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ABSTRACT

Objective: We assessed the association between gendered racism, the simultaneous experience of sexism and racism, depression, and psychological distress in Black college women using an intersectional instrument, the gendered racial microaggression scale.

Participants: Black college women enrolled at a predominantly white institution (PWI) in the southeastern U.S. (N=164, response rate = 77%, mean age 21.67).

Methods: We used a cross-sectional survey to explore the

impact of stress appraisal and frequency of gendered racial microaggressions on depression and psychological distress using validated scales.

Results: 30% reported depression and 54% reported severe psychological distress. Correlations indicate significant relationships between gendered racism, depression and psychological distress, with the strongest relation reported between the frequency of gendered racism to depression. Regression analyses suggest significant relationships between gendered racism, depression and psychological distress.

Conclusion: Gendered racism has significant bearing on the mental health of Black college women attending a PWI. Implications for interventions are discussed.

KEYWORDS

Black college women; gendered racism; intersectionality; mental health; microaggressions

Introduction

In the United States, there are nearly 2.5 million Black college students and approximately 53% attend predominantly White institutions (PWIs).[1] In this paper, we use Black and White to denote the social construction of race rather than ethnicity. Black college students experience a range of unique, race-related challenges at PWIs.[2] Beyond general academic, financial, and interpersonal stressors, Black students face racial discrimination, stereotypes, and culture shock that have psychological and academic impact.[2–6] In general gender disparities exist, with college women reporting higher rates of depression and psychological distress than men.[7] Specifically, Black college women experience countless stressors that contribute to depression and psychological distress and lower classroom performance especially when attending predominantly White institutions (PWI).[2,3,8]

The college environment is of particular interest for mental health given that the initial onset of mental illness typically occurs by the mid-20s.[9] Mental health in the college years is linked to significant outcomes including economic productivity.[10] The college setting provides a unique context for Black women including greater access to socioeconomic resources and negative psychological effects of isolation and oppression.[11] Black women at PWIs have reported a range of negative conditions including emotional pain, isolation, being dismissed in the classroom, and experiencing invisibility in hostile campus environments.[2,12,13] Qualitative findings suggest that some Black college women at PWIs often feel like outsiders and have heightened fears about their academic abilities.[12,14–16]

Most people with a mental illness do not have contact with mental health care providers and tend to go undiagnosed.[17,18] Moreover, primary care physicians, are less likely to diagnose depression in Black women in comparison to White women.[19] Black women have been

historically underdiagnosed, misdiagnosed, and untreated in mental health investigations.[19–22] Due to the challenges of measuring mental illness in general populations, nonspecific psychological distress is often studied as an indicator of mental illness.[17,23–26] Despite clinical factors regarding mental health access and diagnosis, evidence suggest that Black women are at increased risk for psychological distress due to racism and sexism,[27–29] and both contribute to depression.[30] Sexism and racism were associated with more stress than employment and finances, lifetime victimization and social network loss.[29] Examining the coexistence of racism and sexism may provide a clearer understanding of Black college women's experiences.

Gendered racism taps into the simultaneous oppressive experiences of racism and sexism.[31] Most research suggest that gendered racism increases mental health problems in Black women, including psychological distress and depression.[24–26] In one study, Black women identified several health issues resulting from gendered racism including sleep deprivation, mental health concerns, hair loss, eating habits changes, hypertension, and anxiety attacks.[32] In a community sample of low-income Black women, 22% reported significant mental health problems related to gendered racism, including suicidal ideation.[33]

Racial microaggressions and intersectionality provide the theoretical frameworks for the construct of gendered racism. Racial microaggression is a subtle form of oppression[34] characterized as everyday insults, invalidations, slights, and offensive behaviors that people of color experience daily, typically from well-meaning White Americans.[35] Individual microaggressions may be unintentional and considered trivial and inconsequential by the perpetrator.[34,35] Yet, the cumulative impact of racial microaggressions cause psychological distress for Black college students.[34,36] One study suggest that the overall message Black students received from daily slights include: "You do not belong." "You are abnormal." "You are

intellectually inferior." You are all the same," and "You cannot be trusted." [33] Essed described microaggressions as "everyday racism" and suggests that there is no relief from this form of subtle discrimination.[37] Microaggressions have been linked to a range of physical and mental health problems as well as a poor quality of life.[38] Racial microaggressions are associated with distress and depression[39] and gendered racial microaggressions are associated with depressive symptoms,[40] depression and distress,[41] and have negative impacts on Black women's physical and mental health.[42]

Intersectionality posits that systems of oppressions based on race, class, gender, sexuality, ethnicity, nation, age interconnect and form mutually constructing features of social organization.[43] The intersecting social identities for marginalized groups cannot be disentangled.[44] For example, Black women may experience racism differently than Black men and sexism differently than White women. Thus, exploring race or gender as a single lens does not fully capture Black women's experiences.[43,44] Gendered racism, as it pertains to Black women, manifests through socially constructed ideologies of Black womanhood, particularly the Strong Black Woman.[44,45] The Strong Black Woman is inherently equipped to endure hardship and therefore serves as the justification for oppression.[44,45]

The ideology of the Strong Black Woman has implications for mental health among Black college women.[46] Internalizing gendered racism has been described as endorsing the Strong Black Woman ideology.[26] Black women may express support for the Strong Black Woman and outwardly present superhuman capacity.[47] In one study, admitting weakness, even to themselves, was inacceptable when the Strong Black Woman ideology was endorsed.[19] This may be due to the ego-syntonic nature of the Strong Black Woman construct.[48] Historically, Black women had to be strong in order to withstand slavery and resulting forms of oppression. Thus,

strength is culturally affirmed as a positive and defining quality of Black womanhood because it may be perceived as resilience and perseverance.[47–49] Yet, endorsement of the ideological Strong Black Woman is thought to lead to suppressed emotions and negative health effects[48,49] specifically, depression and psychological distress.[26,50] The Strong Black Woman is understood as the super-human capacity to endure inordinate amounts of stress and lead to essentialist notions that all Black women are inherently strong.[46] The super-human strength manifests as a reluctance or inability to ask for help.[47] Asking for help is viewed as a weakness that is unacceptable within the Strong Black Woman ideology. The Strong Black Woman may feel an obligation to help others, suppress her own emotions, while at the same time resist depending on others.[46,47] Thus, Black women's strength is characterized by her existence in the service of others with little to no attention to her own personal needs.[47,48]

Although subtle and ordinary, gendered racism is nuanced depending on how Black college women appraise gendered racial microaggressions. Additional research is needed on how Black college women's perception or appraisal of gendered racial microaggressions is related to mental health. Thus, the purpose of the cross-sectional study presented here was to examine the relationship between the exposure to gendered racial microaggressions, or frequency, and psychological distress and depression, as well as the relationship between the stress appraisal of gendered racial microaggressions and psychological distress and depression, among a sample of Black college women attending a predominantly White institution (PWI).

Materials and methods

Participants

Participants were undergraduate and graduate Black college women (n = 213) at a public university in the southeast United States. Participants self-identified as a Black or African American woman, at least 18 years of age, and currently enrolled full-time at the university. Black students are defined as persons having origins in any of the black racial groups of Africa as defined by the US Office of Management and Budget.[51] Based on power analysis, 103 participants were required or 80% power (medium effect size of.15, .05 criterion of statistical significance). Mean age of participants was 21.67 years (SD = 4.93), ranging from 18–49. Most participants (81%; n = 132) were undergraduates. A nonrandom sample was recruited from a range of academic courses (including African American studies, women's studies, public health, and social work courses) that had a high concentration of Black women students based on enrollment data provided by the institution and from student organizations that focused on Black women (including African American Graduate Student Association, Black Student Union, and the National Council of Negro Women). Interested students were emailed a link to participate. Snowball sampling occurred with participants forwarding the link to other potential participants.

Data collection & analysis

Between October and November of 2016, data were self-reported through a Web-based survey program. As an JOURNAL Of AMERICAN COLLEGE HEALTH3IRB-approved study, the survey included general information about the study including informed consent and a debriefing message that described gendered racism as the focus of the study. Participants were given an opportunity to participate in a raffle for one of eight $25 gift cards. Data were deleted for participants who were not eligible (n = 14) based on self-identification and for those who declined after debriefing (n = 3). Mean imputation was conducted on the mental health outcome

variables to avoid deleting complete cases (n = 32) when ≤ 2 items were incomplete. The final sample included data from 164 participants. To address the research questions, correlations and regression analyses were conducted using SPSS version 23.

Measures

Demographic data included information on race, gender, age, year in school, economic position, and residence. The Gendered Racial Microaggressions Scale (GRMS)[52] is 26-item scale that assesses the frequency and stress appraisal of gendered racial microaggressions. Exploratory and confirmatory factor analyses were conducted resulting in a multidimensional scale with four subscales specific to Black women: beauty assumptions and sexual objectification, silenced and marginalized, Strong Black Woman, and Angry Black Woman. The overall Cronbach alpha was .93 and reliability alphas range .75–.88 for each subscale.[53] A sample item include: "Someone accused me of being angry when I was speaking in a calm manner." Participants indicated how often these experiences occurred over their lifetime (frequency) and how stressful they were (stress appraisal) using a 6-poin Likert scale. The Patient Health Questionnaire (PHQ) is a multipurpose, brief, self-report instrument for screening, diagnosing, monitoring, and measuring the severity of depression in clinical and general settings.[54] We utilized eight of the nine PHQ questions, known as PHQ-8. The ninth item was deleted as it asks about suicidal attempts and ideation. Although DSM-IV criteria assess suicidal ideation, this item was deemed inappropriate for nonclinical research that lack the ability to conduct an appropriate intervention for this symptom during phone interviews.[54,55] Similarly, we omitted this item as data were electronically collected via Qualtrics survey. Research suggests that removing the ninth item does not have a major impact on assessing depression, because suicidal ideation is uncommon in the genera population.[54,55] The diagnostic validity was established for the PHQ-8 in multiple studies and, for

scores greater than or equal to 10, has a sensitivity of 88 and a specificity of 88% for depressive disorder.[54,56] Further, scores can be classified as: 0–4 (no or minimal depressive symptoms), 5–9 (mild), 10–14 (moderate), 15–19 (moderately severe), and 20–27 (severe) (Pratt & Brody, 2014). In this study, > 10 was used as the criteria for moderate depression.[54] A sample item includes: "Over the past two weeks, how often have you been bothered by feeling down, depressed or hopeless?" The Kessler 6 (K6) is a six-item scale that measures nonspecific psychological distress.[57] It identifies persons with mental health problems severe enough to require treatment. Each item is measured on a 5-point Likert-type scale. Cronbach's alpha was .81 in African Americans.[23] The K6 screens for severe (≥13) to moderate (5–12) PD.[58] A cut-point of ≥ 5 was used in this study. A sample item includes: "During the past 30 days, about how often did you feel nervous?"

Results

The study included 164 participants from diverse socioeconomic backgrounds. Table 1 includes income levels. [Table 1] In this sample, 30% reported major depression with a score of ≥10 on the PHQ (n = 112), with a mean of 7.39 (SD = 5.14). On the K6, 54% reported severe or serious (≥13) and 31% reported moderate (5–12) psychological distress (n = 139), with a mean of 12.58 (SD = 6.22). The composite subscales of stress appraisal and frequency of gendered racial microaggressions correlated with depression (see Table 2). Results suggest a significant, positive relationship between stress appraisal and depression, r (82) =.37, $p \leq .01$, and a moderate significant relationship between frequency and depression, r (95) =.41, $p \leq .01$. There were significant relationships of both stress appraisal and frequency with PD, r (97) =.22, $p \leq .05$ and r (118) =.29, $p \leq .01$, respectively. Both depression and PD increase with an increase in frequency and stress appraisal of gendered racism. However, the correlations between the composite

frequency of GRMS and both outcome variables (depression and psychological distress), are higher than the composite stress appraisal relationship with the outcome variables. All variables significantly correlated with the outcome variables were included in multiple linear regression analyses, however the models for both depression and PD and GRMS frequency and stress appraisal were problematic due to multicollinearity. The best regression model to explain the amount of variance in mental health outcome variables consisted of simple linear regressions with variance inflation factors (VIF) below 1.4. The stress appraisal of gendered racism explained about 16% of the variance in depression and is included in Table 3, ($\hat{Y} = 2.04X + 2.96$, $F = 15.29$, $p < .001$, CI 1.00–3.08). Frequency of gendered racism explained approximately 10% of the variance in PD and is included in Table 4, ($\hat{Y} = 1.78X + 8.23$, $F = 9.87$, $p = .002$, CI .65–2.90).Correlations were conducted to further examine the relationships between the themed GRMS subscales, within frequency and stress appraisal scales, and mental health outcome variables, depression and psychological distress, included in Table 5. The strongest correlations were between the stress appraisal subscales 'silenced and marginalized' and 'strong black woman' and depression, respectively, $r(101) = .42$, $p \leq .001$, $r(106) = .42$, $p \leq .00$. All of the subscales in both stress appraisal and frequency were significantly correlated with depression.

Table 1. Self-reported household income.

Income ranges	N	%
≤ $29,999	59	36%
$30,000–$59,999	37	23%
$60,000–$89,999	26	16%
≥ $90,000	36	22%
Unreported	6	3%

Table 2. Correlations of demographics, composite GRMS stress appraisal, composite GRMS frequency, psychological distress & depression.

Variables	1	2	3	4	5	6
1 Age						
2 Year in school	**.75**** n = 164					
3 Income	**−.28**** n = 158	**−.33**** n = 158				
4 GRMS Stress Appraisal	.02 n = 118	.02 n = 118	−.15 n = 112			
5 GRMS Frequency	−.06 n = 143	−.09 n = 143	−.11 n = 137	**.83**** n = 113		
6 Psych. Distress	**−.19*** n = 139	**−.33**** n = 139	.09 n = 134	**.22*** n = 99	**.29**** n = 120	
7 Depression	.14 n = 112	.14 n = 112	**−.23*** n = 108	**.37**** n = 84	**.41**** n = 97	**.31**** n = 112

**Correlations significant at the .01 level, *Correlations significant at the .05 level.

Table 3. Linear regression model summary coefficients of depression.

Independent variables	B	Stand error	T	*p*
Intercept	2.96	1.30	2.28	.025
GRMS-Stress Appraisal	2.04	.52	3.91	.000

Note. Dependent variable = Depression. R^2 = .164.

Table 4. Linear regression model summary coefficients of PD.

Independent variables	B	Stand error	T	*p*
Intercept	8.23	1.37	6.01	.000
GRMS-Frequency	1.78	.57	3.14	.002

Note. Dependent variable = PD. R^2 = .097.

Table 5. Correlations of GRMS subscales and mental health.

Variables	Depression	PD
Stress Appraisal Subscales		
Beauty Assumptions & Sexual Objectification	.33** n = 107	.22* n = 131
Silenced & Marginalized	.42** n = 103	.20* n = 128
Strong Black Woman	.42** n = 108	.21* n = 133
Angry Black Woman	.38** n = 110	.27** n = 136
Frequency Subscales		
Beauty Assumptions & Sexual Objectification	.25* n = 91	.17 n = 110
Silenced & Marginalized	.30** n = 91	.04 n = 113
Strong Black Woman	.30** n = 90	.15 n = 112
Angry Black Woman	.31** n = 92	.17 n = 113

**Correlations significant at the .01 level. *Correlations significant at the .05 level.

As stress appraisal and frequency increased, so did depression. For PD, the stress appraisal subscales were positively and significantly correlated but none of the frequency subscales were significant.

Discussion

Among a sample of Black college women attending a PWI in the Southeast United States, this study observed high rates of depression and psychological distress. Nationally, 25.5% of college women report major depression and 24.2% report serious psychological distress.[7] In this sample, 30% of Black college women reported major depression and 54% reported serious psychological distress, more than doubling the national average among college women. Additionally, 31% of this sample reported moderate psychological distress, while the national average is 52.1% among college women.[7] The high rates of major depression and serious

psychological distress are similar to findings that suggest high mental health need for minoritized students.[59] However, nationally among the general population, racial disparities persist with White adults reporting depression rates higher than Black adults, (9.5% versus 6.0%respectively).[60] The findings here support higher rates of depression and psychological distress in college samples and a reversal of racialized disparities in depression rates both in comparison to the general population.

Current findings suggest significant relationships between the stress appraisal and frequency of gendered racism to depression and psychological distress. In comparing the composite scores of gendered racial microaggression frequency and stress appraisal, the strongest relationship associated with depression and psychological distress was between the frequency of gendered racism and depression. This finding aligns with research suggesting that gendered racism places Black college women at an increased risk of psychological distress and depression.[2,27,28,61] However, there appears to be a difference between how frequent gendered racial microaggressions are experienced and how stressful they are appraised. Although additional research is needed, the stronger correlations between the frequency composite score of gendered racial microaggressions and depression and psychological distress seem to suggest that exposure to gendered racism has more impact on depression than how gendered racial microaggressions are appraised. This implication aligns with research that suggest that even when Black women verbally report that they are unbothered by gendered racism, the frequency or exposure to it still has significant impact on their mental health regardless of appraisal.[25] Some research suggest Black women may minimally appraise or avoid an issue that is harmful because it provides temporary relief and maintains the façade of strength.[25,62] Previous research suggests that Black college women exposed to gendered racial microaggressions cope by withdrawing

from others and blaming themselves, thus relating to increased psychological distress.[24] Another study found that Black college women experiencing gendered racism disengage and internalize the oppression which seem to result in decreased emotional support.[25] Within this context, the current findings have implications for the Strong Black Woman ideology. Experiencing gendered racial microaggression, depression, and psychological distress may result in harmful behaviors that align with the ego-syntonic nature of the Strong Black Woman ideology. Black college women exposed to gendered racial microaggressions may disengage and blame themselves while being unable to ask for support. Additional research is needed to understand the relationship between experiencing gendered racial oppression, psychological distress and depression.

The stress appraisal subscales of gendered racial micro-aggressions accounted for more variance in depression (16%) than the frequency subscales (10%). Research suggests that for Black women, stress appraisals and depression are distinctively connected to their history, sociocultural experiences, and position in society.[19] Admitting the impact of gendered racism may appear as a weakness. Though psychological distress is physically evident by numerous symptoms including weakness,[58] admitting weakness is inacceptable within the Strong Black Woman ideology.[19,47] Thus, the internalized notion of strength embedded within Black woman hood may make it more difficult for Black women to appraise and admit to themselves that gendered racism is problematic for their mental health. Similarly, a study examining the coping behaviors of Black women related to gendered racism found that those who tried to forget, minimize, or detach from the experience increased in psychological distress.[25] Given the relationship between stress appraisal and depression in this sample, stigma consciousness is considered a relevant construct. Stigma consciousness refers to the extent to which individuals focus on their stereotype status and believe that it pervades their life experiences.63Although not

the focus of the current study, research suggest that individuals with high stigma consciousness are more likely to report perceived discrimination64 and that depression and psychological distress are associated with stigma consciousness and microaggressions.[65,66]

A deeper investigation of the gendered racial microaggressions subscales (Beauty Assumptions & Sexual Objectification, Silenced & Marginalized, Strong Black Woman, and Angry Black Woman) suggested a significant, positive relationship between depression and the stress appraisal and frequency of gendered racism, while psychological distress was only related to stress appraisal. This implies an unexpected difference between psychological distress and depression. Depression and nonspecific psychological distress are often used as indicators of mental illness; social science investigations of general populations often use depression or depressive symptoms as a measure of psychological distress.[17,23–26] Findings here suggest that for this sample of Black college women, depression and psychological distress are not interchangeable. The difference could be between how depression and psychological distress are operationalized and perceived. Depression is a mood disorder that involves a complex interplay of biological, psychosocial, and sociodemographic factors.[55] Evidence suggest that black women who endorse the Strong Black Woman ideology may be more likely to recognize and express physical indicators such as fatigue, aches, and pains and behaviors such as overeating, more so than expressing sadness.[67] Psychological distress is a reactive disorder affected by external stress;[68] therefore, if participants did not rate gendered racism as stressful, they may be less likely to report psychological distress. Nevertheless, in the construction and validation of the GRMS, psychological distress was significantly and positively related to all sub-scales in both stress appraisal and frequency.[52]

The following limitations should be considered while evaluating the findings from this study. First, the study was cross-sectional in nature thus causation between gendered racism and depression or psychological distress cannot be inferred. Second, nonrandom and snowball sampling were used. Lastly, data collection occurred at a single PWI in the southeast, so it is possible that the quantitative findings are not generalizable beyond the institution. Additional studies should duplicate these findings given the dearth of literature that center Black college women's mental health. Finally, qualitative studies could provide more depth about the experiences of gendered racism in the lives of Black college women and minoritized people more broadly.

Despite the limitations and the necessity for additional research, this study has important considerations for public health practice particularly in college settings. The current findings suggest significant relationships between gendered racism and mental health among Black college women attending PWIs. Tailoring college health interventions to meet the specific needs of Black college women may be away to reduce rates of psychological distress and depression. Meeting this need is particularly important given the rise of Black college students attending PWIs in comparison to HBCUs over the last decade,[69] the high enrollment of Black college women in comparison to Black men,[70] and the pervasive nature of racial microaggressions at PWIs.[71]College health counselors should be well-versed in literature on racial microaggressions and intersectionality theory as well as engage in anti-racist practices. For example, college health counseling centers could develop interventions that address the implications of the Strong Black Woman ideology, particularly with regards to help-seeking behaviors. Research suggests that having the opportunity to discuss subtle forms of microaggressions validates the participants experiences and helps them to cope.[72,73] Thus, college health counselors could consider initiating

support groups in the college and broader community settings that allow Black women space to reflect on the experiences of gendered racial microaggressions. Given space, Black college women may recognize that a common manifestation of gendered racism is the internalized and endorsed ideology of the Strong Black Woman. Ultimately, increased perception about the ideology's harmful impact may facilitate strategies of resisting gendered racism and buffer Black college women's mental health.

Conflict of interest disclosure

The authors have no conflicts of interest to report. The authors confirm that the research presented in this article met the ethical guidelines, including adherence to the legal requirements of the United States of America and received approval from the Institutional Review Board of The University of Alabama.

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