

Title: Katie Gordon, Can Offensive Political Speech Cause Trauma?
Episode: 50
Podcast: Half Hour of Heterodoxy

Transcript

Chris Martin: Welcome to episode number 50. This is a landmark episode for us because it's number 50 and we've had 150,000 downloads of episodes since we launched the podcast. So if you're a listener, thank you for listening. If you've just subscribed, feel free to check out our older episodes and to those of you who have shared the podcast with other people, we really appreciate that.

My guest today is Katie Gordon. She's a licensed clinical psychologist and she is a former associate professor at the North Dakota State University Department of Psychology. She's also the co-host of the Jedi Counsel Podcast. I will be talking to her today about trauma and specifically whether offensive political speech does or doesn't cause trauma.

Hi Katie. Welcome to the show.

Katie Gordon: Hi. Thanks for having me on Chris.

Chris Martin: So we're here to talk about trauma and political expression. But before we get to that, let's talk about the definition of trauma. How do psychologists and psychiatrists define trauma now?

Katie Gordon: So what I would like to read from is the way that clinical psychologists typically define trauma, which is through the Diagnostic and Statistical Manual of Mental Disorders. We're in the fifth edition right now and according to the DSM 5, a trauma, at least if you're looking at the criteria for post-traumatic stress disorder has to be exposure to actual or threatened death, serious injury or sexual violence in one or more of the following ways. Those four different ways are directly experiencing the traumatic event or witnessing in-person the event as it occurred to others, learning that the traumatic event occurred to a close family member or close friend or experiencing repeated or extreme exposure to aversive details of the traumatic events.

For example, first responders who collect human remains, police officers repeatedly exposed to details of child abuse. So those are the ways that within the Diagnostic and Statistical Manual what we define trauma.

Chris Martin: And are there any other definitions out there?

Katie Gordon: There are other definitions out there that other fields use that I'm not as familiar with but I know of someone about. For example, there's some discussion of historical trauma or the idea of trauma that can be passed on through generations. But when we're talking about post-traumatic stress disorder, what I just described is typically the definition that's used. It did change from the last version of DSM 4 and specifically what they did, which was – I thought

was interesting is that it used to include emotional responses as part of it. So in the last version of the DSM, they required that you reacted with helplessness and fear and they actually wanted to have some more conceptual clarity and focus on the events that one had to be exposed to in this version of it.

Chris Martin: So by adding focus, they narrowed the chances that someone will be diagnosed with trauma. Is that correct?

Katie Gordon: Well, it's kind of – I could narrow and broaden depending on what it was. What was happening is they were missing some people who experienced a traumatic event, for example in combat. But they didn't respond with the type of fear that was required to fear.

So they were missing some people and maybe catching some people that otherwise wouldn't qualify.

Chris Martin: So when it comes to perceived discrimination as a cause of trauma, what do we know?

Katie Gordon: In terms of specifically with trauma – so typically perceived discrimination is a broad term that can include many different types of discrimination. It can include day to day incidents, things that people say directly to you or about groups that you belong to. But it can also include things like not having access to housing or not getting a job or being fired because of something having to do with who you are.

So what we know in terms of trauma is that's less – that has been studied less precisely but there is a large body of literature finding that perceived discrimination is connected to worse mental health outcomes including things like anxiety and depression and that it can serve as a stressor and activate a stress response in terms of blood pressure and cardiovascular activity.

So that's distinct from trauma. But it would still be considered a stressful event that can have a negative impact on mental health.

Chris Martin: So we've talked about the term perceived discrimination. We do add "perceived" as psychologists because we want to emphasize that it's from the perception. It's from the eyes of the person experiencing it and it's not an objective rater looking at it. Are there any studies out there that you know of that also look at it from an objective rater point of view?

Katie Gordon: One of the things that makes it really difficult to study discrimination as you know is that there are things that might happen just between two people that someone might not know about and so asking about what that happens, sometimes you can get "more objective" or more specific about what the person said. You know, did they specifically refer to your race or sexual orientation? As we know, that doesn't always happen.

So there are those types of studies and then there are other types of studies that might look at things like disparate physical health outcomes and at least some of the disparity that has been found for example between black and white women when it comes to childbirth where black

women are more likely to have complications and more likely to have infant mortality outcomes, some of that has been linked – there has actually been some study in perceived discrimination. But some of it has also tried to look at potential structural factors that could contribute to that.

Chris Martin: OK. So when it comes to political speeches on campus, the most salient issue I think for most of us is race and I think maybe since around 2012, a lot of professors either in the newspapers or – by newspapers, I mean campus newspapers or some other source. I have probably heard one or two students complaining about the fact that an extremely political – politically offensive opinion could cause trauma. Scientifically, what do we know about that claim?

Katie Gordon: OK. So according to the definition of trauma that I just gave, unless there's a violent event that occurs, which sometimes does happen on – at these speeches but often does not.

Chris Martin: Like at Charlottesville.

Katie Gordon: Yes, exactly or even Richard Spencer appearing at Michigan State University of Florida. I believe there was some violence that occurred while on site there or people threatened with violence. So on those cases, those would fit under the – potentially under the umbrella of trauma. Most people don't develop post-traumatic stress disorder even when they face trauma. But it's possible depending on a lot of individual factors and also what happened.

In terms of attending speech where there's not violence or threatened violence to someone, it doesn't fit under the strict definition of trauma. I think that it can certainly cause stress and I think that it's important to acknowledge that – I think what a lot of people are concerned about maybe is sometimes called trauma. Maybe that gets people to listen because we know that trauma is a bad thing and it means I'm really worried about this and that kind of amplified the message. But what a lot of students, at least in talking to them or that have expressed and kind of listening to what they've said is that they're not particularly worried about trauma in terms of PTSD like I just talked about.

But what they're worried about is that having these types of extremist spells or views can actually perpetuate the hateful beliefs about entire groups of people and that might perpetuate social inequities and that that's what they're really concerned about.

Chris Martin: So you're saying that when you have one-on-one conversations, it's pretty clear that students know what the definition of PTSD is.

Katie Gordon: No, I wouldn't say that. I was speaking more to how they described their reasons for being opposed to these speakers on campus and of course that's just going to be a sample of people I've read about or talked to. I don't think – I think that there are a lot of psychological terms that people, students and a lot of people misuse.

People will say they're depressed. They don't mean clinical depression or they will say their so OCD. They don't mean they have OCD. So I do think that there's also a difference between people in fields using very precise terms for those kind of – the general public using terms.

So when they say trauma, they might mean it's stressing me out or they might mean that they think it's going to cause actual trauma. I think there's kind of a range depending on who's saying that.

Chris Martin: So in terms of extreme stress, from a campus administrator's point of view, is there any reason to suggest that an event on campus shouldn't occur if no one is compelled to attend it?

Katie Gordon: I think that's a great question and some of it is outside of – I will comment on the mental health aspects of it. So I think that there's a very strong case to be made legally for free speech rights and public spaces.

I think when people make those arguments, that's a very honest assessment of what's necessary to be there. However, sometimes mental health gets thrown in either to say that it's good for people's mental health to be exposed to these kinds of stressors. I don't know of any data that suggests that or people will say that you're claiming that there's some stressful or mental health thing associated with this. But what you're really trying to do is just suppress free speech and censor people.

I don't think that either of those are true. Of course there's a wide range of things going on there. So I think if you're going to take a look at why you're doing something, there's a strong argument to be made from a free speech aspect. But from a mental health benefit aspect, I don't see a strong argument there. I don't see any strong argument there to be honest with you and I also think it's reasonable to consider whether some people might be negatively impacted by it, whether they will feel that the university is not sticking to the inclusiveness of their mission, whether the university is sticking to the education of their mission.

These are difficult questions especially if you're a big proponent of free speech as I am. But I think that sometimes mental health gets thrown in there into the mix and it's not exactly being used the correct way or in the ideal way in these discussions.

Chris Martin: I mean my own reading of the literature on adversity and growth is that it's really complicated and there are lots of individual differences. So people who have had a couple of major life adversities I think are generally happier in terms of well-being and less depression than people who have experienced zero – so there's some growth that occurs and most people do experience something like a death in the family. So everyone experiences that form of adversity.

But when it comes to growth, I think there's just this variability and it's hard to predict what any individual will do.

Katie Gordon: Yeah. I think that's absolutely right. I agree with you. I also think that there are a lot of ways to grow on campus and – kind of back to what we were talking about, would that be

considered an adversity if there's a political extremist speaking on campus such that there would be growth from it? Maybe. I'm a little doubtful of that.

If we take that to the full argument which I do think people are really concerned about, which is people being completely sheltered from opposing views, that should be a concern of any adversity and that's totally worth concerning from an educational mission standpoint.

I just think it's not as clear of a relationship with the mental health part.

Chris Martin: And what about events that students are compelled to attend or at least required to attend for class credit or something? Is that more of a sensitive issue from a mental health perspective?

Katie Gordon: I think that in short yes. But I think it depends a lot on who the speaker is. I mean if we're talking about someone like Milo, which I can't imagine someone making a requirement to attend, there – if someone has particular vulnerabilities, then it may not be fair to require them to go. But if it's someone who is not like that, it's someone – an academic with expertise in an area and you might disagree with them, really don't see any problem with that. I think the hard part is defining where that goes and the best discussions I've seen this actually happen is between students and faculty on campus.

I think there are a lot of differences there and if students and faculty talk to each other, then I think that can be really productive because for example I taught abnormal psychology for 10 years and in that class, we cover suicide, homicide, sexual assault. We cover all kinds of topics.

I've almost never had anyone – actually I've never had anyone complain about anything being too much for them, with the exception of one person getting squeamish at a video I showed that involved some blood. But there were not – but not related to the content.

I have had one or two people say, "I lost someone to suicide," or "I was sexually assaulted and I prefer to not come to class." Most of the time, I will talk to them about how it's good to have the information. Can we work out a way for them to come to class? But if it's someone who already experiences hardship and they're vulnerable, I don't think that having to sit through a class while they're thinking about their cousin that just died by suicide is necessarily going to help them at that point.

So that's why I think that dialogue is really important.

Chris Martin: And when it comes to the research on the stress that's caused, so there's clearly some stress caused, do we have any estimates on the effect sizes? Is it a substantial amount of stress that endures or is it ephemeral stress?

Katie Gordon: So my usual cautions about interpreting any research, in short yes. There are these large meta-analyses looking at effects of racism on mental health. They tend to be correlations of 0.2 and that's pretty robust across studies. As we know in psychology, there are lots of different factors that contribute somewhat usually that come together. So that means for a

lot of people, they will be relatively unaffected. For other people, they will be more affected. Some of it will depend on the nature of the event that occurred.

One of the things that makes the literature a little difficult to interpret – because I was trying to look specifically at people who heard things said about groups they belong to versus had something said directly to them. A lot of these combine all of those together. So I think it's something that there needs to be more research that's more precise. But overall, what you do see is a pattern that increases risk for anxiety or depression for people who have experienced racism. Clearly for some people, they're going to have vulnerability factors that would amplify that and then for other people, what they consistently find in these studies too is that social support can act as a buffer to these stressors, that people are less likely to develop mental health issues when exposed to racism if they have good social support.

Chris Martin: And in terms of a speaker like Richard Spencer, I think most people would say unequivocally that he's racist. So in a situation like that, do you think there's a difference between a campus where people perceive that others are mostly supportive and this is just one random event versus it's sort of like the final nail on the coffin and you've already experienced lots of situational racism and then this is one more event? Do you think there's a difference there, a categorical difference where it's – in the second case, it's more a concern?

Katie Gordon: Absolutely. In talking to various people who – students and faculty, it seems like if you overall feel supported at your institution in a number of ways, then – including if you see people trying to protest Spencer for example coming to campus. Then it can still feel like you belong there overall. If you're already experiencing events and then on top of that this is happening, I think that changes the context and that's part of what makes this quite complicated, right? There's not really a one size fits all here.

So yeah, I do think it makes a difference for the individual but also the particular context of the campus, the city, those types of things.

Chris Martin: So in terms of concrete suggestions for actual policies that administrators can consistently implement in order to be fair to everyone, what sort of suggestions do you have there?

Katie Gordon: Sure. So one thing that I wanted to say is that I'm always a little cautious about recommendations for administrators because I think sometimes things can be best worked out with students and faculty and involving administrators, but they're talking to each other. But sometimes the top-down approach, I worry that sometimes that doesn't work out as well. Sometimes administrators, well, they have different concerns about things related to the university, maybe then students and faculty might have. So working together I think is a good idea.

Katie Gordon: OK. So my suggestions, one is that any kind of plans are individually tailored to the university, their particular setting that involves a respectful dialogue with students and faculty rather than administrator solely leading it. I think that it's really important to include mental health experts in these discussions. Most campuses have counseling centers and they have

experts on college mental health right there on campus. If you consult with them, they have a pretty good idea about how to navigate these types of situations because they've been working on campus for so long indirectly with students and they also stay in touch with kind of national information on campuses.

The second thing is that I mentioned that research shows that social support matters and so expressing support for students can be helpful. That doesn't mean that you will 100 percent do what students ask. You might disagree with what they're asking and I think that's fair for a number of different reasons. But showing that you support them for who they are and you care about their learning can be a powerful experience for students.

What doesn't help is writing them by acting as though they're weak or that they're unable to handle simple difference of opinion. That may be true in some cases. But in a lot of cases, these are students who are really concerned about bigotry and concerned about various social inequality. That's why they're really concerned for example about Spencer being invited to their campus.

Then I would say on top of that, number three, be precise in your rationale, which I was kind of talking about before if the speakers do come to campus. There is an idea in motivational kind of frameworks that if someone must do something – for example when Spencer tried to go to Michigan State University, they declined. But they wanted a court mediation and they required to have them on campus.

But if you give the rationale for saying we're doing this for free speech reasons, for legal reasons, then I think that can be helpful to be precise in that language rather than some of the language that suggests that – and this will be good for your mental health for some reason or this will benefit you for some reason because it may not – and there's evidence that both personal – both in terms of races and being connected to mental health problems and other types of bigotry as well.

But in addition to that, a lot of these students are concerned I think about historically how propaganda has helped to spread ideas and it's not just about the hour long speech they have. So I think showing that support for students can be helpful. I think it's really important to not equate mental health issues with weakness or living a sheltered life from dissenting opinions. There's an increase in mental health problems and I believe that there are people out there who care a lot about resilience and strength and sometimes what I've seen happen in experiences and working in my own university is that if faculty give out mental health resources or send them around or something like that, that it's sometimes viewed as this is going to plant the idea in someone's head that they have a mental health problem.

That doesn't really map on with the data that we have. What it suggests is that a lot of people don't seek help when they need it and what we also tend to see is that most people – for example there's pretty rigorous research looking at if you ask people about suicide, does it make them suicidal. No, it does not.

So I think that applies here. In addition, I think there's a misunderstanding about what counseling is by some people, that they think of it as handholding or they think of it as some kind of just re – you know, unconditional reassurance when really it's actually about teaching skills for coping with life, facing difficulties head on, which is very consistent with what a lot of people express concerns about I think when they're doing this.

Chris Martin: Jumping back to one thing that you said, you said that talking about mental health resources in class is beneficial. I mean I believe it is. But I wasn't actually aware that people collected data on this. So what do the data show?

Katie Gordon: Oh, I'm sorry. I may have combined some of the things I was saying. There's not evidence specifically that I'm aware that showing in the classroom is beneficial, but there's not evidence to my knowledge that it's harmful. The ideal situation would be that we could figure out who needs the resources and just get them to those people. But unfortunately, we aren't able to do that.

So I think just presenting it in your class, what's going to happen is most people will – who don't need it will ignore it. Many people who might need it will ignore it and those who do need it will take it up. Anecdotally, I have to say over 10 years, I have had students tell me or tell me later on, "Thanks for putting up the resources," and it wasn't a big, specific thing but I've talked about mental health stuff and I included – just like you would include information about their flu shots on campus, right? And that kind of opens the opportunities for students, so that they know there are resources available to take care of their health.

Chris Martin: Right. Do we know why some students don't seek help?

Katie Gordon: A lot of it has to do with ideas about them needing to fix it themselves. It's that there's shame and if they just do something differently, then they will be able to recover. They're embarrassed because it is on – especially – you know, sometimes they don't want to go on their parent's insurance because their parents would find out and if they go on campus, their peers might see them.

Chris Martin: Right.

Katie Gordon: Yeah. So a lot of – I mean in my class, it's pretty natural to bring it up because I teach about mental health stuff. But I think in other classes too, as you're talking about on-campus resources, that's another way to just inform students. They learn about it in orientation but they learn a lot on orientation. It doesn't – it hurts to bring it up again.

Chris Martin: Yeah. I mean one reason I ask is that I know the – the degree of stigma around mental health, around seeking treatment for mental health has been going down consistently for several decades.

Katie Gordon: Yeah. I think that's fantastic and I am surprised by – I can see that in how students talk to each other. But there are still some people – and some of it I think is also relevant to if you're depressed, you tend to blame yourself. So it might have to do with that too.

So I agree. I think there has been a lot of progress on that aspect of it and yet there are still sometimes barriers for people.

Chris Martin: Right. So getting back to suggestions, were there any others?

Katie Gordon: I guess one more thing I just wanted to add about that is that everyone, once they do seek mental health treatment, is screen and if they come in and say, “I was traumatized because of this event,” the first thing a mental health practitioner does is evaluate based on the diagnostic criteria whether that’s what happened or if it’s something else and the person will get feedback on that, which I think can be very useful. So in other words, there are a couple of checks and balances in place there.

Let’s see. The other thing I wanted to say, I think most faculty do this already, but just valuing student’s expression of speech. Sometimes students are not going to go about things the same way that faculty might or other people might. There are sometimes that it might seem like what they’re doing isn’t effective. But I tend to think that a lot of students are putting in time and resources to do what they think is important for social causes rather than trying to simply avoid discomfort.

I think that a lot of faculty know that and I think being explicitly supportive of that or going into this situation, trying to see the good there until told otherwise, can be helpful for students to know that you care about them and you take them seriously even if you don’t ultimately agree with them.

Chris Martin: Right. I mean I think one source of concern for faculty was the Charles Murray incident at Middlebury where a faculty member invited him – a faculty member was injured and possibly she’s suffering from trauma. I don’t think she has – I’ve heard interviews with her and she hasn’t mentioned that but she was attacked. So I think some faculty members are concerned about those kinds of situations.

Katie Gordon: Oh, yeah. I certainly am concerned about those kinds of situations too. I think that any violence that happens on campus in reaction to that – of course people have different opinions. I’m opposed to that and I think that those incidents – I think there’s probably – depending on how common they are, even if it’s not the common thing, which I don’t – I don’t think it is – it is worth knowing about. But it’s also worth keeping in context the probability of that being the outcome versus what I think a lot of other incidents tend to – the way they tend to go is that there’s some organized protest. The speaker still goes on and there are injuries involved.

We should be cautious about those things. Just like a lot of students are not going to experience a trauma or be physically threatened there, right? But safety I know is of concern and so I think we want to think about those things. But we also want to make sure that it doesn’t change our perspective of the overall picture of what’s happening I guess.

I think if you tell students you value what matters to them, it gives you actually an opportunity to talk with them about what might be effective or – I mean it's not – from an educational standpoint as much as within your boundaries or at least talk to them about what their concerns are.

So again it's about kind of having a respectful dialogue, not necessarily agreeing or endorsing with what they're – with certain types of approaches.

Chris Martin: Right. I mean I think there's a minority effect too where a minority of students, a very small minority of students can start a violent attack and then faculty members can be scared and overestimate the number of students who would actually do something violent and there's always that issue as well.

Katie Gordon: Yeah. I think that happens a lot. We're supposed to – we're kind of evolved to pay attention to threat and protect against that. So I can see – even if I say – you know, looking back here at the statistics, I might also have a gut feeling of fear of that happening and wanting to prevent and I think that's important to pay attention to.

Chris Martin: So to wrap up, do you want to say a few words about your podcast?

Katie Gordon: Sure. Thanks for asking me. So my – as a clinical psychologist, I am very interested in discussing mental health in ways that are accessible to the public, so that people understand what we mean by certain terms including trauma and other types of things and also so people understand what types of treatments are scientifically supported for mental health problems.

So the way that we've done that – my co-host is Brandon Saxton and the way we've done that with our podcast is that we typically take fictional characters from – ranging from Batman to the TV show *Crazy Ex-Girlfriend* to all kinds of things and discuss mental health elements and we take it seriously and talk about it and we have fun too. But we talk about it through the DSM 5 ones and we also talk about it through what we know scientifically about mental health. So that's the premise of our podcast.

Chris Martin: Great. Well, thanks for sharing that and thank you for joining us on the show.

Katie Gordon: Thanks for having me. I really appreciate this conversation.

[Music]

Chris Martin: You can follow Katie on Twitter, @DrKathrynGordon. You can find the link to that in the show notes and also a link to our podcast.

Our next episode will be a recording of a lecture and discussion from New York City at the American Enterprise Institute. Arthur Brooks and Deb Mashek will be talking about Arthur Brooks' latest book *Love Your Enemies*.

That event is happening on March 13th. So some of you may have attended it in person. We will be releasing the full recording as an episode as well.

Thank you for listening. It's an honor to be at episode 50. If you like the podcast, please visit iTunes and leave us a review and if you would like to contact me, you can reach me at podcast@heterodoxacademy.org or on Twitter, @chrismartin76.

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