

EXAMINING THE ROLE OF GENDERED RACIAL IDENTITY IN THE RELATIONSHIP
BETWEEN GENDERED RACISM AND PSYCHOLOGICAL
DISTRESS IN BLACK WOMEN

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Racism, sexism, and other forms of oppression are consequential to Black women's mental health. The current research examines the psychological impact of gendered racism, which is oppression on the basis of both gender and race, and the extent to which gendered racial identity may buffer the association between gendered racism and psychological distress (i.e., anxiety and depressive symptoms) among U.S. Black women. The study includes a sample of 150 Black women (at least 18 years of age or older, mean age = 39.11) recruited using Qualtrics panel service. Women were administered measures of gendered racism, gendered racial identity, and mental health (i.e., anxiety and depression). Data was analyzed through a series of bivariate correlations and moderation analyses using PROCESS macro. Results revealed that gendered racial identity did not moderate the association between gendered racism and mental health. This study advances our understanding of the oppression Black women contend with on the basis of their race and gender and offers insight about the factors that may mitigate the psychological impact of this phenomenon on Black women.

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TABLE OF CONTENTS

	Page
ACKNOWLEDGMENTS	iii
EXAMINING THE ROLE OF GENDERED RACIAL IDENTITY IN THE RELATIONSHIP BETWEEN GENDERED RACISM AND PSYCHOLOGICAL DISTRESS IN BLACK WOMEN	1
Introduction.....	1
Literature Review.....	2
Oppression and Mental Health Outcomes among Black Americans.....	2
Intersectionality: Gendered Racism and Gendered Racial Identity	9
Purpose of the Study.....	18
Method	19
Participants.....	19
Procedures.....	20
Measures	21
Data Analytic Strategy.....	24
Results.....	25
Main Analysis	26
Exploratory Analysis	27
Discussion.....	27
Limitations and Future Research	30
Implications.....	32
Diversity, Inclusion, and Advocacy (DIA).....	33
References.....	34

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IN BLACK WOMEN

Introduction

A wealth of literature demonstrates the detrimental effect of both racism and sexism on women of color (DeBlaere & Bertsch, 2013; Keith et al., 2010; Sosoo et al., 2019). Among Black women, more frequent experiences of racism and sexism are not only associated with increased psychological distress (e.g., anxiety, depression, and substance abuse), but also negative health outcomes (e.g., hypertension and increased frequency of the common cold; Kessler et al., 1999; Krieger, 1990; Kwate et al., 2003). With the increasing recognition of intersectionality, an analytical framework that acknowledges how the interplay between various social identities influences how individuals' experiences of privilege and oppression, as well as perceptions of self (Cole, 2009; Crenshaw, 1989; Shields, 2008), scholars have also begun to examine the impact of gendered racism. Gendered racism is defined as the compounded experiences of oppression on the basis of race and gender, and because of its intersectional underpinnings (e.g., Crenshaw, 1989) has been primarily studied among samples of Black women (Lewis & Neville, 2015). Like racism and sexism, more numerous experiences of gendered racism have been linked to poor self-esteem, suicidal ideation, and overall psychological distress among Black women (Lewis et al., 2017; Perry et al., 2012; Thomas et al., 2008). However, due to the recent emergence and acknowledgement of this construct, the literature on gendered racism and its effects are limited. Additionally, there is even less literature on the buffering role of gendered racial identity (the significance and meaning that Black women attribute to their membership in Black and woman social identity groups; Jones & Day, 2018) on

the relationship between gendered racism and psychological distress. Some evidence has been put forth to suggest that aspects of gendered racial identity offer protection against the psychological impact of oppressive experiences (Lewis et al., 2017; Williams & Lewis, 2019), whereas other studies report otherwise (Szymanski & Lewis, 2016). To address this gap in the literature, the current study examines the role of gendered racial identity on the relationship between gendered racism and psychological distress among Black women.

Literature Review

The effects of racism and sexism is explored in this review as stand-alone as well as compounded sources of oppression. In pairing the two bodies of literature together, I detail studies that provide evidence of the potential associations between racism, sexism, and gendered racism and psychological outcomes. Additionally, it has been shown that the relevance of one's identity impacts an individual's perceptions of oppression (e.g., racism) and psychological well-being. Therefore, I also review preliminary literature on gendered racial identity, namely gendered racial centrality, and in doing so, build a case for the beneficial impact of gendered racial centrality on the psychological ramifications of gendered racism.

Oppression and Mental Health Outcomes among Black Americans

Oppression is a broad term prescribed to prolonged exposure to unjust beliefs and actions (Banks, 2014; Szymanski & Lewis, 2016). According to the biopsychosocial model first proposed by Engel (1977) and expanded by Clark and colleagues (1999), racism, sexism, and other forms of oppression are conceptualized as chronic stressors that contribute to negative physical and psychological outcomes among Black Americans. These chronic stressors co-exist and are considered equally as impactful as biological (e.g., genetic vulnerabilities), social (e.g., interpersonal dynamics), and familial factors (e.g., parental style) in understanding an

individual's health. It is upon this theory that researchers have drawn conclusions regarding the potential links between oppression and mental health.

Racism

Racism refers to oppression against an individual's minoritized racial status (Szymanski & Stewart, 2010). Pierre and colleagues (2011) explored various types of racism (i.e., individual racism, institutional racism, and cultural racism) and their psychological impact on three Black racial groups – Afro-Trinidadians, Indo-Trinidadians, and Trinidadians of mixed ancestry. Participants included 178 undergraduate students at a university in Trinidad, all of whom were administered measures of racism and psychological distress. A combination of one-way ANOVAs and multiple regression analyses were conducted. Findings revealed that the three racial groups differed both on general psychological distress and type of racism experienced. Indo-Trinidadian individuals endorsed the most psychological distress and the highest institutional racism. Pierre and colleagues suggested this might be a result of either the different cultural practices of the Indo-Trinidadians or their national history, which is distinguished by Indian immigration influences and the Black power movement of 1970. They also found that not all types of racism contribute to psychological distress to the same extent. Specifically, institutional racism, rather than individual or cultural racism, significantly predicted psychological distress. Although no hypothesis was put forth to postulate why this is the case, however, it may be that different Black racial groups do not attribute equal significance to their racial identity, which thus impacts their experience of oppression. This study demonstrated that not all forms of racism have the same effect on groups of marginalized racial/ethnic backgrounds. The results from this study also highlight that even among the different Black racial groups, there are ethnic differences in how racism is experienced and subsequently

manifested in the psyche.

Internalized racism is a construct used to reflect a psychological impact of discrimination which manifests as the acceptance of the dominant White culture and rejection of Black culture (Bailey et al., 2011). Sosoo and colleagues (2019) examined how internalized racism can affect the relationship between experiences of racial discrimination and psychological distress. More specifically, the researchers sought to identify how internalized racism can impact reported changes in anxiety symptoms overtime. They conceptualized internalized racism on two dimensions: physical appearance and hair change. The researchers hypothesized that an individual with negative internalized racial stereotypes who experienced racial discrimination will be more vulnerable to psychological distress. They sampled 157 Black individuals, 107 of whom were women, who completed surveys assessing racial discrimination, internalized racism, and mental health. Data were collected at two time points, and a hierarchical multiple regression was conducted to analyze this data. Overall, they discovered that the greater the extent to which Black women internalize negative stereotypes (negative messaging about their physical appearance and hair), the more likely they will be to report increases in anxiety as a result of racial discrimination. This seems to suggest that the more an individual internalizes discrimination, the worse psychological distress they will experience when faced with race-based mistreatment. Furthermore, hair alterations emerged as a stronger influencer on experiences of anxiety symptoms than physical appearance, such that Black women who reported a higher level of hair alterations were significantly more likely to endorse anxiety symptoms resultant from racial discrimination. This study also demonstrates that the relationship between racial discrimination and psychological distress may depend on other potential stress factors such as the internalization of racism and negative stereotypes of one's own racial background.

Sexism

Sexism refers to oppression against an individual's minoritized gender status (Szymanski & Stewart, 2010). Research evidences that sexism negatively impacts women's mental health. Moradi and Subich (2002) examined the relationship between sexism and psychological distress, and considered feminist identity (for review see, Downing & Roush, 1985) as a moderator. The researchers recruited 187 women (13% Black American) to assess their stage of the feminist identity development, and how these various stages impacted the relationship between sexist experiences and psychological distress. They hypothesized that feminist identity would moderate the association between perceived sexist events and psychological distress. Participants were administered measures assessing sexism, feminist identity development, and psychological distress, and data were analyzed using a series of multiple regressions and hierarchical multiple regressions. Results indicated that the first three stages of identity development (i.e., Passive Acceptance [denial of discrimination against women], Revelation [awareness of discrimination plus a sense of anger about society's apathy towards this oppression], and Embeddedness-Emanation [a connectedness and integration with women's cultures]) were associated with the highest level of psychological distress in response to sexism. This suggests that being further along in female identity development, specifically with regards to holding positive views and working towards equality (i.e., Synthesis and Active Commitment), may act as a buffer against mental health consequences when women experience sexism.

Using womanism as the foundation of their study, DeBlaere and Bertsch (2013) sought to further assess the detrimental impact of perceived sexist events on psychological distress. Womanism is defined as a type of feminism that reflects the intersection of gender and race among women of color (DeBlaere & Bertsch, 2013). Participants included 182 women of color

(67 Black women) who all identified as a sexual minority. Participants completed an online survey, in which they were asked to report their experiences with sexism, womanist attitudes and beliefs (i.e., gender roles of women of color) and psychological health. A combination of bivariate correlations and hierarchical regression analyses were conducted to analyze the data. Results indicated that both recent and lifetime instances of sexism were related to increased psychological distress. Furthermore, womanism was found to act as a moderator between experiences of sexism and psychological distress. Specifically, womanism buffered the negative impact of psychological distress resulting from sexism, such that women who endorsed higher levels of womanism reported less distress. This suggests that as women of color develop a deeper understanding of their multiple identities and how these identities impact their lives, they may have an enhanced ability to recognize their experiences of discrimination in the larger context of their society. Their resulting recognition of oppression may buffer against distress because they may be better able to understand these experiences of oppression from a societal context rather than internalize them.

Racism and Sexism

Research that examined racism and sexism concurrently found that there is a compounded effect of oppression on an individual's psychological distress. Moradi and Subich (2003) sought to explore the phenomenon of intersectional-based oppression on Black women's psychological distress. A sample of Black women were recruited to complete surveys assessing the relationship between perceived racist and perceived sexist events and psychological distress. A path analysis was conducted to examine the data. Results demonstrated that when examined separately both recent perceived racist and sexist events were significantly associated with psychological distress. The findings suggest that if a Black woman experiences a greater number

of racist or sexist events, she will be more likely to report increased psychological distress. They also examined the racist and sexist events concurrently, which revealed that perceived sexist events were a stronger predictor of psychological distress than perceived racist events. Given the nature of perceived oppressive events, this seems to indicate that there could be a factor of identity salience that contributes to the perception of discrimination and the resulting psychological distress. A woman who sees her gender to be more salient may be more attuned to gender-based discriminations than a woman who sees her race as more salient. A Black woman who is more in touch with her Black womanhood may then be at a higher risk of perceiving gendered racial discriminatory events and having resulting negative psychological ramifications. Therefore, this highlights the importance of analyzing these constructs together, along with identity centrality, in order to capture an accurate depiction of Black women's psychological distress.

Further research replicated this finding, and also considered the roles of internalized racism (or internalization of and identification with negative racial stereotypes) and sexism (or internalization of and identification with negative gender stereotypes; Szymanski & Stewart, 2010). Participants included 160 Black women who completed surveys indicating their level of perceived sexism and perceived racism, the extent of their internalized sexism and racism, and psychological distress. A series of correlations and hierarchical multiple regressions were conducted to analyze the data. Results indicated that Black women's perceived experiences of both racism and sexism were related to increased psychological distress, yet internalized racism and sexism did not significantly predict psychological distress. When perceived sexism and racism were examined concurrently, only perceived sexism proved to significantly predict psychological distress. This seems to imply that even though Black women hold multiple

minority statuses that could make them vulnerable to numerous forms of oppression, perceived sexism, at least within this sample, was more detrimental to their psychological well-being than perceived racism. Therefore, if a Black woman views her identity as a female to be more important to her self-concept than her identity as a Black American, she will experience more psychological harm from sexist experiences than with racist experiences. Similar to the previous study, these findings underline the significance of assessing aspects of identity in order to more accurately capture the nature and impact of racism and sexism on Black women.

Other research has followed this lead in terms of concurrently examining various forms of oppression together among populations who hold more than one marginalized identity. Specifically, Stevens-Watkins and colleagues (2014) sought to highlight the combined effect of racism and sexism on psychological outcomes (i.e., psychological distress and general stress). They recruited 204 Black women to participate in face-to-face computer-assisted interviewing (CAPI), in which the participants used an electronic device to respond to the questionnaires. Results showed that a higher frequency of racist and sexist events was related to heightened psychological distress. Findings also showed that as women experience more racism, they may also report more instances of sexism. This suggests that Black women who experience a great deal of sexism will then be susceptible to further oppression (i.e., racism), and subsequently more psychological distress. Study findings seem to highlight the complexity of Black women's race and gender because it may prove difficult to disentangle experiences of race from experiences of gender. This research, as in many aforesaid studies, has shown that in a sample of participants who hold multiple minoritized identities, it is crucial to study the combined impact of the experiences associated with these identities in order to gather a more accurate

interpretation of their experiences with oppression, and the levels of their psychological distress that may result.

Intersectionality: Gendered Racism and Gendered Racial Identity

As previous research has alluded to, racism and sexism each have their own separate negative impact on psychological well-being. However, modern researchers have considered how these constructs may intersect in the lives of Black women, namely through the advent and growing understanding of intersectionality. The theory of intersectionality was initially proposed by legal scholar Crenshaw (1989) and then later adapted in the field of psychology (Cole, 2009; Shields, 2008). In the field of psychology, scholars often describe intersectionality as a framework useful in understanding how an individual's multiple identities are intertwined, shaping their experiences (i.e., privilege and oppression) and perceptions (Cole, 2009; Shields, 2008). This theory suggests that racism and sexism cannot be understood alone because they are experienced simultaneously by someone who holds multiple visible marginalized identities, leading to a compounded effect of discrimination on an individual. These experiences thus intersect to inform Black women's experiences and perceptions of self. Intersectionality has led to the establishment of two new related constructs: gendered racism and gendered racial identity. Gendered racism is the compounded experience of discrimination on the basis of one's race and gender (Lewis et al., 2017), whereas, gendered racial identity is the significance and meaning that Black women attribute to their membership in Black and woman social identity groups (Jones & Day, 2018). In the following sections, I review the literature linking gendered racism and mental health and conclude by proposing a potential model by which gendered racism, psychological outcomes, and gendered racial identity may be connected.

Gendered Racism and Mental Health

Perry and colleagues (2012) explored the link between gendered racism and suicidal ideation in a sample of predominately low-income Black women. Participants included 204 Black women who took part in interviews, in which their experience of gendered racism was assessed, along with suicidality and their available psychosocial and coping resources. Suicidality was assessed with items in the survey asking participants if they ever had serious suicidal thoughts. Data was analyzed using a series of regression analyses. Results showed that having more experiences of gendered racist encounters resulted in a higher level of suicidal ideation. However, they found a moderating effect of existential well-being, such that if a Black woman has a higher level of existential well-being, she will be less likely to endorse thoughts of suicide in the context of gendered racist events. This indicates that experiencing an increased frequency of gendered racist events can result in more suicidal thoughts, but existential well-being can have a buffering effect on the relationship between gendered racism and suicidality. Therefore, if a Black woman views herself as having a purpose and is satisfied with her life, it is likely that oppressive events will not impact her as heavily.

Another study by Lewis and colleagues (2017) replicated this finding but focused specifically on gendered racial microaggressions, rather than the more explicit forms of oppression such as racism and sexism. Gendered racial microaggressions are the subtle, daily expressions of oppression experienced by an individual on the basis of their gender and race. They sought to study how gendered racial microaggressions affect both the physical and mental health of Black women. A sample of 231 Black women with diverse backgrounds completed an online survey to assess their level of gendered racial microaggressions, physical and mental health, coping skills, and gendered racial centrality (the importance of a Black woman's race and

gender to her self-concept). A series of correlations, regression analyses, mediation analyses, and a moderated mediation analysis were conducted to analyze the data. Results demonstrated that gendered racial microaggressions were significant predictors of both physical and mental health. This suggests that Black women who experience a higher frequency of gendered racial microaggressions will be significantly more likely to report poor physical and mental health. They also examined the influence of coping skills on the relationship between these constructs. Disengagement strategies emerged as the strongest mediator, indicating that Black women who reported a higher frequency of gendered racial microaggressions will be more likely to utilize disengagement coping strategies and report worse physical and mental health (Lewis et al., 2017). Disengagement coping was defined as the act of separating oneself from distressing stimuli, using denial, substance use, distraction, or other means to create a sense of detachment. This suggests that if a Black woman experiences oppression on the basis of her race and gender, she may be more inclined to engage in poor coping strategies such as disengagement, and thus have worse mental health.

The Role of Gendered Racial Identity/Centrality

In order to acquire a more well-rounded understanding of the direct link between the various types of discrimination and psychological distress in women of color, it is imperative to examine potential risk and/or protective factors that may affect this relationship. One of these such factors is identity centrality. Identity centrality refers to the extent to which a person's identities, such as their racial and gender identities, contribute to their self-concept (Leach et al., 2008; Sellers et al., 1998; Thoits, 1991). Like gendered racism, our understanding of gendered racial identity (the importance and meaning Black women prescribe to their racial and gendered group membership) is developing. Nevertheless, I draw upon studies focused on racial centrality

and the few studies on gendered racial centrality (the importance of race and gender to a Black woman's self concept) to make a case as to the protective role of gendered racial centrality. These studies, however, examine gendered racial centrality in the context of other mediators, such as coping. The goal of this study is to explore gendered racial centrality as a standalone moderator of the association between gendered racism and psychological distress.

Racial Identity

Sellers and Shelton (2003) demonstrated that an individual's association to their racial group is related to fewer mental health consequences resulting from experienced discrimination. With respect to racial meaning and affect, they examined three aspects of racial identity: racial centrality, racial ideology, and racial regard. Racial centrality refers to the relevance of one's race to their self-concept, racial ideology refers to what their race means to them, and racial regard reflects the valence that they believe of their race. Two-hundred and sixty-seven Black Americans (75% female) completed surveys in small group administrations at two timepoints – first, at the beginning of their first semester and then again at the end of their second semester. Data was analyzed using a series hierarchical ordinary least squares (OLS) regression models. Results showed that Black Americans with higher racial centrality were more likely to perceive discrimination at a higher rate, yet if they also had higher racial regard and ideology, they were less likely to be negatively affected by this discrimination. This suggests that even if Black Americans have a heightened perception of discrimination, but they also attribute a significant meaning and a positive affect to their race, they will likely report fewer mental health concerns from perceived discrimination. This indicates that holding a positive view of one's race can act as a buffer between discriminatory acts and mental health consequences.

Settles and colleagues (2010) examined the relationship between racial identity and

depressive symptoms. They recruited 379 Black women and administered measures assessing their racial centrality, perceptions of private and public regard (how an individual personally thinks and believes others think of their Black identity) , as well as both depression and self-esteem. A hierarchical multiple regression as well as a mediation analysis were used to analyze the data. Overall, results demonstrated that Black women who reported higher private and public regard also reported fewer depressive symptoms. This suggests that Black women who hold a more positive view of Black Americans and believe that others also hold a positive opinion of Black Americans will be more protected against depression. They also found that Black women with higher racial centrality suffered from fewer depressive symptoms if they held an affirmative outlook of their race. This finding indicates that Black women who identify strongly with being Black and view this identity favorably will be less likely to experience depression.

Yap and colleagues (2011) replicated this finding but added the conceptualization of belongingness to one's racial group to reflect an aspect of racial centrality. Using a sample of 91 Black women and 70 Black men, they measured perceptions of discrimination, racial identity, and life satisfaction, in addition to perceptions of discrimination. A series of moderation models and mediation-moderation models were conducted to analyze the data. Similar to earlier research, they found that Black Americans experience greater life satisfaction when their identity as Black is central to their self-concept, when they view being Black in a positive light, or when they believe others hold positive views of Black Americans. In addition, they found a mediating effect of both belongingness and discrimination on the relationships between the various dimensions of racial identity and life satisfaction. Specifically, perceptions of belongingness mediated the relationships between racial centrality and life satisfaction, as well as between private regard and life satisfaction. Furthermore, perceptions of discrimination mediated the

relationships between public regard and life satisfaction. This suggests that Black Americans who feel greatly connected to the African/Black culture and identify strongly with being Black will experience a higher degree of life satisfaction. On the other hand, Black Americans who perceive more frequent instances of discrimination and who believe others view Black Americans negatively reported lower life satisfaction. They also found an effect of gender in their belongingness mediation model, such that the relationship between both racial centrality and private regard and life satisfaction was stronger for women than men. They utilized previous research on gender differences related to belongingness to suggest that women's greater emphasis on relationships may explain these results (Cross & Madson, 1997). This indicates that the impact of Black women's identities and their perceptions of their identities in relation to significant others in their lives may have a greater effect on their psychological well-being than Black men.

Using this idea that racial centrality can impact the relationship between racial identity and psychological distress (specifically, depression) on Black Americans, Banks and colleagues (2007) devised a cluster methodology to conceptualize racial identity in terms of profiles, and these profiles were shown to affect the aforementioned relationship between those two constructs. They derived four main clusters: Integrationist, Multiculturalist, Undifferentiated, and Race-Focused. Black Americans who aligned with the Integrationist profile believed in the importance of assimilation and emphasizing shared qualities rather than seeing race as a central component of their identity. Multiculturalist individuals showed awareness of the oppression and discrimination present in society but preferred to emphasize human issues in general rather than those experienced specifically by Black Americans. Those who identified as Undifferentiated did not feel strongly connected to their race, and thus did not appear to see race as a central aspect of

society. Finally, Race-Focused individuals seemed to be highly focused on concerns experienced by Black Americans specifically and generally believed that others hold derogatory views of Black Americans. The Integrationist profile exhibited the strongest relationship between racial discrimination and resulting depressive symptoms. Similar to other research, this seems to suggest that the way in which individuals identify with their race can impact their perceptions of discrimination and subsequent psychological distress. Therefore, this implies that if Black women are proud of and hold positive views about being Black and a woman, then they will likely have less of an adverse reaction to gendered racist experiences.

Gendered Racial Identity

Up until this point, I have made the argument that Black women experience a double-jeopardy type of oppression on the basis of their race and their gender. Each of these identities is marginalized and can thus be a risk for oppression. Therefore, their experience of oppression is more accurately viewed by examining gendered racism, rather than racism and sexism separately. However, in order to truly understand how discrimination against each of these identities affects Black women, it is critical to understand how Black women have conceptualized their sense of self as both Black and a woman. This idea is consolidated in a construct known as gendered racial identity, and it is through this construct that I illuminate what it means to be both Black and a woman, and how that affects their perception of discrimination and subsequent psychological distress. Jones and Day (2018) define gendered racial identity as the significance and meaning Black women prescribe to their racial and gender identity. This construct is postulated to consist of five dimensions, one of which is gendered racial centrality. Gendered racial centrality is the importance of one's Black womanhood to her identity. The scope of this study is to examine gendered racial centrality as a standalone moderator of the

association between gendered racism and psychological distress.

Syzmanski and Lewis (2016) sought to explore the effect of gendered racial identity centrality on the link between gendered racism and psychological distress. A sample of 212 women (98% Black/African American) were administered measures of gendered racism, coping, gendered racial identity centrality, and psychological distress. Data was analyzed using a series of bivariate correlations and moderator analyses. Results demonstrated no support for the moderating effect of gendered racial identity centrality on the association between gendered racism and psychological distress. To explain this, Syzmanski and Lewis postulated that Black women with high gendered racial centrality may employ disengagement coping strategies to manage distress related to gendered racist events, leading to the appearance of being unscathed by this discrimination. However, Black women with low gendered racial centrality may not view their Black womanhood as an important component of their self-concept, and thus may seem to be unaffected by gendered racist experiences. Studies such as this emphasize the importance of assessing identity centrality in order to more fully capture the experiences of Black women and how they are impacted by systemic societal oppression. This study improves upon the model tested by Syzmanski and Lewis by measuring gendered racial identity with the MGRIS, which is a tool designed specifically to assess this construct (as opposed to previous studies that used adapted racial identity scales). Furthermore, this study explores gendered racial centrality as a standalone moderator in order to fully capture the effect of this construct on the relationship between gendered racism and psychological distress.

Other researchers desired to take this knowledge further with an investigation of gendered racial microaggressions and coping skills on resulting depressive symptoms. Lewis and colleagues (2017) wanted to demonstrate that an increase in gendered racial microaggressions is

related to worse physical and mental health, and various coping skills may affect this relationship depending on an individual's gendered racial centrality. Results demonstrated partial support of a moderated mediation model, such that at lower levels of gendered racial identity centrality, the relationship between frequency of gendered racial microaggressions and health through the use of disengagement coping is stronger. This implies that a Black woman who does not have strong gendered racial identity centrality and experiences greater gendered racial microaggressions will likely engage in these more maladaptive coping strategies and thereby increase their depressive symptoms. Therefore, when conceptualizing a Black woman's experience of oppression and subsequent negative outcomes, it is crucial to examine identity salience, as this can act as a buffer against discrimination if they identify strongly with being both Black and a woman.

Williams and Lewis (2019) sought to further explore Black women's gender racial identity through an examination of how gendered racial microaggressions impacts depressive symptoms, as well as a variety of coping factors that may impact that relationship. They utilized a sample of 231 Black women between the ages of 18-78, with diverse ethnic backgrounds, sexual orientations, religious backgrounds, educational levels, geographical locations, and social classes. Participants completed a series of surveys assessing their experience of gendered racial microaggressions, private regard, coping skills, and depressive symptoms. A combination of mediation analyses and moderated mediation analyses were used to analyze the data. Results demonstrated a partial mediation of disengagement coping on the relationship between gendered racial microaggressions and depressive symptoms. Results also showed partial support for a moderated mediation model in which Black women who experienced more gendered racial microaggressions and had lower private regard engaged in more disengagement coping, which was then related to an increased number of depressive symptoms. These results suggest that the

way in which a Black woman copes with her experience of discrimination can either increase or decrease her depressive symptoms. This seems to emphasize how important it is to understand gendered racial identity and thereby how a Black woman's internalized negative stereotypes of what it means to be both Black and a woman can impact her overall level of psychological distress.

Purpose of the Study

Previous research shows that oppression such as racism and sexism have a detrimental impact on Black women's mental health. The intersectionality of Black women's race and gender provides an opportunity for experiences of compounding discrimination, which may be less damaging if Black women perceive their identities as important and have positive views about their identities. There is minimal research examining the phenomenon of gendered racism and how this manifests psychologically. Additionally, there is even less literature on the buffering role of gendered racial identity. Some evidence has been put forth to suggest that the centrality dimension of gendered racial identity offers protection against oppressive experiences. This study, therefore, adds to the existing body of literature through the exploration of the relationship between gendered racism and psychological distress among Black women, and the buffering effect of gendered racial centrality on that relationship.

This investigation is based upon the biopsychosocial model of racism (Engel, 1977). This theoretical model proposed that racism and other forms of oppression are chronic stressors that lead to detrimental outcomes, both physically and psychologically. For this reason, I predict that there will be an increase in anxiety and depressive symptoms in relation to more gendered racist experiences. In recognizing the utility of an intersectional framework (Cole, 2009; Crenshaw, 1989; Shields, 2008) in understanding Black women's experiences, I further assert that the

oppression of intertwined identities will result in worse psychological outcomes than solely racism and sexism. Furthermore, when Black women perceive their Black womanhood as important (or have high gendered racial centrality), this can act as protection against the harmful consequences of discrimination. In this way, gendered racial centrality can serve to buffer Black women's psychological distress against gendered racial oppression. The model aims to examine the buffering effects of gendered racial centrality on the relationship between gendered racism and psychological distress.

To test the model, I examine the following hypotheses:

Hypothesis 1: More frequent experiences of gendered racism will be positively correlated with psychological distress (i.e., anxiety and depression), such that increased gendered racism will be associated with increased anxiety and depressive symptoms.

Hypothesis 2: Gendered racial centrality will buffer the relationship between gendered racism and psychological distress (i.e., anxiety and depression), meaning that the association between gendered racism and psychological distress will be weakened among those with high levels of gendered racial centrality.

Method

Participants

An initial sample of 266 Black women were recruited from both a college and a community population. However, for the current investigation, only 163 Black women recruited through Qualtrics were included in the sample. The sample for this study was screened based on three eligibility criteria: (1) 18 years or older, (2) a woman, and (3) African American/Black. Participants who answered “false” to any one of the three screener questions ($n = 6$) or responded incorrectly to attention-check items (e.g., “I carefully selected my responses”; $n = 7$) were removed and excluded from the final data analyses. The sample was collected as part of a larger study seeking to develop a measure of gendered racial identity. In the current study, however, I am focusing on the moderating impact of gendered racial identity on the relationship between

gendered racism and psychological distress. For this reason, from the initial sample, I selected only 163 participants who answered the items of interest. The remaining sample of Black women were between 18 and 74 years old ($M_{age} = 39.11$, $SD = 17.04$). The sample was ethnically diverse, with the majority self-identifying as Black American (51.5%), followed by African (42.3%), Caribbean (1.8%), Latinx (0.6%), and Other (3.7%). Participants self-reported a diverse array of sexual orientations including, heterosexual ($n = 150$; 92.0%), lesbian, bisexual, or asexual ($n = 11$; 6.4%). Majority of the women identified as Christian (67.5%). In terms of educational background, most of the participants reported completing some college (19.0%), followed by a high school diploma (33.7%), a college degree (20.2%), a technical certificate/associate's degree (8.0%), graduate/professional degree (13.5%), and some high school (5.5%). Participants also reported diverse social class backgrounds, including: poor ($n = 15$; 9.2%), working class ($n = 35$; 21.5%), lower middle class ($n = 35$; 21.5%), middle class ($n = 60$; 36.8%), upper middle class ($n = 10$; 6.1%), and upper class ($n = 8$; 4.9%).

Procedures

IRB approval was obtained before the initiation of the study. With approval, all participants for this specific study were recruited using Qualtrics panel service. This service allowed me to expand the target population (Black women) beyond college women. It also integrates quality checks within the survey to make sure that there are no fraudulent responses. No matter the recruitment mechanism, all participants received a link to complete the Qualtrics survey online. After accessing the link, participants were then taken to a screen with the informed consent, which provided information on the purpose of the study as well as assurance that their identity and responses will remain confidential and anonymous. Upon consent, participants completed screener questions, demographic items, and then the survey. Considering

this study is a part of a larger study centered on the development of the Multidimensional Gendered Racial Identity Scale (MGRIS; Jones et al., 2020), the survey included the initial MGRIS (77 items), alongside items assessing their demographics, ethnic identity, womanist beliefs, experiences of gendered racism, and mental health. Participants were recruited via Qualtrics, and as such were compensated through the panel service.

Measures

Demographic Questionnaire

Demographic information included age, race/ethnic background, religion, sexual orientation, highest level of education completed, socioeconomic status, region of the U.S., as well as student enrollment status (UNT or non-UNT student).

Schedule of Sexist Events-Adapted

The Schedule of Sexist Events (SSE; Klonoff & Landrine, 1995) is a 20-item scale that assesses the recent and lifetime sexist experiences women encounter. In this study, items in this scale were adapted to assess Black women's experiences of gendered racism (for similar adaptations, see DeBlaere & Moradi, 2008; Thomas et al., 2008). To accomplish this, in each item the word *woman* was replaced with *Black woman*. For example, the question, "How many times have you been treated unfairly by strangers because you are a *woman*?" was changed to "How many times have you been treated unfairly by strangers because you are a *Black woman*?" This scale is comprised of two subscales, one of which assesses recent experiences (within the last year) and the other which assesses lifetime experiences. This scale is structured such that each item is presented to the participants twice; once, asking about recent sexist experiences, and a second time asking about lifetime experiences. Each item in the scale pertains to a specific gendered racist event, and women are instructed to rate how often they have experienced each

event on a scale of 1 (*this event never happened*) to 6 (*this event happened almost all of the time*). Scores are calculated by adding the item responses within the specific subscale to derive a total score. Scores range from 20-120, with higher total scores reflecting more frequent experiences of gendered racism. Previous studies have demonstrated good structural validity of this scale with Black women (DeBlaere & Moradi, 2008). Furthermore, other studies using a similar adaptation of the SSE with Black women exhibited good reliability of this scale ($\alpha = .88-.94$; Thomas et al., 2008). The Cronbach's alpha for this study ranged from .94-.95.

Multidimensional Gendered Racial Identity Scale (MGRIS)

The Multidimensional Gendered Racial Identity Scale (MGRIS; Jones et al., 2020) captures gendered racial identity among Black women across five dimensions. The final scale consists of 35 items representing five subscales: Centrality (7 items), Personal Evaluation (6 items), Societal Evaluation (4 items), Identity Engagement (5 items), and Ideology (13 items). Participants rated their degree of agreement to various statements using a Likert-like scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Though participants were administered the initial MGRIS, which included 77-items, in the context of the current study, both the Centrality subscale (7 items) and Personal Evaluation (6 items) were used. A sample item from the Centrality subscale was, "In general, being a Black woman is an important part of my self-image." Higher scores on the Centrality subscale indicate a higher significance of Black women's intersectional identity to their self-concept. A sample item from the Personal Evaluation subscale was, "I feel that Black women have made major accomplishments and advancements." Higher scores on the Personal Evaluation subscale reflect a more positive view about one's Black womanhood. The construct validity of the MGRIS has been evidenced via significant positive correlations with the Multigroup Ethnic Identity Measure (MEIM; Phinney,

1992; Roberts et al., 1999) and the Feminists Perspectives Scale – Womanist (FPS; Henley et al., 1998). Moreover, the Cronbach’s alpha for the Centrality subscale was .74 and .76 for the Personal Evaluation subscale.

Depression, Anxiety, and Stress Scale – 21 (DASS-21)

The Depression, Anxiety, and Stress Scale (DASS-21) assesses three forms of psychological distress: depression, anxiety, and stress (Lovibond & Lovibond, 1995); however, this study utilizes the Depression and Anxiety subscales. The DASS-21 consists of 21 items examining the applicability that each statement has on participants’ lives, ranging from 0 (*Did not apply to me at all*) to 3 (*applied to me very much or most of the time*). Participants are instructed to respond to the items as they pertain to their lives over the past week. To score each subscale, the items within the subscale are summed and may be characterized using the following classifications: normal (Depression: 0-9, Anxiety: 0-7, Stress: 0-14), mild (Depression: 10-13, Anxiety: 8-9, Stress: 15-18), moderate (Depression: 14-20, Anxiety: 10-14, Stress: 19-25), severe (Depression: 21-27, Anxiety: 15-19, Stress: 26-33), and extremely severe (Depression: 28+, Anxiety: 20+, Stress: 34+). Higher scores reflect increased psychological distress. On anxiety scores, participants ranged from normal ($n = 142$), mild ($n = 9$), moderate ($n = 13$), severe ($n = 1$), and extremely severe ($n = 1$). On depression scores, participants ranged from normal ($n = 144$), mild ($n = 10$), moderate ($n = 8$), and severe ($n = 1$). I elected to utilize this scale as a continuous variable as opposed to an ordinal variable which allowed me to maintain the variability of scores, thereby increasing the ability to identify significant effects if they are present. The DASS-21 has demonstrated good internal consistency, with an alpha of .74 for the anxiety subscale and .84 for the depression subscale (Le et al., 2017). The DASS-21 has

also been shown to have good convergent and concurrent validity (Antony et al., 1998; Le et al., 2017). The Cronbach's alpha for this study ranged from .76 (anxiety) to .86 (depression).

Data Analytic Strategy

All data from this study was analyzed using IBM Statistical Package for Social Sciences (SPSS) Version 26 (IBM Corp., 2019). Prior to conducting analyses, data was cleaned to ensure that missing data, outliers, and assess the potential for confounding variables to control for in the final data analyses. Missing data and outliers were excluded from the final dataset on a case-by-case basis. The final dataset was assessed for a significant amount of missing data using an analysis of the patterns of missing data (Little, 1988).

In order to establish a general understanding of the relationship between the variables, a descriptive statistics test and bivariate correlation analysis were conducted. To test for hypothesis 1, a bivariate correlation was conducted that included the following variables: gendered racism (i.e., recent and lifetime), gendered racial identity centrality, anxiety, and depression.

Correlations with $p < 0.05$ were considered significant. The potential of a moderating effect of gendered racial centrality in the association between both forms of gendered racism and psychological distress (i.e., anxiety and depression) was then assessed (Hypothesis 2). To do this, the moderation Model 1 of PROCESS macro in SPSS was utilized (Hayes, 2017). Since both recent and lifetime gendered racism were tested in relation to psychological distress, which was operationalized as anxiety and depression, I conducted four separate moderation analyses. Using version 3.5 of PROCESS macro, the variables for the first set of moderation analyses were assigned as such: the predictor variable (X) was gendered racism-recent, the outcome variable (Y) was anxiety, and the moderator variable (W) is gendered racial identity centrality; this analysis was repeated and included gendered racism –lifetime as the predictor (X). The second

set of analyses included: gendered racism (X), depression (Y), and gendered racial identity centrality (W); this analysis was repeated and included gendered racism-lifetime as the predictor (X). Significant moderation effects were identified based on confidence intervals that did not include zero. If a significant interaction was found, this effect would be plotted using the Simple Scatter plot feature of SPSS. Furthermore, Tukey's Honest Significant Difference (HSD) would be used to determine the specific level(s) of gendered racial identity centrality that explained the impact of gendered racism on increasing anxiety and depressive symptoms.

Results

Data were first tested for normality using the Shapiro-Wilk procedure as well as a visual inspection of histograms. Results of this test suggests that the data were not normally distributed, left skewed on gendered racial centrality, and right skewed on depression, anxiety, lifetime gendered racism, and recent gendered racism. To assess for outliers, I conducted a visual inspection of Q-Q plots, which included the observed values plotted against expected values for each variable. Outliers were represented by data points visibly separated from the bulk of the other data points (Meyers et al., 2013). As a result, 12 cases were determined to be outliers and were removed from the final dataset. Means and standard deviations for all variables are displayed in Table 1. Considering the data exhibited moderate violations of normality, I elected to apply the square root transformation of each quantitative variable (Meyers et al., 2013).

Analysis of the patterns of missing data revealed that fewer than 0.01% of all items for all cases were missing. Considering individual cases, approximately 99.34% of participants had no missing data whatsoever, and 99.89% of items had no missing data across all cases. No item had more than 10% missing values. Little's MCAR test indicated that data were missing completely at random, $\chi^2(66) = 55.34, p = .82$. Considering data were missing completely at random,

missing data were deleted in a listwise fashion (Little, 1988). Furthermore, Scholmer's et al. (2010) review states that a dataset containing 5-20% missing data is likely to be negligible and thus can be deleted on a case-by-case basis. A power analysis using G*Power evidenced adequate sample size ($n > 146$) to proceed with the analyses using an alpha value of 0.05, power of 0.95, and a medium effect size estimate ($f^2 = .15$) (Faul & Erdfelder, 1992).

Preliminary analyses were then conducted, including bivariate correlation (see Table 1). Recent gendered racist encounters were positively correlated with depression ($r(151) = .33, p = .000$), anxiety ($r(151) = .35, p = .000$), and gendered racial centrality ($r(150) = .24, p = .003$). Lifetime gendered racist experiences were positively correlated with depression ($r(151) = .34, p = .000$), anxiety ($r(151) = .30, p = .000$), and gendered racial centrality ($r(150) = .19, p = .018$). Therefore, Hypothesis 1 was supported.

Main Analysis

To test the moderating effect of gendered racial centrality, PROCESS (Hayes, 2017) Model 1 was utilized. This moderator was tested among the relationship between gendered racist experiences (recent and lifetime) and psychological distress (anxiety and depression). Contrary to the buffering hypothesis, gendered racial centrality did not moderate the association between recent gendered racism and depression ($B = .74; SE = .41, 95\% CI [-.07, 1.56]$). Additionally, gendered racial centrality did not moderate the association between recent gendered racism and anxiety ($B = .35; SE = .39, 95\% CI [-.42, 1.12]$). Gendered racial centrality also did not moderate the association between lifetime gendered racism and depression ($B = .50; SE = .39, 95\% CI [-.28, 1.27]$). Furthermore, gendered racial centrality did not moderate the association between lifetime gendered racism and anxiety ($B = .19; SE = .38, 95\% CI [-.56, .94]$). Therefore, Hypothesis 2 was not supported.

Exploratory Analysis

Considering previous literature (e.g., Williams & Lewis, 2019) which evidenced the buffering influence of personal evaluation, I conducted an additional moderation to assess the potential moderating role of personal evaluation (a second dimension of gendered racial identity, defined as how positively or negatively an individual views their identity) between gendered racism and psychological distress. The results showed that personal evaluation did not significantly moderate the relationship between recent gendered racism and depression ($B=.26$; $SE = .66$, 95% CI [-1.04, 1.56]), nor anxiety ($B=.30$; $SE = .62$, 95% CI [-.93, 1.53]). Additionally, personal evaluation did not moderate the association between lifetime gendered racism and depression ($B=.05$; $SE = .58$, 95% CI [-1.10, 1.19]), nor anxiety ($B=.35$; $SE = .56$, 95% CI [-.75, 1.45]).

Discussion

The present study sought to examine the buffering effects of gendered racial centrality on the relationship between gendered racism and psychological distress. The first hypothesis stated that more frequent experiences of gendered racism would be associated with psychological distress (i.e., anxiety and depression), such that increased gendered racism will be associated with increased anxiety and depressive symptoms. The second hypothesis stated that gendered racial centrality would buffer the relationship between gendered racism and psychological distress (i.e., anxiety and depression), meaning that the association between gendered racism and psychological distress would be weakened among those with high levels of gendered racial centrality. Hypothesis 1 was supported, whereas Hypothesis 2 was not supported.

Previous research suggests that gendered racism was related to psychological distress (Perry et al., 2012; Lewis et al, 2017), and thus I first hypothesized that increased gendered

racism will be associated with increased anxiety and depressive symptoms. The results demonstrated that there was a weak positive correlation between gendered racism and psychological distress. Therefore, there was support for Hypothesis 1. This suggests that a higher frequency of gendered racist experiences that have happened both in the recent past and over an individual's lifetime are related to having a higher level of depression and anxiety. Recent gendered racism and anxiety was had a slightly stronger correlation than recent gendered racism and depression. However, lifetime gendered racism and depression had a slightly stronger correlation than lifetime gendered racism and anxiety. Moody and Lewis (2019) showed that more experiences of gendered racial microaggressions were related to an increase in traumatic stress symptoms. Given these findings of the present study and the study conducted by Moody and Lewis (2019), this could indicate that recent experiences of discrimination result in a stress response and thus lead to an increase in anxiety symptoms rather than depressive symptoms. However, the findings by Miller and colleagues (2007) and Miller and Blackwell (2006) demonstrate a link between chronic stressors and depression, such that increased long-term exposure to stressors is associated with worsened depression. Therefore, if these experiences of discrimination occur over a long period of time, the chronic exposure can result in greater depressive symptoms instead of anxiety symptoms.

Gendered racism has been linked to higher levels of suicidal ideation (Perry et al., 2012). Furthermore, Lewis and colleagues (2017) showed that gendered racial microaggressions are associated with both poorer physical (e.g., physical pain) and mental health (e.g., calmness and peacefulness). The current study found a link between gendered racism and psychological distress, which corroborated the findings demonstrated by previous studies. However, it is important to address that gendered racism is a fairly new construct and research has only recently

been present within the literature regarding this construct. Therefore, more exploration is needed in order to truly understand the how gendered racist experiences influences an individual's psychological well-being.

Findings also showed no support for the moderating effect of gendered racial centrality on the relationship between gendered racism and psychological distress. This is somewhat inconsistent with previous research assessing this construct (Syzmanski & Lewis, 2016; Lewis et al., 2017). Conceptually, though, it could be that gendered racial centrality alone is not a strong buffer of the relationship between gendered racism and psychological distress. Previous research reviewed on this construct showed a buffering effect of gendered racial centrality with coping as a mediator (Lewis et al., 2017). Therefore, perhaps gendered racial centrality can act as a buffer against gendered racism, but only alongside coping as a mediator.

Although Syzmanski and Lewis (2016) found no moderating effect of gendered racial identity centrality, a subsequent study conducted by Lewis and colleagues (2017) revealed gendered racial identity as a moderator. In their study, they tested coping in relation to the impact of gendered racism on psychological distress. All of these studies utilized a moderated mediation model, with coping as a mediator, meaning that the relationship between gendered racism and psychological distress via coping depends on the levels of gendered racial centrality. However, only the latter two found significant results of gendered racial centrality as a moderator. The results from these studies suggest that there could potentially be a moderating effect of gendered racial centrality, but only alongside coping as a mediator between gendered racism and psychological distress (Lewis et al., 2017). Therefore, perhaps the results would be significant if the study were repeated using a similar model, but with coping as a mediator. Gendered racial centrality is a construct with a relatively recent appearance in the literature (Jones & Day, 2018),

and therefore few studies have been conducted that explore its effects on psychological health. Thus, further investigation is required before we can fully understand the pathway of gendered racial centrality and how this shapes Black women's experiences of gendered racism.

As an exploratory analysis, I conducted an additional moderation to assess the potential moderating role of personal evaluation between gendered racism and psychological distress. The findings regarding personal evaluation as a significant moderator are not consistent with what has been put forth in the literature. Personal evaluation was found to have a significant moderating effect on the relationship between gendered racial microaggressions and depression (Williams & Lewis, 2019). This study was conducted using a moderated mediation analysis as well, with disengagement coping as the mediator. Since the findings did not corroborate what Williams and Lewis found, it could be a result of the different models. Perhaps it is the case that personal evaluation alone does not have a strong buffering effect on the relationship between gendered racism and psychological distress, but instead will only show significant effects in the context of coping as a mediator. Similar to the state of research on gendered racism and gendered racial centrality, this is a limited body of research and the findings are inconsistent. Therefore, more studies are needed in order to derive a conclusive argument explaining the connection between gendered racial centrality, personal evaluation, gendered racism, and psychological distress.

Limitations and Future Research

There are several limitations of the current study. The first of which is that this is an online study, and as such, as I cannot indisputably verify the participant's identity as a Black woman. Additionally, because it is online, I do not know if they were distracted while taking the survey. I attempted to rectify this by including validity checks throughout the study to verify that

the participants were paying adequate attention (Aust et al., 2012). However, without behavioral observations, there could be a gap in knowledge regarding the participant's level of attention. Bakeman and Quera (2012) describe the value of including behavioral observations in an experiment in order to enhance the accuracy of the findings. Future research, therefore, may benefit from conducting this study in a controlled setting like a lab to capture any relevant behavioral observations that could affect the data.

A second limitation of this study relates to the measures utilized. First of all, the MGRIS (Jones et al., 2020) is a newly-developed scale, and so the lack of significant findings could reflect an issue with the validity of the scale. Additionally, the SSE-Adapted (DeBlaere & Moradi, 2008; Thomas et al., 2008) this is an adapted scale for Black women, meaning that it is not a scale developed specifically for Black women. Therefore, perhaps the items were too vague or did not accurately capture the construct of gendered racism.

Another limitation of this study is the potential history effect that could be present within the data. Data collection began at the start of the COVID-19 pandemic, so the participants could have been more distracted or distressed than usual. Further complicating the history effect is that this data was collected before the murders of George Floyd and Breonna Taylor, both of which highlighted the social unrest present within America. Barbot (2020) and Roberts (2020) postulate that the murder of George Floyd and Breonna Taylor have highlighted the cumulative injury that Black Americans endure as a result of sociopolitical inequity. Perhaps since George Floyd, perceptions of racial identity have shifted, and it is highly plausible that since Breonna Taylor, experiences of gendered racism have been at the forefront of society. Therefore, future studies may be better able to capture gendered racial identity by conducting their research during this new social climate.

A fourth limitation of the present study relates to the cross-sectional nature of the data. According to a review of cross-sectional research by Levin (2006), the directionality of the predictor variables to the outcome variables may not be accurately captured. Since participants are asked to report their level of psychological distress as well as their experiences of gendered racism at the same point in time, the data may not represent anxiety and depression resulting from these oppressive experiences. There is a possibility that participants may already have been diagnosed with anxiety and/or depressive disorders, and thus responded to the depression and anxiety items as such, unrelated to gendered racist experiences. Consequently, the temporal relationship between gendered racism and psychological distress cannot be determined with absolute certainty.

Another limitation of the current study is generalizability. While I tried to capture a very diverse sample of Black women, I cannot capture every unique Black woman and every type of gendered racism. Also, the majority of the sample is Christian and heterosexual, so the findings may not generalize to those experiencing oppression on the basis of additional marginalized identities such as sexual orientation. Bowleg (2008) and Moradi (2007) put forth the idea that each marginalized status, such as race, gender, and sexual orientation can lead to a cumulative effect of oppression. Given these findings, in the future, researchers may choose to add measures related to other marginalized identities to examine if further compounded discrimination has an impact of psychological distress.

Implications

The implications of the current study are multifaceted, encompassing aspects of research, social justice, and clinical interventions. Empirically, this study contributes to an understanding of Black women's experiences of oppression and how those experiences are shaped by their

sense of self. Black women are a historically oppressed population, being in the unique position of experiencing discrimination on the basis of two visible marginalized identities. Research has the potential of shedding light on the way in which Black women's sense of self molds their experience of discrimination and thereby their worldview.

The social justice implication of the present study emphasizes the cruciality of advocacy for societal change to reduce the gendered racial trauma that Black women are forced to bear in America. While this study may not have explicitly shown a strong relationship between gendered racism and psychological distress, that does not mean this effect is absent within society. Therefore, it is imperative to understand the difference between statistical significance and clinical significance. Differentiating between these concepts is an important step in properly validating Black women's struggles with oppression and advocating for a change in the current social climate both within the therapy room and in a larger context.

The final implication of the current study involves the enhancement of clinical interventions. This examination of identity centrality highlights the importance of identity development to an individual's sense of self and thereby their mental health. Clinically, identity development work can be included in the therapeutic setting to help Black women cope with societal discrimination. Notably, this is not about teaching Black women to accept or agree with this oppression; it is about empowering them to withstand this oppression, all the while maintaining their sense of self and protecting their mental health through use of coping skills.

Diversity, Inclusion, and Advocacy (DIA)

This study focuses on gendered racism, one of the forms of oppression that Black women experience due to their race and gender. Exposure to gendered racism, especially chronically, contributes to worsened mental health outcomes. Black women are in the unique position of

having two visible identities that have been historically marginalized, and this compounded experience of racism and sexism leads to a multiplicative psychological effect. Black women in general, specifically the burdens Black women are required to bear in our society, are significantly understudied within the research. Therefore, the results of this study contribute to the understanding of Black women's experiences as well as highlight the significance of advocacy for societal change to reduce the racial trauma Black women are forced to contend with in America.

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Figure 1

Proposed Moderation Model

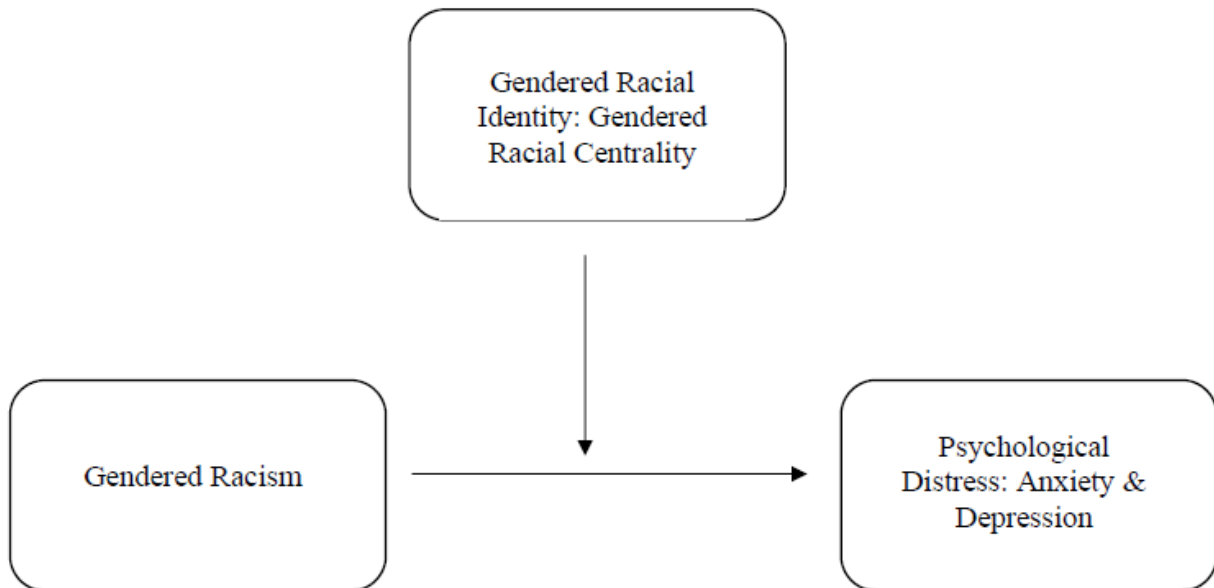


Table 1

Descriptive Statistics and Intercorrelations for Key Variables Across the Entire Sample (N = 150)

Variable	Range	<i>M(SD)</i>	1	2	3	4	5	6	7
1. Age	18 – 74	39.11(17.04)	--						
2. Depression	1.00 – 21.00	2.44(3.62)	-.13	--					
3. Anxiety	1.00 – 12.00	2.26(2.97)	-.06	.69***	--				
4. Recent Gendered Racism	20.00 – 98.00	38.28(17.27)	-.25**	.33***	.35***	--			
5. Lifetime Gendered Racism	20.00 – 102.00	44.79(18.99)	-.01	.34***	.30***	.84***	--		
6. Gendered Racial Centrality	2.43 – 5.00	4.12(.67)	.05	.03	.00	.24**	.19*	--	
7. Personal Evaluation	1.67 – 5.00	4.72(.47)	.10	.12	.09	.15	.19*	.35***	--

Note. * $p < 0.05$, ** $p < .01$, *** $p < .001$