial emotional responses through desensitization, greater emphasis is placed upon individual enhancement and self-efficacy. Victims are less likely to experience a sense of helplessness in regard to discrimination and more likely to respond adaptively to it.

Third, the fact that desensitization of negative racial emotional responses--at least as indicated by the TRS--was accomplished by relatively inexperienced student therapists attests to its effectiveness and to its economic value. Future management of negative affects associated with racial discrimination would not require highly trained or experienced therapists. Moreover, desensitization training could be conducted rather inexpensively by administering it in groups to minority group members.

Finally, the positive effects of desensitization on racial emotional responding might generalize to other behaviors (e.g., interracial attitudes; interracial contact), resulting in improved majority-minority group relationships. For instance, less anxiety or anger on the part of minority group members toward majority group members might result in reciprocity of similar behaviors on the part of majority group members.



## Appendix A

Racial Discrimination Index (RDI),  
Modified

Directions. Enclosed you will find 24 situations depicting Mexican Americans as being the victims of racism. Read each item then in "COLUMN A" on the answer sheet do the following. Write in a "0" if you have never been exposed to a racialistic incident of the sort described. If you have been the victim of racism similar to that depicted once in your life, write "1." If you have been the victim twice in your life, write in "2"; if you have been the victim three times, write "3," and so on. If you have been the victim of that form of racism 10 or more times in your life, write in 10.

In "COLUMN B," using the following scale, you should indicate how traumatic or upsetting racial incidents of that type are to you.

/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

0          1          2          3          4          5          6          7          8          9          10

Not at all    Slightly    Moderately    Considerably    Extremely  
disturbing    disturbing    disturbing    disturbing    disturbing

For example, if you were the victim of a racial incident of the corresponding type and it did not disturb you at all, you would write a "0" in the blank space for that situation. If, when you were exposed to racial incidents described in a particular item and it was slightly disturbing to you, you should write in a "1," "2," or "3." If it was moderately disturbing to you, you should write in a "4," "5," or "6," and so on.

In all cases put a number in each blank space and there should not be any numbers above 10 in any blank space.

1. A Mexican-American person went to a restaurant to eat. The waitress showed the Mexican American to a table and handed the Mexican American a menu. A short while later, an Anglo-American person arrived and the same behavior was repeated for that person. But, instead of taking the Mexican American's order first, the waitress

- took the Anglo's order although the Mexican American was ready to order.
2. A Mexican American put in an application for a job. The Mexican American's qualifications for that particular position were exceptional, the interview was perfect, but the Mexican American didn't get the job. When the Mexican American visited that place of employment a short time later, the Mexican American was surprised to see that one of the Anglo-American applicants who had been ranked lower than the Mexican American, had gotten the job instead of him.
  3. A Mexican-American person walked toward a taxi. An Anglo-American person walked toward the same taxi but the Mexican American reached the taxi first. The driver however waited for the Anglo to arrive then turned to the Anglo and asked for that person's destination, ignoring the Mexican American.
  4. A Mexican American went to a mall one day. While there, the Mexican-American person saw a sweater without a price tag on it. The Mexican American rang the bell for assistance and an Anglo-American salesperson started toward the Mexican American. But the salesperson was stopped by an Anglo-American customer who had just walked up. Instead of asking the Anglo customer to wait for a minute, the Mexican-American customer was made to wait.
  5. A Mexican-American person entered a store and bought some food from an Anglo-American grocer. The grocer reached upon the shelf and selected the food whose wrapper was the dirtiest and whose container had many dents and sold this to the Mexican American. Immediately afterwards, an Anglo-American person entered the store and ordered the same item. The Anglo grocer sold this person food whose wrapper was clean and whose container had no dents on it.
  6. A Mexican American drove a car into a service station. The Anglo-American attendant was filling the gas tank for another Anglo customer. After the attendant finished filling the Anglo customer's tank, the attendant proceeded to check under the hood and clean the windshield. After completing the service for the Anglo customer, the attendant turned to the Mexican American. However, the only service the Mexican-American customer received was a tank of gas although the Mexican American bought approximately the same amount of gas the Anglo customer did.

7. A Mexican-American person called to ask if an apartment which had been advertised as being for rent was still available. The person who answered the phone said "yes." So the Mexican-American person went to look at the apartment. But when the Mexican American arrived, the Anglo-American manager told the Mexican American the apartment had been rented. A week later the Mexican American called the apartment manager again and asked if the same apartment had been rented. The Mexican American was told 'no' the apartment had not been rented.
8. A Mexican-American person makes a mistake and his/her Anglo-American supervisor criticizes the Mexican American and implies the Mexican American is stupid. An Anglo person makes a similar mistake. However the same supervisor forgives the Anglo person and points out all people make mistakes.
9. A Mexican-American and an Anglo-American person were sitting next to one another. Another Anglo person came by and stepped on the toes of both the Mexican-American and Anglo persons who were sitting. The Anglo person who stepped on the toes of the others, apologized to the Anglo person but did not apologize to the Mexican-American person although the Anglo person who had stepped on the others' toes realized that the toes of both persons had been stepped on.
10. A Mexican-American couple went to a restaurant to eat. However they were not permitted to enter the restaurant because, they were told, the rules required males to wear ties and females to wear long dresses. But the Mexican-American male was not wearing a tie and the Mexican-American female was not wearing a long dress. As the Mexican-American couple were leaving, an Anglo-American couple, who were dressed in a similar fashion as the Mexican-American couple, were permitted to enter the restaurant.
11. An Anglo-American was crossing the street when an Anglo person drove up in a car. Seeing the Anglo pedestrian in the path of the car, the Anglo motorist stopped the car until the Anglo pedestrian had reached the curb. A few yards up the same street a Mexican-American person was crossing. However, although it seemed as if the Anglo motorist saw the Mexican-American pedestrian, the Anglo motorist did not even slow down.
12. An Anglo-American person was watering a lawn with a hose. However, some of the water was spraying onto the

- sidewalk. An Anglo person walked by. The Anglo who was watering the lawn turned the hose off until the Anglo person had passed. A few moments later a Mexican-American person walked by. Although the Anglo-American person saw the Mexican American walk by, the Anglo person did not turn the water off but, rather permitted the Mexican American to get damp from the mist.
13. A Mexican American went to a motel. However the Mexican American was told by the Anglo-American clerk that there were no vacancies. While the Mexican American was standing off to one side trying to decide what to do next, an Anglo person walked up and asked for a room. Although the Anglo customer did not have a reservation, that person was given a room of the same type previously requested by the Mexican American.
  14. A Mexican-American person was hired at the same time as an Anglo-American person. Both had approximately the same credentials and both were given the same job title and paid the same amount of money. The first day of work, the Mexican-American person was given significantly more work to do than the Anglo person.
  15. A going-away-party was being given for an employee. An Anglo-American was in charge of sending out invitations for the party. Although the employee who was going away liked and was liked by both the Mexican-American and Anglo employees, invitations were sent to all Anglo-American employees but none were sent to the Mexican-American employees.
  16. A Mexican-American person went into a store to buy some food. The Mexican-American person asked the price of a particular item. The clerk, who was an Anglo American, told the Mexican American the price. A few moments later, an Anglo person came in and asked the same clerk how much the price was for the same item. The clerk was overheard quoting a figure much lower than the figure given to the Mexican American.
  17. A Mexican-American person checked into a hotel. The Mexican-American wanted to pay the hotel bill by credit card. However, the Anglo-American clerk informed the Mexican-American person the bill would have to be paid in cash and paid in advance. After the Mexican American paid, an Anglo-American person entered and although the Anglo did not seem to have any more credentials than the Mexican American, The Anglo was informed the bill could be paid at check-out time and could be paid by check.

18. A Mexican American went to a traffic court because of a speeding ticket. The Mexican American pleaded guilty to the speeding violation. The Anglo-American judge found the Mexican-American person guilty and ordered the Mexican-American person to pay the ticket. An Anglo-American person came in just after the Mexican American. The Anglo person had been cited for speeding also. The Anglo person pleaded guilty to speeding. The same judge who handled the Mexican American's case also handled the Anglo's case. However, in this instance, the Anglo was found guilty but not ordered to pay the fee. In neither instance did either defendant have a previous traffic record.
19. A Mexican-American person asked for an application for a position. The Mexican American was informed by an Anglo-American clerk that applications were no longer being accepted. As the Mexican-American person was walking away, an Anglo classmate of the applicant's walked up and asked for an application. The Anglo classmate was given one. The next day the Mexican-American applicant learned that the Anglo applicant had gotten the position. Both the Mexican-American and the Anglo-American applicant had similar credentials.
20. A Mexican-American patient and an Anglo-American patient entered the hospital at approximately the same time to be treated for similar illnesses. The Anglo patient was assigned a senior level physician and modern equipment was used. Although additional experienced physicians and advanced equipment was available, the Mexican-American patient was assigned a very inexperienced physician and seemingly outdated equipment was used.
21. A Mexican-American and an Anglo-American candidate were up for a promotion. Although the records of neither candidate were perfect, both had generally excellent ratings and had similar ratings by their supervisors. The Anglo supervisor of the two candidates was asked to prepare a condensed report on each of the candidates so that the credentials of each candidate could be evaluated by the board responsible for making promotions. The Anglo supervisor told mostly the bad things about the Mexican-American candidate and mostly the good things about the Anglo-American candidate.
22. A Mexican-American and an Anglo-American person were hired at the same time. Both had similar credentials. Also, both had the same job title and were being paid the same amount of money. However, each day the Anglo

- supervisor of these two employees would assign the Mexican-American person a job which was considerably dirtier than the job assigned the Anglo-American person.
23. A Mexican-American person bought a faulty item. The Mexican American brought the item back hoping to have the item replaced or the money which it cost to buy the item refunded. The first person the Mexican American asked about having the item replaced referred the Mexican American to someone else. That person referred the Mexican American to someone else. In all, the Mexican American was referred to someone else five different times and each person who referred him was an Anglo American. However, no action was taken on getting the Mexican-American person's money refunded. As the Mexican American was waiting for the elevator to exit, an Anglo-American person came in with an item similar to the item the Mexican-American person had purchased and attempted to complain about. The Anglo person was overheard by the Mexican-American person complaining of the same problem that the Mexican American wished to complain about. The Anglo customer's money was refunded by the clerk whom the Mexican American had first complained to.
24. A Mexican-American couple went to a movie and an Anglo-American usher seated them. However, the seats were in the rear of the theatre behind a large pole. This couple had asked for seats at the front of the theatre and there were vacant seats available. An Anglo-American couple came into the theatre and were overheard to request seats near the front of the theatre. They were then escorted by the same usher to seats in the front of the theatre where there were no apparent obstructions to their view.

Column A

Column B

Number of times you have  
been in a situation similar  
to this one

Extent to which situations  
such as this are traumatic  
to you

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_
- 15. \_\_\_\_\_
- 16. \_\_\_\_\_
- 17. \_\_\_\_\_
- 18. \_\_\_\_\_
- 19. \_\_\_\_\_
- 20. \_\_\_\_\_
- 21. \_\_\_\_\_
- 22. \_\_\_\_\_
- 23. \_\_\_\_\_

24. \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_
- 11. \_\_\_\_\_
- 12. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_
- 15. \_\_\_\_\_
- 16. \_\_\_\_\_
- 17. \_\_\_\_\_
- 18. \_\_\_\_\_
- 19. \_\_\_\_\_
- 20. \_\_\_\_\_
- 21. \_\_\_\_\_
- 22. \_\_\_\_\_
- 23. \_\_\_\_\_

24. \_\_\_\_\_

## Appendix B

## Multiple Affect Adjective Check List (MAACL)

Directions. On this sheet you will find words which describe different kinds of moods and feelings. Mark an "X" on the line beside the words which describe how you feel now - today. Some of the words may sound alike, but we want you to check all the words that describe your feelings. Work rapidly.

- |                  |                   |                   |
|------------------|-------------------|-------------------|
| 1 _ active       | 21 _ cheerful     | 41 _ enraged      |
| 2 _ adventurous  | 22 _ clean        | 42 _ enthusiastic |
| 3 _ affectionate | 23 _ complaining  | 43 _ fearful      |
| 4 _ afraid       | 24 _ contented    | 44 _ fine         |
| 5 _ agitated     | 25 _ contrary     | 45 _ fit          |
| 6 _ agreeable    | 26 _ cool         | 46 _ forlorn      |
| 7 _ aggressive   | 27 _ cooperative  | 47 _ frank        |
| 8 _ alive        | 28 _ critical     | 48 _ free         |
| 9 _ alone        | 29 _ cross        | 49 _ friendly     |
| 10 _ amiable     | 30 _ cruel        | 50 _ frightened   |
| 11 _ amused      | 31 _ daring       | 51 _ furious      |
| 12 _ angry       | 32 _ desperate    | 52 _ gay          |
| 13 _ annoyed     | 33 _ destroyed    | 53 _ gentle       |
| 14 _ awful       | 34 _ devoted      | 54 _ glad         |
| 15 _ bashful     | 35 _ disagreeable | 55 _ gloomy       |
| 16 _ bitter      | 36 _ discontented | 56 _ good         |
| 17 _ blue        | 37 _ discouraged  | 57 _ good-natured |
| 18 _ bored       | 38 _ disgusted    | 58 _ grim         |
| 19 _ calm        | 39 - displeased   | 59 _ happy        |
| 20 - cautious    | 40 - energetic    | 60 _ healthy      |



61 _ hopeless	85 _ offended	109 _ suffering
62 _ hostile	86 _ outraged	110 _ sullen
63 _ impatient	87 _ panicky	111 _ sunk
64 _ incensed	88 _ patient	112 _ sympathetic
65 _ indignant	89 - peaceful	113 _ tame
66 _ inspired	90 _ pleased	114 _ tender
67 _ interested	91 _ pleasant	115 _ tensed
68 _ irritated	92 - polite	116 _ terrible
69 - jealous	93 _ powerful	117 _ terrified
70 _ joyful	94 _ quiet	118 _ thoughtful
71 _ kindly	95 _ reckless	119 _ timid
72 _ lonely	96 _ rejected	120 _ tormented
73 _ lost	97 _ rough	121 _ understanding
74 _ loving	98 _ sad	122 _ unhappy
75 _ low	99 _ safe	123 _ unsociable
76 _ lucky	100 _ satisfied	124 _ upset
77 _ mad	101 _ secure	125 _ vexed
78 _ mean	102 - shaky	126 _ warm
79 _ meek	103 _ shy	127 _ whole
80 _ merry	104 _ soothed	128 _ wild
81 _ mild	105 _ steady	129 _ willful
82 _ miserable	106 _ stubborn	130 _ wilted
83 _ nervous	107 _ stormy	131 _ worrying
84 _ obliging	108 _ strong	132 _ young

## Appendix C

## Profile of Mood States (POMS)

Directions. Below is a list of words that describe feelings people have. Please read each one carefully. Then in the space next to the item, indicate the number of the phrase which best describes how you have been feeling during the past week including today.

The numbers refer to these phrases.

- 0 = Not at all
- 1 = A little
- 2 = Moderately
- 3 = Quite a bit
- 4 = Extremely

- |                                 |                                 |
|---------------------------------|---------------------------------|
| 1. Friendly . . . . . _____     | 16. On edge . . . . . _____     |
| 2. Tense . . . . . _____        | 17. Grouchy . . . . . _____     |
| 3. Angry . . . . . _____        | 18. Blue . . . . . _____        |
| 4. Worn out . . . . . _____     | 19. Energetic . . . . . _____   |
| 5. Unhappy . . . . . _____      | 20. Panicky . . . . . _____     |
| 6. Clear-headed . . . . . _____ | 21. Hopeless . . . . . _____    |
| 7. Lively . . . . . _____       | 22. Relaxed . . . . . _____     |
| 8. Confused . . . . . _____     | 23. Unworthy . . . . . _____    |
| 9. Sorry for things done _____  | 24. Spiteful . . . . . _____    |
| 10. Shaky . . . . . _____       | 25. Sympathetic . . . . . _____ |
| 11. Listless . . . . . _____    | 26. Uneasy . . . . . _____      |
| 12. Peeved . . . . . _____      | 27. Restless . . . . . _____    |
| 13. Considerate . . . . . _____ | 28. Unable to concentrate _____ |
| 14. Sad . . . . . _____         | 29. Fatigued . . . . . _____    |
| 15. Active . . . . . _____      | 30. Helpful . . . . . _____     |
|                                 | 31. Annoyed . . . . . _____     |
|                                 | 32. Discouraged . . . . . _____ |
|                                 | 33. Resentful . . . . . _____   |
|                                 | 34. Nervous . . . . . _____     |
|                                 | 35. Lonely . . . . . _____      |

36. Miserable . . . . . \_\_\_\_\_
37. Muddled . . . . . \_\_\_\_\_
38. Cheerful . . . . . \_\_\_\_\_
39. Bitter . . . . . \_\_\_\_\_
40. Exhausted . . . . . \_\_\_\_\_
41. Anxious . . . . . \_\_\_\_\_
42. Ready to fight . . . \_\_\_\_\_
43. Good natured . . . . \_\_\_\_\_
44. Gloomy . . . . . \_\_\_\_\_
45. Desperate . . . . . \_\_\_\_\_
46. Sluggish . . . . . \_\_\_\_\_
47. Rebellious . . . . . \_\_\_\_\_
48. Helpless . . . . . \_\_\_\_\_
49. Weary . . . . . \_\_\_\_\_
50. Bewildered . . . . . \_\_\_\_\_
51. Alert . . . . . \_\_\_\_\_
52. Deceived . . . . . \_\_\_\_\_
53. Furious . . . . . \_\_\_\_\_
54. Efficient . . . . . \_\_\_\_\_
55. Trusting . . . . . \_\_\_\_\_
56. Full of pep . . . . . \_\_\_\_\_
57. Bad-tempered . . . . \_\_\_\_\_
58. Worthless . . . . . \_\_\_\_\_
59. Forgetful . . . . . \_\_\_\_\_
60. Carefree . . . . . \_\_\_\_\_
61. Terrified . . . . . \_\_\_\_\_
62. Guilty . . . . . \_\_\_\_\_
63. Vigorous . . . . . \_\_\_\_\_
64. Uncertain about things \_\_\_\_\_
65. Bused . . . . . \_\_\_\_\_

MAKE SURE YOU HAVE  
ANSWERED EVERY ITEM

## Appendix D

## Treatment Rating Scales (TARS)

Directions. Please complete each of the following scales by placing an "X" through one of the black marks.

1. Indicate the extent to which you become anxious when you think you have been discriminated against.

-----

not at all	a little bit	moderately	quite a bit	extremely
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2. Indicate the extent to which you become angry when you think you have been discriminated against.

-----

not at all	a little bit	moderately	quite a bit	extremely
---------------	-----------------	------------	----------------	-----------

3. Indicate the extent to which you become depressed when you think you have been discriminated against.

-----

not at all	a little bit	moderately	quite a bit	extremely
---------------	-----------------	------------	----------------	-----------

4. Indicate the number of times you have been discriminated against in the past month.

Number \_\_\_\_\_

## Appendix E

## Background Information Questionnaire (BIQ)

- Name: \_\_\_\_\_ SS# \_\_\_\_\_
1. Age \_\_\_\_\_ Sex: male \_\_\_\_\_ female \_\_\_\_\_
  2. Marital status: single \_\_\_\_\_ separated \_\_\_\_\_  
married \_\_\_\_\_ divorced \_\_\_\_\_
  3. Number of children: \_\_\_\_\_
  4. Classification: freshman \_\_\_\_\_ junior \_\_\_\_\_  
sophomore \_\_\_\_\_ senior \_\_\_\_\_
- Race: black \_\_\_\_\_ mexican american \_\_\_\_\_  
white \_\_\_\_\_ other (specify) \_\_\_\_\_
5. College major: \_\_\_\_\_
  6. Occupational plans upon graduation: \_\_\_\_\_
- 
7. Father's occupation: \_\_\_\_\_
  8. Mother's occupation: \_\_\_\_\_
  9. Father's educational level: \_\_\_\_\_
  10. Mother's educational level: \_\_\_\_\_
  11. What would you estimate the population of your home town to be?  
under fifty thousand \_\_\_\_\_ over fifty thousand \_\_\_\_\_  
over one-hundred thousand \_\_\_\_\_
  12. What would you estimate your parents' total income to be?  
under \$30,000 \_\_\_\_\_ \$30,000 to \$50,000 \_\_\_\_\_  
\$50,000 to \$100,000 \_\_\_\_\_ over \$100,000 \_\_\_\_\_

## Appendix F

## Systematic Desensitization Treatment Manual

Systematic desensitization is a behavior therapy technique that is used in the alleviation of negative emotional responses. This technique was developed by Dr. Joseph Wolpe, initially to reduce anxiety evoked by neutral stimuli (e.g., harmless animals; elevators). The technique basically consists of training the subject in relaxation, and then while he is in a relaxed state, exposing him to a weak anxiety-arousing/phobic stimulus. By counterposing the stimulus and relaxation, the former loses its ability to evoke anxiety in the subject, and the subject is desensitized to the stimulus. Successively stronger stimuli are then presented and similarly treated.

Persons subjected to racial discrimination often experience negative emotional reactions to the discriminatory event. For example, a Mexican American who is a victim of racial discrimination by an Anglo American may react in an angry manner to the discriminatory incident. When one event evokes negative emotional reactions, subsequent similar events may evoke equally similar negative emotions. For example, the Mexican American who is discriminated by one Anglo American may then react negatively to the presence of another, but neutral, Anglo American.

This manual describes procedures for desensitizing the negative emotional responses of persons who have been subjected to racial discrimination. The population to which this manual applies to is Mexican Americans. The desensitization technique to be employed involves four major procedures:

- (1) Informing subjects of the rationale and the course of treatment.
- (2) Training subjects in progressive relaxation.
- (3) Directing subjects in construction of an individual list (hierarchy) of racial discriminatory incidents.
- (4) Desensitizing subjects to the incidents of their discrimination hierarchy.

These procedures are to be used as an outline of the desensitization technique, and should be followed as closely as possible by therapists. Furthermore, to maximize their effectiveness, the procedures should be carried out in a warm, interested, and helpful manner.

Time schedule. The following time schedule will be used in administering the desensitization procedures.

#### First session

1. Explanation of rationale and course of treatment (5-10 minutes).
2. Training in progressive relaxation (15-20 minutes).
3. Construction of discriminatory-incidents hierarchy (5-10 minutes).

Note. This will be a brief session due to pretesting of subjects upon their arrival for treatment.

## Second session

1. Check on success with relaxation, and correct any problems arising (2-5 minutes).
2. Complete discriminatory-incidents hierarchy (10-15 minutes).
3. Continue training in progressive relaxation (25-30 minutes).
4. Test imagery (5-10 minutes).

## Third to seventh session

1. Check on success with relaxation, and modify hierarchy accordingly (5-10 minutes).
2. Begin desensitization by inducing relaxation and by presenting discriminatory scenes (35-40 minutes).
3. Check on imagery and on emotional discomfort, both in treatment and outside (2-5 minutes).

## Eighth session

1. Check on success with relaxation, and modify hierarchy accordingly (2-5 minutes).
2. Continue desensitization proper (15-20 minutes).
3. Terminate desensitization treatment (2-5 minutes).

Note. This will be a brief session due to post-testing of subjects upon completion of treatment.

Suggestions and additional guidelines. When providing subjects with the treatment rationale and/or when responding to their questions, therapists should remind them that negative emotional reactions are learned and that emotional re-learning can result in an alternative, more positive response--relaxation. Therapists should spend minimal time and effort in advancing dynamic explanations for subjects' reactions or in introspection with subjects. Instead,



therapists should concentrate on the desensitization procedures, since they can direct the course and content of treatment, thus providing uniform treatment across subjects. Before starting any treatment procedures, therapists should ask their subjects if they are in good health and if they are receiving any other psychological/psychiatric treatment. Therapists should excuse from participation in this treatment any subject who is in less than good physical health and who is receiving treatment somewhere else.

During treatment, therapists should adopt a confident attitude in their ability to administer treatment and in the efficacy of the treatment procedures. Therapists should obtain a detailed description of discriminatory incidents from subjects in order to verbally recreate the incident for subjects during desensitization proper. If subjects experience muscle cramps or spasms during relaxation training, therapists should shorten the interval of muscle tensing and should encourage subjects to reduce the level of muscle tension. Therapists should insure that subject's body is well supported (e.g., head resting on back of seat; arms on armrests; and feet on ground with legs extended) so as to facilitate relaxation. Finally, therapists should make sure that subjects are alert and feeling well before allowing them to leave the treatment room.

Specific ProceduresExplanation of Rationale and Course of Treatment

Both the theory and course of treatment need to be explained to subjects in a manner that they understand it and accept it. Subjects must be made to understand that negative emotional reactions to discrimination are a result of learning, and that re-learning (i.e., treatment) will help them develop an alternative, more positive response to discrimination. The following statement might suffice as an explanation.

General explanation. "The emotions that you feel when you are discriminated against are a result of learning and of past experiences with such situations and the people involved. Oftentimes, these emotions result in feelings of anger, anxiety, and sadness--producing discomfort within us.

"Since negative emotional responses to discrimination are learned, it is also possible to learn other, more positive emotional responses to discrimination. What I am going to do is to teach you another way of responding to discrimination.

"The specific technique we will be using is one called desensitization. This technique involves two main procedures: progressive relaxation and emotional counterconditioning. Progressive relaxation can be learned very quickly and will allow you to become more relaxed than ever before. Of course, the real advantage of relaxation is that the muscle systems in your body cannot be both tense and relaxed at the same time. Therefore, once you have learned progressive relaxation, it can be used to counteract or overcome negative feelings evoked by racial discrimination--for example, anger, anxiety, or sadness. Relaxation also is a general coping strategy that will help you to deal with a variety of stressful situations in addition to racism.

"Sometimes, however, relaxation is neither convenient to use, nor does it counteract the negative feelings. It

is then necessary to combine relaxation with the procedure of emotional counterconditioning. The way in which we will do this is that first I will teach you the method of progressive relaxation. Then, after you have learned to relax, we will develop a list of situations in which you have been discriminated against by Anglo/white Americans. We will rank these situations according to the amount of emotional discomfort that they evoke in you, thus developing a hierarchy of discriminatory incidents. After completing the list, we will start the emotional counterconditioning itself.

"Emotional counterconditioning initially will involve the imaging of a discriminatory incident, while in a relaxed state. What this means is that you will be asked to imagine yourself in a situation in which you have been discriminated against; you will imagine this situation only after you have become relaxed. By having you imagine the discriminatory incident while you are relaxed, the situation will gradually lose its ability to evoke negative feelings, thus desensitizing you. This will then make it possible for you to make appropriate decisions when you are discriminated against and to not allow racism to interfere with your ability to function.

"We will start counterconditioning with the situation that bothers you the least, and gradually work up to the situation which bothers you the most. Each time you imagine the situation, it should lower the negative feelings to the next situation so that you do not experience an overwhelming negative reaction. Subsequent situations will then be similarly treated.

"This re-learning experience will require approximately eight 1-hour sessions. The first two sessions will involve training in progressive relaxation and construction of the discriminatory-incidents hierarchy. Subsequent sessions will involve re-learning of emotional responses to racial discrimination. Any questions before we begin?"

#### Training in Progressive Relaxation

This procedure is most important and should be mastered. In speaking with the subject, therapists should mention that this procedure initially will take some time, but will then be shortened when deep relaxation has been achieved.

Start by having the subject sit in a chair and by instructing him to relax. Allow sufficient time for the subject to get thoroughly comfortable. Subject's head should be resting on the back of the chair, his arms on the armrests, and his feet on the floor with his legs extended. No part of subject's body should require the use of muscles for support. If possible, the lights in the room should be dimmed so as to reduce distractions.

Introducing progressive relaxation. "I am going to begin teaching you progressive relaxation. Relaxation means, in essence, that you do absolutely nothing at all with your muscles; you make them completely free of tension. This emotional calmness can then be used to counteract negative feelings.

"Learning how to relax thoroughly and deeply requires deliberate and conscious effort on your part. It may surprise you to find out how deep a state of relaxation you can achieve, and how pleasant an experience relaxation can be. Once you have learned relaxation and have practiced it, you will be able to 'switch on' at will."

General relaxation. "Now I want you to settle back in your chair and to get as comfortable as you can. Close your eyes. Listen only to my voice and concentrate on what I have to say.

"Breathe in deeply and hold your breath.... Breathe out.... (3 trials) As you exhale, say to yourself, 'relax...relax.' Let go of all tension in your muscles and body. Let the tension flow out of your muscles, down through your body, and into the floor. Just relax.... Notice that your muscles are becoming limp, warmer and heavier. Think only of relaxing your muscles and body.... Listen only to my voice. Should your mind wander away, just bring it back and concentrate only on my voice.... Relax all of your muscles and body.... Relax.... Relax...."

These instructions are for inducing general body relaxation. They should be used at the beginning of each

session and during long intervals of relaxation. Each therapist will gradually develop a "set" of general relaxation instructions with which he feels comfortable. Likewise, each subject will respond best to a particular phrase or set of instructions. For example, one subject might prefer the phrase, "your muscles are becoming limp, warmer and heavier." Another subject, however, might prefer the phrase, "your muscles are becoming smooth, cool and light." After the first and second relaxation sessions, the therapist should ask subjects what behaviors--both verbal and nonverbal--of the therapist facilitated relaxation the most.

Some additional phrases to be used by therapists for facilitating relaxation include the following.

"Sink right back into the chair.... Let all your tension unwind.... Go just as limp as you possibly can.... Let the fluid of relaxation flow all over your body.... Strive for deeper and deeper levels of relaxation...."

Specific muscle relaxation: introduction. "As I mentioned before, you can achieve complete relaxation of your muscles through training and through conscious effort. First you must learn where the muscles that you want to relax are. I will show you how to locate these muscles by having you tense them, and then by having you concentrate on where the tension is and how it feels. After you have learned to recognize tension in a muscle, I will ask you to stop tensing it and to concentrate on the feeling of relaxation--letting the muscle go completely limp and just doing nothing with it.

"We will work with a number of different muscle groups, taking them one at a time. The goal is to teach you how to produce a state of general bodily relaxation in yourself.

"It is important that you realize the active role you will have in learning relaxation. You will be the one who determines the depth of relaxation you can achieve and the

speed in which you can achieve it. As we proceed, you will see that you have the major control over relaxation."

Specific muscle relaxation: Step one. "Settle back as comfortably as you can...close your eyes...and allow yourself to relax to the best of your ability. When I tell you to, please extend your left arm rigidly and make a fist, just an inch or two above the armrest of the chair. Hold it there until I give you the signal to stop. After a few moments, I will say the word, "relax." You should then immediately drop your arm upon the chair's armrest and relax. Ready? [Pause for a few moments and answer any questions.]

"Extend your left arm rigidly and make a fist. Clench your fist tighter and tighter so that the tension will build in your muscles.... Notice how your muscles become tight and stiff. Tension is an unpleasant feeling...."

Have the subject maintain this position for approximately 20 seconds. Direct his attention to the tension in his muscles so that he will recognize the discomfort and so that he can form a mental impression of it.

Specific muscle relaxation: Step two. "Now relax.... Let the muscles in your arm and hand become loose and limp so that relaxation can flow through them. Notice the difference between relaxation and tension. Relaxation is a much more pleasant feeling.... Each time we do this, you will become more and more relaxed, until there is no more tension in your muscles and body."

Have the subject continue relaxation for approximately 40 seconds. During this interval, draw his attention to the specific feelings he is experiencing, and have him compare them to the feelings of tension. Unless silence is preferred by the subject, he should also receive training in general relaxation (see above) during this interval.

Specific muscle relaxation: Step three--reiteration.  
The therapist repeats steps 1 and 2 above for three (3)

additional tension-relaxation cycles. During each additional cycle, however, the subject should tense his arm for only 5-7 seconds before letting it drop. Also, he should relax his muscles for only 10-20 seconds between cycles.

Occasionally, subjects will not drop their arm as directed, but will ease it down. If this occurs state the following instruction.

"When I give you the signal, let your arm fall completely relaxed. Do not put it down. Pretend your arm is hanging, held up by a string. On the word 'relax,' I cut the string, and your arm just falls down."

To facilitate general relaxation, therapists might find it helpful to employ the following instruction.

"In order to help you relax as completely as possible, I am going to count backwards slowly from 10 to 0. I want you to regard each number I say as a signal to become more deeply relaxed than before. Ten...nine...eight...seven...six...five...four...three...two...one...zero."

Specific muscle relaxation: Step four--subsequent muscle groups. Subsequent muscle groups should be introduced and treated according to steps 1, 2, and 3 as noted above. Subjects initially will be told which muscle group is to be tensed and relaxed. After the brief introduction and instruction, they will participate in the actual tensing and relaxing of muscles.

The following is a list of the specific muscle groups to be treated. Always use the preceding group as a reference for moving on. In addition, allow approximately 40 seconds of relaxation between each muscle group.

- (2) Right arm: same as left arm.
- (3) Forehead and eyes: frown hard, tensing the muscles of your forehead and eyes.
- (4) Jaws: open your mouth slightly and imagine that you are trying to bite hard on something between your teeth.
- (5) Neck and shoulders: shrug (raise) your shoulders and make your neck as tense as possible.
- (6) Chest: take a deep breath and hold it.
- (7) Abdomen: draw the muscles of your stomach in and pretend that you are trying to touch the back of your spine.
- (8) Left leg: raise your left leg slightly and bend your left foot back toward your knee; pretend you are trying to touch your knee-cap with your toe.
- (9) Right leg: same as left leg.

If all muscle groups are not treated by the end of the first relaxation session, therapists should review briefly (30 seconds) the treated muscle groups upon the start of the second relaxation session, before subsequent muscle groups are introduced and treated. The following statement may be used as an introduction.

"I am going to continue teaching you how to relax your muscles. Close your eyes and relax (administer general relaxation instruction). Now, we are going to go over what we did last time, and then we are going to some new muscles." [Administer an abbreviated version of specific muscle relaxation instruction: two 30-second tension-relaxation cycles on each muscle group.]

If any subject continues to experience tension in a muscle group after the completion of 4 tension-relaxation cycles, he should be told to take a deep breath and to hold it while tensing muscles; then he should be told to breathe out and



let go while releasing muscles. This modified procedure should be used only after all muscle groups have been treated by the standard procedure.

Testing imagery. Toward the end of the second relaxation session, the therapist should test the subject's imagery so as to prepare him for desensitization proper. The following instructions are to be given to the subject.

"We now have completed the relaxation exercise. However, keep relaxing and keep your eyes closed. Listen only to what I say.

"We will now practice imagery. I am going to ask you to imagine some things. Once the image becomes clear in your mind, signal by raising your left index finger. Okay? Now, I want you to imagine an apple--a nice...juicy...red apple. Imagine a whole apple. Notice the color...the texture...and the shape. Make the apple look just as real as if it was in front of you. [Let the scene continue for 20 seconds.] Now turn the scene off and concentrate only on relaxing again. Do not let this image or any other intrude on your relaxation. Let your whole body just feel warm and relaxed.

"Now I want you to imagine yourself lying in bed in your room. Get a clear picture of the whole room. Notice the color...texture...and shape of the furniture...door...windows...and other objects. Look at everything in the room as if it were in front of you. [Continue for 20 seconds.] Now turn the scene off and just concentrate on relaxing your whole body. Relax.... Relax...."

The minimum requirement is that the images be clear and vivid. Subjects who have difficulty imaging may profit from being told to verbalize what they see. Subjects who have difficulty relinquishing an image may profit from being told to think only of relaxation and the feelings associated with it. It is most important that subjects imagine the situation

as if they are there--not as if they are watching themselves in the situation.

Arousal from relaxation. In arousing subjects, the numerical method of trance termination should be used.

"I am going to count from one to four. On the count of one, start moving your legs; two, your fingers and hands; three, your head; and four, open your eyes and sit up. One--move your legs; two--now your fingers and hands; three--move your head around; and four--open your eyes and sit up."

Always check to see that the subject is alert and feels well before he is permitted to leave.

Termination of progressive relaxation. Therapists should inquire as to subject's experience with relaxation and imagery. Any changes in treatment protocol should suit the needs of the subject.

By the third session, if the subject has practiced well, relaxation may be induced merely by suggestions of "warmth" and "relaxation." However, if any subject has difficulty following suggestion only, therapists should return to the use of tension-relaxation cycles.

Therapists should instruct subjects to practice relaxation procedures between treatment sessions. Relaxation should be practiced twice per-day, for about 15 minutes at a time. There should be at least a 3-hour interval between practice sessions, and subjects should practice alone while in a reclined or sitting position.

Discriminatory-incidents Hierarchy

In addition to instructing subjects to practice relaxation, therapists should instruct them in the construction of individual discriminatory-incidents hierarchies. The following instructions are to be given to subjects toward the end of the first session.

"There is something else that I would like for you to do between now and our next meeting. I want you to make a careful list of situations in which you have been the victim of racial discrimination. Try to make your list cover the complete range of your negative feelings, from discriminatory incidents which evoke only slightly negative emotional reactions, to discriminatory incidents which evoke extremely negative emotional reactions. For example, one item that is somewhat mild might be 'being ignored by an anglo waitress,' whereas a more severe incident might be 'being called a greaser by an anglo companion.' List 12 to 20 of these items, and bring the list with you next time."

Subjects should understand that the kind of items required are those that can be imagined--that is, they should be reasonably concrete or operational in form. An item such as "being called a greaser by an anglo companion" may be more concrete than one such as "being called a greaser by restroom grafitti."

During the subsequent session, the therapist is to inquire into subject's list of items, inscribe each item on a separate notecard, and elicit a detailed description of each item. It is not necessary to determine every instance of racial discrimination, since generalization from one instance to another will bridge the gap. It is, however, necessary to determine situations close enough together to allow generalization to occur. The notecards then are to be placed

before the subject, and he is to be given the following instructions.

"Before I have you rank these cards, I want to teach you a method for reporting more accurately your level of emotional discomfort. Think of the most disturbing situation you have experienced, or can imagine experiencing, and assign this the number 100. Now think of the state of being absolutely calm and call this zero. Now you have a scale of emotional discomfort."

After introducing the subject to the subjective units of disturbance (sud) scale, proceed with the following statement.

"Using the emotional discomfort scale, I want you to look at these cards and to rank them in order of increasing emotional discomfort. After that, I want you to select 10-12 items that are pretty evenly distributed over the whole range of negative feelings. You, therefore, will have to discard some of the items. If you feel that two cards represent the same degree of negative feeling, then change one of them or throw it out. And, if you feel that there is too big a gap between two cards that you have put next to each other, then leave a space and we will try to make another item to fit in there."

Once the subject has arrived at the final order of items, the therapist collects the cards, and later, numbers them on the back (in pencil) to preserve the order. This order and the number of items is subject to alterations and/or additions during subsequent sessions. If a subject has difficulty recalling 12-20 incidents of racial discrimination, therapists may gently probe into subject's past in order to facilitate recall (e.g., "have you ever been denied service at a restaurant because you are Mexican American?"). Moreover, as a last resort, therapists may instruct subjects

to list discriminatory incidents that if confronted with today they would expect to react negatively to. These incidents are to be added to the final 10-12 items in order to complete the discriminatory-incidents hierarchy.

#### Desensitization Proper

The general rules for conducting desensitization are listed below.

- (1) The first 5-10 minutes are to be spent with the subject's report of any significant events; of success with relaxation; and of any needed changes in his hierarchy.
- (2) Before starting desensitization, inform the subject that he will be asked to induce relaxation and then to image some disturbing racial incidents. Once he obtains a clear image, he is to signal by raising his left index finger. Upon being told to stop imaging, he is to report his level of emotional discomfort according to subjective units of disturbance--that is, zero to 100 units of emotional discomfort.
- (3) During the next 2-5 minutes, give the subject instruction in general relaxation.
- (4) After relaxation is induced, present each new hierarchy item at least twice without emotional discomfort, in order for it to be considered desensitized.
- (5) The first time an item is presented, allow it to be imagined for 5-7 seconds after the subject has indicated a clear image. Then terminate imaging (visualization) by saying, "Stop the scene;" and then ask the subject to report how many suds the image evoked in him.
- (6) The second time an item is presented, allow visualization to occur for 10-12 seconds.
- (7) After each scene, pause for 20-30 seconds and renew relaxation instructions.
- (8) If a scene produces any emotional discomfort (i.e., suds above zero) whatsoever, give 1-2 minutes of

relaxation before repeating the scene or before returning to a previously presented scene. Emotional discomfort will be reflected by body tension, increased respiration, and anxious facial expression. For the first incident of the hierarchy, the preceding scene is the red, juicy apple.

- (9) Some particularly difficult items may require a third presentation of 20 seconds of imaging in order to ensure complete desensitization. This third presentation is in addition to the two presentations of a scene at zero suds.
- (10) Do not end a session on an item that arouses emotional discomfort. Approximately 5 minutes to the end of a session, either stop with a successful item or go back to the previous item in the hierarchy. Always finish with the subject in a pleasant, calm state.
- (11) Every session should begin with the last successfully completed item in the hierarchy.
- (12) Before ending a session, give 1-2 minutes of general relaxation, so as to eliminate any residual body tension.
- (13) Arouse the subject by means of the numerical method of trance termination.

Desensitization sessions may be introduced in the following manner, after relaxation has been induced.

"I am now going to ask you to imagine a number of discriminatory scenes. You will imagine them clearly and they will interfere little, if at all, with your state of relaxation. If, however, at any time you feel unduly disturbed or worried and want to draw my attention, you can tell me so. As soon as a scene is clear in your mind, indicate it by raising your left index finger about an inch. Okay?

"Now, first, I want you to imagine that you are [present a scene]... [Pause for 5 seconds after subject raises his finger.] Stop imagining the scene. Now, by how much did it raise your level of discomfort while you imagined it?... Now give your attention once again to relaxing." [Pause for 20-30 seconds; then renew relaxation instructions. Or pause for 1-2 minutes if the scene produces discomfort. The criterion for a successfully

desensitized scene is two presentations without emotional discomfort.]

The session concludes with a successfully desensitized scene and/or with relaxation. Therapist inquires into subject's experience and modifies procedures accordingly.

All subjects should easily complete their hierarchy in six sessions. However, if any subject does not complete the hierarchy, note the items not covered.

#### Desensitization Treatment Data Sheet

To facilitate the presentation and desensitization of discriminatory incidents (scenes), therapists need to record the following information for each subject:

- (1) Discriminatory incidents (scenes) to be desensitized.
- (2) Order of presentation of scenes.
- (3) Emotional discomfort level (SUDs) for each presentation of a scene.

This information should be recorded on an individual data sheet for each subject.

An example of a completed data sheet for a subject is attached to the end of this manual. Notice that the order of scene presentation periodically reverted to a scene previously presented and desensitized. This was done to facilitate the reduction of emotional discomfort evoked by a scene yet to be desensitized. Notice, also, that the level of emotional discomfort (SUDs) for most scenes tended to decline with each presentation of the scene. This reflected the effectiveness of desensitization itself.

Therapists should complete the individual data sheet during each desensitization session, or immediately thereafter. This sheet should be included in the posttest data submitted to the author.



## Desensitization Data Sheet

Name: \_\_\_\_\_ Therapist: \_\_\_\_\_

Date: initial session \_\_\_\_\_

final session \_\_\_\_\_

<u>Scene</u>	<u>Order</u>	<u>SUDs</u>
1. Criticized by my Anglo supervisor for speaking Spanish.	1	0,25,0,0
2. Treated in a condescending manner by an Anglo peer.	2,4	35,15,0,0,0,0
3. Assigned the "dirty" work by my Anglo supervisor.	3,5	40,40,35,15,0,0
4. Denied access to the photocopy machine, by an Anglo secretary, when Anglo co-workers are allowed to use the machine.	6	75,35,0,0
5. Treated in a rude and intimidating manner by an Anglo store clerk.	7	50,0,0
6. Having been asked for an I.D. card, when my Anglo companions were not.	8,10	40,15,0,0,0,0
7. Receiving perfunctory assistance from my Anglo supervisor.	9,11	75,75,45,15,0,0
8. Asked my nationality by an Anglo stranger (not a customs officer).	12	75,35,0,0
9. Being told by my Anglo supervisor that I'm the "token" Mexican, and that my promotion was not earned.	13	75,45,15,0,0
10. After committing a mistake, being called a "Mexican" by my Anglo co-worker.	14	65,15,0,0

11. Deliberately isolated by my Anglo peers during a group meeting.	15	40,25,15,0,0
12. Offended by my Anglo supervisor's use of racial slurs and innuendo.	16	75,45,35,0,0

## Appendix G

## Re-education Treatment Manual

The purpose of this treatment is to ascertain the impact of the therapist and of new information on racism upon the subject and his way of responding to racial discrimination. To effect this impact, therapists will engage subjects in verbal discussions concerning racism, its various facets, and its effect upon individuals, especially the subject. In a way, therapists will be educating/re-educating subjects on topics of racism, thus possibly promoting changes in subject's reaction to discriminatory incidents. It is important to emphasize that this treatment involves re-learning of responses to racial discrimination.

There are three major procedures to be followed for this treatment:

- (1) Explanation of rationale and course of treatment.
- (2) Introduction of topics on racism, and subsequent discussion (i.e., re-education).
- (3) Summary of discussion and suggestions for effecting change in response to discrimination.

These procedures are designed to be impressive and time-filling; they are to be carried out systematically, both for ease of application and for comparability across therapists.

For the purposes of this research, it is absolutely essential that the therapist be as warm and interested as he would be in any helping relationship, and that he maintain

confidence in the procedures, while allowing no other therapeutic elements to enter. The therapist should always be positive in his approach.

Time schedule. The following time schedule should be followed as closely as possible.

#### First session

1. Explanation of rationale and course of treatment (5-10 minutes).
2. Introduction of topic on racism, and subsequent discussion (5-10 minutes).
3. Summary of discussion and suggestions for changing response to racial discrimination (4-7 minutes).

Note. This will be a brief session due to pretesting of subjects upon their arrival for treatment.

#### Second to seventh session

1. Inquire into any change in behavior toward racial discrimination (5-10 minutes).
2. Either permit discussion on racism to develop naturally--according to subject's verbal response--or initiate discussion by introducing another topic on racism (30-40 minutes).
3. Summarize discussion and any suggestions for changing response to racial discrimination (5-10 minutes).

Note. It is not mandatory for therapists to offer subjects a suggestion for effecting change in their response to racial discrimination. Should such suggestions be made by the therapist, they should be simple and commonsensical.

#### Eighth session

1. Inquire into any change in behavior toward racial discrimination.
2. Continue re-education (10-15 minutes).

3. Terminate re-education treatment (5-10 minutes).

Note. This will be a brief session due to posttesting of subjects upon completion of treatment.

Suggestions and additional guidelines. When stating the rationale for treatment, and when summarizing discussions, therapists should remind subjects that their responses to racial discrimination are learned, and that re-learning/re-education can produce more positive responses to discrimination--for example, the ability to remain calm and to think effectively. Therapists should spend minimal time and effort advancing dynamic explanations of subjects' behavior. Instead, therapists should concentrate on promoting subjects' recall and discussion of personal experience with racial discrimination. This might be accomplished more easily if the therapist assumes the following interpersonal behaviors: (a) empathy--be sensitive to subject's feelings, and communicate these feelings back to him accurately; (b) warmth--be friendly and accepting of the subject, without imposing contingencies on positive regard; and (c) genuineness--be honest and "open," without employing facades or becoming defensive.

Specific Procedures

Explanation of rationale. Therapists are to inform subjects that "recent research has shown that the opportunity to talk with someone about being discriminated against can help a person to remain calm, to make the experience of being

discriminated against less unpleasant, and to reduce the likelihood of doing something inappropriate--such as arguing or becoming depressed." After this introduction, therapists should inform subjects that they will meet for eight 1-hour sessions during the next several weeks. The sessions are aimed at educating the subject and hopefully producing some change in his response to discrimination.

Introduction of topics on racism. Once the treatment rationale is presented, therapists should introduce the first topic on racism (e.g., Definitions). This topic is to be presented in an expository manner, so that subjects experience a sense of "formal" education on racism. Presentation of topics should be brief, so as to maintain subject's attention and to elicit his comments.

Therapists should allow sufficient time for the subject to respond. Once the subject responds, therapists should permit the conversation to develop naturally and spontaneously. This may be facilitated by the therapist employing the interpersonal behaviors mentioned above (see Suggestions). If the discussion begins to lag, therapists should introduce another topic on racism.

Therapists may interpret subjects' statements regarding discrimination, and may offer solutions to subjects' responses to discrimination. However, these therapeutic procedures should be used infrequently, should be requested

by the subject before administered, and should be kept at a superficial and common-sense level.

Summary of discussion and suggestions during treatment.

Toward the end of each session, therapists are to review briefly the topics discussed and any suggestions for changing responses toward racial discrimination. This review should provide additional re-education and some closure to sessions. Therapists are to emphasize that re-education and the opportunity to talk about discrimination is an effective treatment for modifying responses to racial discrimination. Any changes in behavior are expected to be in a positive direction.

During the discussions, therapists should not permit subjects too much time to speak on tangential topics (e.g., problems at home which are unrelated to racism). If during the summary period a subject introduces a personal topic on racial discrimination, the therapist should encourage him to initiate such discussion during the subsequent meeting. Sessions should be concluded on a "positive note" by focusing on subject's pleasant experiences.

Topics on Racism

Definitions

**Race:** A group who considers themselves, and/or by others, distinct on the basis of physical characteristics (e.g., skin color, hair texture, or facial features).

**Ethnic group:** A group recognized by themselves, and/or by others, as a distinct group, with such recognition

occurring on the basis of social or cultural characteristics (e.g., national origin, language, dress, diet, or religion).

**Racial group:** Persons of the same race who interact with one another and who develop some common social/cultural characteristics. This definition includes aspects of an ethnic group and of a race. Recently, sociologists have proposed that society--instead of biology--determines who is a race or an ethnic group. For example, when members of society distinguish other members on the basis of their physical characteristics (e.g., brown skin, dark eyes and hair), then a race is defined. However, when members are distinguished on the basis of sociocultural characteristics (e.g., Spanish speaking, tortillas, predominantly Catholic), then an ethnic group is defined. It is possible for one group to be called a race and an ethnic group at the same time. Currently, this is the case for the three most distinguished minority groups in the United States--Afro Americans, or blacks; Mexican Americans, or chicanos; and Native Americans, or indians.

**Minority group:** A group set apart on the basis of physical or cultural characteristics, who experiences a subordinate position on the social hierarchy and who enjoys less than their proportionate share of wealth and power.

**Majority group:** The group in a social hierarchy who experiences dominant status and who enjoys more than their proportionate share of wealth, power, and/or social status.

**Racism:** Any attitude, belief, behavior, or institutional arrangement that tends to favor one race or ethnic group (usually a majority group) over another (usually a minority group). Racism can be intentional or unintentional. The unfortunate fact is that if one is the victim of racism, it makes relatively little difference whether the resultant disadvantage was intentionally imposed or not; it is still a disadvantage. There are several types of racism; some of them include the following: attitudinal racism (prejudice), ideological racism, individual racism (discrimination), and institutional racism (discrimination).

**Prejudice:** Attitudinal racism; refers to peoples' thinking--favoring one group over another. It can be direct/overt (e.g., "I hate chicanos") or indirect/covert (e.g., "Chicanos tend to prefer low-paying jobs").

**Racist ideology:** The belief that one race is biologically, intellectually, or culturally inferior to another. Sometimes, it is elevated to scientific theory (e.g., blacks inherently being of low intellect), so it



becomes scientific racism. It is used to justify domination and exploitation.

**Individual discrimination:** Behavior on the part of an individual which leads to unequal treatment of another individual, on the basis of race or ethnicity.

**Institutional racism/discrimination:** Arrangements or practices in social institutions and organizations (e.g., family, state, educational system, economic system, religion) that tend to favor one racial/ethnic group over another. For example, segregation is considered a conscious and deliberate form of institutional racism. On the other hand, the high cost of education is considered a non-deliberate form of institutional racism. Recently, sociologists have suggested that not all, and perhaps not even most, discrimination is perpetrated by individuals. Therefore, institutional racism seems more evident than previously thought of before.

Note. Sources for the preceding information were texts by Feagin (1978) and Farley (1982).

### History of Racism

Today the United States is a multiethnic and multiracial society--that is, it is composed of various distinct ethnic and racial groups. Some of the groups of European origin include the English Americans, Italian Americans, and Jewish Americans. Groups of non-European origin include the Native Americans (Indians), Afro-Americans (Blacks), and Mexican Americans (Chicanos). Also included in one of the above categories are groups such as the Puerto Ricans, Cubans, Japanese, Chinese, Scottish and Scandinavian Americans.

The group to effectively settle and develop the new republic of America were the English. This group constitutes the core and dominant group in the United States. The first great wave of immigrants who experienced discrimination by the English were the Irish. Then came the Italians and the Jews. Included among the most oppressed groups to settle in America are the Blacks, Indians, and Chicanos.

Once the aforesaid groups came to America, some were relegated to low status in the social hierarchy, for low status was closely linked to economic misfortune. The less affluent the group, the lower its position. For example, Blacks came to America as slaves so they experienced a low position in the social hierarchy. Another example are the Indians. Though they were native (indigenous) to America, Indians were sometimes used as forced labor or slaves during

the early period of the republic, thus experiencing a low social status. Since the founding of America and its society, there has been conflict and oppression among the different racial and ethnic groups. For example, during the colonial period, the enslavement of black Africans was fundamental to the economy of the English colonies. In addition, the Scotch and the Irish were oppressed by the English.

The history of America's legal system reflects societal patterns of race relations and subordination. In the beginning, the new republic's laws were aimed at hampering groups of non-English origin. For example, neither the Declaration of Independence nor the Constitution's Bill of Rights were applicable to citizens of African descent--which during the early days of the republic represented a large proportion of the population. Other non-English groups such as the Irish, Germans, and French, also found themselves less than equal under the law. For instance, the Alien, Sedition, and Naturalization Acts prevented some of these groups from immigrating into America and becoming citizens.

Inequality in life chances along racial and ethnic lines has been a fundamental fact of America's history. Because of such inequity, non-English groups like the Irish challenged the dominant English group and tried to move up in the social, economic, and political hierarchy. Gradually, these non-English groups adopted the English language, customs, and institutions, which comprised the core of American society and culture. Most of these groups adapted, in part or whole, to the dominant English culture and ways, with some gaining substantial power and status in the process. Yet, other groups remained more or less in a subordinate position, both politically and economically (e.g., Blacks). Thus racial and ethnic diversity and inequality became early and continuing dimensions of the foundation of American society.

Intergroup relations were not always peaceful, nor was equality a basic fact of group life. For example Irish Americans were criticized by Puritans such as Cotton Mather, who viewed the Irish as a religious threat, and attacked proposals to bring them in as the work of the Devil. Another example of intergroup conflict was the criticism of Italian Americans by Theodore Roosevelt in 1891; he made negative comments about Italians when a group were jailed, and then when the Italians were lynched, Roosevelt stated that it was "a rather good thing" (the New York Times suggested that lynching of Italians was a solution for the Mafia problem).

In summary, racism has been a fundamental fact of American history. It tends to occur after some initial contact between a dominant group (e.g., the English) and a non-dominant group (e.g., the Irish or the Blacks). The former appears to use racism as a means of maintaining its superior position in the social hierarchy.

Note. Sources for the preceding information were texts by Feagin (1978) and Farley (1982).

### Mexican Americans: Subordination

The first contacts between Mexicans and Americans came about in the early 1800s in what is now the southwestern United States--Texas, California, New Mexico, and Arizona. At the time, the Mexican population was mostly mestizo, a mixture of Spanish and Indian. (There also were some recent white immigrants from Spain, but they preferred to think of themselves as Spanish.) Initially, the relationship between Mexicans and Anglos was one of both cooperation and competition. Both groups were landowners, farmers, and ranchers. The two groups demonstrated intercultural cooperation and were generally of equal status. In fact, Anglo immigrants were often assimilated into Mexican life--becoming Mexican citizens, marrying Mexicans, and receiving land grants. In addition, both groups oppressed the Southwestern Indian people.

The subordination of Mexicans by Anglos came about in the 1830s when Texas proceeded to become independent from Mexico. Independence was desired partly because most Texans--both Mexican and Anglo--favored a decentralized/federalist form of government (i.e., greater local autonomy), whereas the Mexican government favored a centralized form of government (i.e., strong national government with control over the whole region). Other factors included Mexico's restrictions on immigration and slavery into the region, thus angering white settlers from the East and South. When the Mexican Army arrived in Texas to control the dissident federalists, a revolt erupted, much blood was spilled, and Texas eventually ended up as a nation for a short time. In 1845, Texas was annexed by the United States.

Texas's independence from Mexico accelerated the influx of white immigrants into the region--upsetting the power balance between Anglos and Mexicans. Before long, Anglos outnumbered Mexicans by a ratio of five to one. Most of these white immigrants were from the South, and they brought with them their demand for land (to set up a plantation system for raising cotton) and their prejudices (e.g., non-

whites are inferior). By the time Texas was ceded to the U.S., most Mexicans had been deprived of their land, either by force or by the American legal system which tended to protect Anglo interests.

The upsurge in anti-Mexican prejudice which occurred during the 1830s hastened the subordination of Mexican Americans by Anglo Americans. This upsurge was partly due to three factors: (1) warfare with Mexico led to the Anglo view of all Mexicans as former enemies, even though most opposed Mexico's centralist government and fought for Texas's independence; (2) Southern Anglos' notions of racial inferiority were readily applied to the Mexican American; and (3) racism served the economic purpose of supporting and rationalizing the Anglos' actions of taking land from the Mexican Americans.

As for the rest of the Southwest territories--California, Arizona, and New Mexico--they became part of the United States in 1848, by the Treaty of Guadalupe Hidalgo, which ended the Mexican War (1846-1848). This war was precipitated partly by the United State's annexation of Texas. Other factors included the disputes along the U.S.-Mexican border and America's expansion westward under the principle of "Manifest Destiny" (i.e., the God-given right to settle such land). As in Texas, the influx of white immigrants into the Southwest resulted in interracial competition over the land, displacement of Mexicans from their land, and their ultimate subordination.

Though Mexicans who resided in the ceded territories were granted U.S. citizenship and recognition of their land rights, they did not receive fair and equal treatment under the law. For instance, proving a land claim in U.S. courts was almost impossible for Mexican Americans because the courts were staffed by Anglos who favored the protection of Anglo interests. Even when Mexican Americans learned the American legal process and won their land claims, they were often so in debt that they lost part or all of their land when paying their legal debts. Simply, the balance of power was totally on the side of the Anglo Americans. By the 1880s, Anglos were solidly in control of the Southwest.

As Mexican Americans were deposed of their lands, they were placed in a difficult and desperate economic position. Since the American economy in the region was largely built around mining, farming, and railroad construction, Mexican Americans became the major source of labor for these industries. The work was hard, dirty, and demanded long hours. Workers received low wages. In addition, they often had to purchase their goods at inflated prices from company

stores. Housing and education were poor, with the latter practically nonexistent. By the early twentieth century the Anglo had exploited the Mexican American as cheap labor--a position only marginally better than slavery. Mexican Americans were relegated to low-paying, low-status jobs, thus occupying a low position on the socioeconomic hierarchy.

In summary, the subordination of Mexican Americans by Anglo Americans occurred as a function of several factors: Anglo immigration into Mexican territories; competition for land between Anglos and Mexicans; Anglo prejudice toward non-whites, ethnocentrism (belief in one's superiority), and doctrine of "Manifest Destiny" (right to expand throughout the North American continent); Anglo displacement of Mexicans from their lands; and Anglo exploitation of Mexican Americans as cheap labor. There was a close association between the numerical balance of these two groups and the amount of inequality between them. It is important to note that only the history of the Mexican American involves the conquest by force of a sovereign, internationally recognized nation-state (Mexico and Aztlan--the region ceded to the U.S.) and the abrogation of the rights accorded to the citizens by that nation.

Note. Source for the preceding information was the text by Farley (1982).

### Mexican Americans: Heritage

The history of the Mexican American dates back to the early 1500s when Spanish explorers settled in North America and conquered several of its native groups--called Indians. Though they were outnumbered, the Spaniards with their horses and superior weaponry obtained control of the new lands and its peoples. The Spanish sought to Catholicize the natives and to exploit them for their labor by concentrating them in agricultural and mining communities.

Through the process and pressure of acculturation, the natives adopted the customs and values of the Spaniards. This resulted in the perpetuation of the Spanish language, the Catholic religion, adobe houses, and trousers for men. There evolved a five-level social hierarchy which was based on the proportion of one's heritage that was Spanish, and which determined a person's rights and privileges, accordingly. The five levels, from highest to lowest, were the Crillos (native-born Spanish); Mestizos (mixed Spanish and Indian); Mulattoes (mixed Spanish and black); Negroes; and Indians. Due to the relatively small number of Spaniards, the natives contributed overwhelmingly to the resulting population mix.

Currently, Mexican Americans comprise one of the most diverse ethnic groups in the United States. They exhibit a wide range of skin colors--from light Caucasian to dark Indian, and all shades in-between. Some Mexican Americans have been fully integrated and assimilated into the Anglo culture, whereas others continue to live almost exclusively within their ethnic enclaves. Some retain strong ties to Mexico and return there frequently, whereas others adopt a more militant posture and remain in the U.S. Some Mexican Americans are wealthy, but most are desperately poor.

Nonetheless, Mexican Americans share some common values and norms. They tend to emphasize respect and deference to elders, getting along with people, and getting ahead in the world. Most Mexican American children demonstrate a desire to learn, obey, respect, and please their teachers. These norms represent the dominant ideal for most Mexican Americans and are not unlike those of the Anglo middle class.

The structure of the Mexican-American family varies according to social class and to rural or urban life. The low-class rural family generally follows an extended/traditional-family pattern, in that relatives live together or close by, and family roles are clearly defined: the male is dominant and the decision-maker, whereas the female is subservient and the family caretaker. In contrast, the middle-class urban family may follow either the traditional pattern or the nuclear-family pattern, in that relatives live more remote from each other and the family roles (e.g., decision-maker) are shared. The type of structure manifested by Mexican-American families tends to be associated with housing patterns (e.g., fewer extended families when residing in Anglo neighborhoods); extent of assimilation into the Anglo culture (e.g., more nuclear families when Anglicized); and availability of public services (e.g., more nuclear families when public-welfare agencies are more accessible). Moreover the mass media, with its models at variance with the traditional family roles, seems to have had an important influence upon today's Mexican-American family and its structure.

The social structure of the Mexican American community is constantly changing and evolving away from the older tradition in which the upper class was mostly Spanish and the lower class was mostly Mestizo or Indian. Much of this change is associated with the rise in income, education, and circumstances of the Mexican American. Though most Mexican-American families tend to be poor, there is a middle class that exhibits three types of mobility patterns: (1) remaining in the "barrio," and maintaining social contact

primarily with one's ethnic peers; (2) leaving the barrio and increasing contact with the majority group; and (3) partially integrating--without assimilating--into the majority culture, thus learning the Anglo system but retaining many ethnic contacts. The latter is a bilingual-bicultural pattern that is frequently manifested by Mexican-American college students. It has its disadvantages in that students often experience conflict over their changed interest and those of their former friends in the barrio. Not infrequently, these students are often called "vendidos" (sell-outs) by those who remain in the ethnic community.

Mexican Americans tend to hold the low-paying, less desirable jobs in most occupational areas. For instance, they are heavily concentrated in the occupations of operator, laborer, farm worker, and service worker. Mexican Americans are not found in large numbers in the professions, skilled occupations, or high-paying unionized jobs. When they do work similar jobs as Anglos, Mexican Americans tend to be paid less. The gains for most Mexican Americans have come slowly and probably reflect more the cycles in the economy than permanent upward mobility.

For most Mexican Americans, education has not provided the ladder of success it has to other ethnic groups (e.g., the Irish). Mexican Americans evidence a higher dropout/pushout rate and a lower achievement level than Anglo Americans. This may account for the underrepresentation of Mexican Americans in professional, managerial, and sales occupations.

Lack of success has been attributed partly to the discrimination of Mexican Americans in education. Schools composed primarily of Mexican-American children tend to be isolated, segregated, and have inappropriate curriculums (e.g., emphasis on non-academic courses such as woodworking) and poor teaching. The stereotyped views and prejudices of some Anglo teachers toward Mexican Americans has also contributed to the inferior education and lack of success of this ethnic group. In contrast, educators have blamed the Spanish language, the apathy, and the lack of motivation among students for the problems of Mexican-American schools. Nevertheless, Mexican-American students continue to lag behind Anglo-American students in literacy and educational achievement. It appears that the educational system is not meeting the needs of Mexican Americans.

Some misconceptions of Mexican Americans have been advanced by the scientific and service communities. Mexican Americans have often been described as "fate oriented" and as concerned primarily with the present, instead of with the

future (the "manana" attitude). They also have been described as passive, lazy, and lacking of individualism. These stereotypes of Mexican Americans seem based primarily on anecdotal evidence (e.g., one author's opinion) and/or on overgeneralized conclusions (e.g., the fate-oriented concept was noted of an isolated, rural community; and then it was noted of all Mexican Americans, in general.). These misconceptions also are frequently perpetuated by community service employees (e.g., police officers, social workers) who generally see only Mexican Americans who are in trouble. Such contact tends to become the inferred norm for all Mexican Americans. It also tends to result in blaming of the Mexican culture for the lack of progress.

In conclusion, the heritage of Mexican Americans dates back to over 300 years, when the Spanish entered North America and subjugated the native population. Today, Mexican Americans are a diverse ethnic group, exhibiting a wide range of skin colors and socioeconomic positions. Though they differ, Mexican Americans share some common values--respect and deference to elders, willingness to get ahead in the world, and a desire to learn from their teachers. In the cities, Mexican-American families adopt either an extended/traditional-family pattern or a nuclear family pattern. The social mobility of Mexican Americans is exhibited in their movement away from the barrios, their increased contact with the majority group, and their integration--without assimilation--into the majority culture. The latter often may produce conflict and result in being called *vendido* by one's ethnic peers. In general, Mexican Americans continue to be employed in low-paying, less-desirable occupations--such as laborers, operators, and service workers. They are under-represented in the professions, management, and skilled labor. Though Mexican Americans evidence a higher dropout/pushout rate and a lower achievement level than Anglo Americans, this might be due partly to racial discrimination in education. Schools composed primarily of Mexican Americans tend to be isolated, have poor teaching, and inappropriate curriculums. The educational system might not be meeting the needs of Mexican Americans. Some of the misconceptions of Mexican Americans (e.g., fate-oriented) have been advanced as scientific proof, and by persons whose contact with this ethnic group has been limited to specific subgroups--primarily the disadvantaged and troubled.

Note. Source for the preceding information was the text by Kitano (1974).



## Appendix H

## Informed Consent Form: RDI

To: All Mexican-American Students  
 From: Peter Fernandez

I am an advanced graduate student in clinical psychology who is doing a doctoral dissertation on Mexican Americans. My research is concerned with the emotional responses of Mexican Americans to racial discrimination and with the alleviation of some of these responses. Presently, I am addressing the first of these two concerns.

I am in need of volunteers to complete a questionnaire (the Terrell Racial Discrimination Index, Modified). This questionnaire concerns your experience (if any) as a victim of racial discrimination and how you respond emotionally to such experience. The questionnaire is self-administered, has 24 items, and requires approximately 20 minutes to complete.

All of your responses to the questionnaire will be kept strictly confidential; under no circumstances will they be made known to any instructor or official of the University. The general results of your questionnaire and of the study will be presented to you upon your request and upon my completion of the study. Even then, no names or identifiers linked to the respondents/volunteers will be involved.

The only respondents/volunteers who will be contacted after completion of the questionnaire will be those whose results on the questionnaire are consistent with the second concern of the study--alleviation of some emotional responses to racial discrimination. Those of you who are contacted will be offered the opportunity to participate in this second or treatment phase of the study.

Again, at this time I am only seeking volunteers to complete a questionnaire. Should you desire to participate, please indicate your consent by completing the blank lines below. This consent in no way obligates you to participate in the subsequent, treatment phase of the study. In addition you are free to discontinue your participation at any time during the study.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

## Appendix I

Informed Consent Form: Pretreatment  
(DS and TC Conditions)

To: Mexican-American Students  
From: Peter Fernandez

As stated in my previous communication to you, I am a graduate student doing a doctoral dissertation on Mexican Americans. My research is concerned with the emotional responses of Mexican Americans to racial discrimination and with the alleviation of some of these responses. Presently, I am addressing the second of these two concerns.

I am in need of volunteers for an investigation of several treatment methods to alleviate emotional responses to racial discrimination. The treatment methods to be used will consist primarily of talking to a trained student therapist about your experience as a victim of racial discrimination. No invasive treatment procedures such as the injection of medicine or the administration of electrical shock will be used in the study. In addition, you will be free to discontinue your participation at any time during the study.

Participation in the treatment phase of the study will involve a voluntary commitment of approximately eight (8) hours. These hours will be scheduled in increments of one hour and at times which are mutually convenient to you and the therapist. Included in the initial and final hours of treatment will be some testing (questionnaires only).

For each hour of participation in the treatment phase, you will earn five (5) dollars in U.S. currency. These earnings will be given to you only in a lump sum and only upon your full completion of all treatments and tests (i.e., at the end of the study). Failure to fulfill the aforementioned requirements will result in forfeiture of all earnings.

Parallel to the first or questionnaire phase of the study, all of your responses during treatment will be kept strictly confidential. No information will be made known to any instructor or official of the University. The general results of your treatment and tests will be presented to you upon your request and upon my completion of the study. Even then, no names or identifiers linked to participants will be involved.

Again, at this time I am seeking volunteers to undergo treatment for the alleviation of emotional responses to racial discrimination. Should you desire to participate, please indicate your consent by completing the blank lines below. You will be contacted, shortly.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## Appendix J

Informed Consent Form: Pretreatment  
(NTC Condition)

To: Mexican-American Students  
From: Peter Fernandez

As stated in my previous communication to you, I am a graduate student doing a doctoral dissertation on Mexican Americans. My research is concerned with the emotional responses of Mexican Americans to racial discrimination and with the alleviation of some of these responses. Presently, I am addressing the second of these two concerns.

I am in need of volunteers to complete several questionnaires regarding their feelings toward racial discrimination. These questionnaires will be administered on two separate occasions, each occasion requiring approximately 20 minutes of your time. Upon conclusion of the second of these two meetings, you will receive ten (\$10) dollars in U.S. currency for your participation in the study.

Parallel to the first questionnaire (Racial Discrimination Index) that you completed for me, all of your responses will be kept strictly confidential. No information will be made known to any instructor or official of the University. The general results of your questionnaire responses will be presented to you upon your request and upon my completion of the study. Even then, no names or identifiers linked to participants will be involved.

Again, at this time I am seeking volunteers to complete some questionnaires, on two separate occasions. Should you desire to participate, please indicate your consent by completing the blank lines below. You will be contacted shortly.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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