



Trauma and Multidimensional Schizotypy amongst Students of Color

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INTRODUCTION

The present study examined the association of multidimensional schizotypy with trauma in Black, White, Latino, and Asian adults. Schizotypy represents the expression of schizophrenia-spectrum psychopathology across a broad continuum of clinical and subclinical impairment (Kwapil & Barrantes-Vidal, 2015). The current literature suggests that there is an association between trauma and schizotypy (Velikonja et al., 2015), primarily in positive but not negative schizotypy. However, most of the literature has been limited to childhood trauma. Furthermore, studies need to examine these associations across race, given that previous literature suggests that racial groups differ in exposure to traumatic events (Roberts et al., 2011). This study expands on the current literature by examining experiences of schizotypy and traumatic experiences by race and ethnicity in a large sample of college students.

GOALS AND HYPOTHESES

We hypothesized that:

- Black and Latino participants will endorse more trauma than non-Latino White and Asian participants.
- Black and Latino participants will endorse more positive and disorganized, but not negative schizotypy than non-Latino and Asian White participants.
- Trauma will correlate with positive and disorganized schizotypy more strongly for Students of Color than White students.

METHOD

Participants

Participants were recruited through a university subject pool prior to the COVID-19 pandemic ($n=5460$). The study was open to participants 18 years or older.

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Demographic Data

Race/ Ethnicity. We assessed Black (8.6%), White (46.8%), Asian (27.8%), and Latino (16.9%) adults.

Gender. The majority of our sample identified as women (71.7%), followed by students who identified as men (28.1%) and students identified as nonbinary (0.2%).

International Students. 9.7% of our sample identified as an international student.

Socioeconomic status. The majority of our sample identified as middle class (65.1%), followed by working class (18.2%), upper class (10.8%), lower class (4.2%), and prefer not to answer (1.7%).

Procedures

Multidimensional Schizotypy Scale Brief (MSS-B; Gross et al., 2018). The MSS-B contains 38 true-false items assessing positive, negative, and disorganized schizotypy. Subscale scores range from 0-13 for positive and negative schizotypy and 0-12 for disorganized schizotypy.

Brief Trauma Questionnaire (BTQ; Schnurr et al., 1999). The BTQ is a 10-item measure assessing life-threatening or injurious traumatic exposure during both childhood and lifetime according to the DSM-IV. Exposures were summed. Interrater reliability has previously been reported as high for all items besides illness (Koenen et al., 2009).

RESULTS

Racial differences in schizotypy and trauma exposure

Table 1 presents descriptive statistics for schizotypy and trauma by racial group. As hypothesized, Black and Latino participants exhibited greater trauma exposure than non-Latino White participants, whereas Asian participants endorsed less trauma than non-Latino White participants.

Black and Latino participants also had higher ratings of positive and disorganized schizotypy, while Black and Asian participants endorsed the most negative schizotypy.

Table 1. Dimensions of schizotypy and trauma across racial/ethnic groups. ($n = 5,460$)

	Mean	SD	Range
Positive Schizotypy			
Black	2.71	2.67	0-13
White	1.55	1.98	0-13
Asian	2.40	2.47	0-13
Latino	2.46	2.48	0-12
Negative Schizotypy			
Black	2.39	2.34	0-13
White	1.14	1.75	0-13
Asian	2.08	2.30	0-13
Latino	1.92	2.22	0-13
Disorganized Schizotypy			
Black	1.82	2.57	0-12
White	1.29	2.20	0-12
Asian	1.75	2.57	0-12
Latino	2.18	2.86	0-12
Trauma			
Black	1.78	1.53	0-8
White	1.09	1.29	0-8
Asian	.93	1.23	0-10
Latino	1.40	1.47	0-7

Correlations between trauma and schizotypy across racial groups

To examine the relationship between discrimination and multidimensional schizotypy, we ran bivariate correlations (Table 2). Trauma was significantly and positively associated with positive, negative, and disorganized symptoms for all racial groups.

Table 2. Correlations between Trauma and Schizotypy by Racial/Ethnic Group

	Positive	Negative	Disorganized
Group	r (95% CI)	r (95% CI)	r (95% CI)
Black	.23** (.16-.36)	.10* (.01-.19)	.19** (.10-.26)
White	.24** (.17-.23)	.10** (.04-.10)	.18** (.11-.17)
Asian	.16** (.12-.23)	.07** (.02-.12)	.15** (.09-.18)
Latino	.24** (.19-.32)	.08* (.02-.14)	.19** (.13-.26)

* $p < 0.05$. ** $p < 0.001$

DISCUSSION

- In line with our hypotheses, Black and Latino participants endorsed more traumatic experiences than Asian and non-Latino White participants. Furthermore, Black and Latino participants endorsed more positive and disorganized schizotypy than Asian and non-White participants. Contrary to our hypotheses, Asian students endorsed more negative schizotypy than Latino participants.
- Trauma was associated with all of the dimensions of schizotypy. This association was stronger for positive than negative schizotypy.
- Contrary to our hypotheses, the associations of trauma and schizotypy were comparable across all racial and ethnic groups.
- Our study suggests that relationship between trauma and schizotypy is more pronounced for positive and disorganized schizotypy. Future studies must continue to analyse disorganized schizotypy.
- The study was limited in that coding of ethnicity did not allow for intersecting racial and ethnic identities (e.g. Black or Asian Latinos). Furthermore, our Asian student population was comprised mostly of international students. Future studies should parse out Asian international and Asian American students.
- Future analyses should examine this relationship in a dose-response fashion, as well as the relationship between type of trauma (e.g., physical abuse, sexual abuse, and neglect) and multidimensional schizotypy.