Exploring the Role of Family Emotional Climate and Trait Mindfulness on Gendered Racism and Anxiety Among African American Women

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ABSTRACT

The purpose of this study was to explore the associations between gendered racial microaggressions (i.e., the intersection of subtle forms of racism and sexism), family emotional climate, partner emotional climate, trait mindfulness, and anxiety among Black women. The study tested two separate models to investigate family emotional climate and partner emotional climate as mediators of the link between gendered racial microaggressions and anxiety. Two moderated mediation models were also tested; specifically, trait mindfulness was examined as a moderator of the indirect associations of gendered racial microaggressions on anxiety through family emotional climate and partner emotional climate, respectively. Participants were Black adult women (N = 241) who completed an online survey. Results indicated family support (but not family strain nor partner support or strain) was a significant mediator; greater frequency of gendered racial microaggressions were associated with less family support which, in turn was associated with greater anxiety symptoms. Trait mindfulness was a significant moderator of the direct association between gendered racial microaggressions and anxiety. Higher levels of mindfulness weakened the association between gendered racial microaggressions and anxiety. The findings underscore the roles of family support and mindfulness as potential interventions for Black women navigating experiences of gendered racial microaggressions.

Keywords: gendered racism, coping, microaggressions, family emotional climate, anxiety

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CHAPTER ONE: INTRODUCTION

In the current sociopolitical climate, anxiety symptoms may be exacerbated as Black women contend with existing at the intersection of multiple marginalized identities. Not only are Black women navigating increased stress associated with the ongoing global COVID-19 pandemic, but also systemic racism through media images featuring the latest violent acts that have been committed against Black women and men such as, Breonna Taylor, Ahmaud Arbery, Tony McDade, George Floyd, and Jacob Blake. As a result, Black women are actively engaging in coping strategies and healing spaces by utilizing their familial, interpersonal, and community networks as sources of social support. It is important to investigate whether the climate of these relationships alters the extent to which gendered racism influences symptoms of anxiety for Black women. The present study integrated the biopsychosocial model of racism (Clark et al., 1999; Lewis et al., 2017) and the biobehavioral family model (Wood, 1993; Wood et al., 2008; Wood et al., 2021) as theoretical frameworks to examine the roles of family emotional climate and partner emotional climate as mediators of the relation between subtle experiences of gendered racism (i.e., gendered racial microaggressions) and anxiety. While the deleterious influence of racism-related stress and discrimination on health outcomes has been established in the literature, less is known about the underlying mechanisms through which this link is established, or the potential variables that might help to mitigate the negative consequences of gendered racial microaggressions among Black women. First, a brief review of the literature on racism and health outcomes is provided. Next, the literature on gendered racism and anxiety in Black women is highlighted. Trait mindfulness was investigated to explore whether it might serve as a moderator and family emotional climate and partner emotional climate were examined

to observe whether they might serve as mediators in the link between gendered racial microaggressions and anxiety for this population.

Biopsychosocial Model of Racism

Many scholars have investigated the association between racism and health outcomes for African American individuals. Clark and colleagues' (1999) biopsychosocial model of racism proposes that chronic experiences of discrimination lead to psychological and physiological stress responses, which subsequently increases vulnerability to negative health outcomes. The theory describes several mediators that may help explain the association between racist events and psychological stress. Coping strategies individuals utilize to manage racism might intercede in mental and physical health outcomes. Clark and colleagues (1999) also suggest there are specific moderators (i.e., psychological and behavioral factors) that influence the degree to which stress responses emerge as a consequence of racist events. The biopsychosocial model of racism has served as a foundation for researchers working to expound upon the mediators and moderators that contribute to health outcomes for individuals exposed to racism.

Empirical studies continue to demonstrate support for the biopsychosocial model of racism (Clark et al., 1999) as evidence suggests experiences of racial discrimination are associated with negative physical and mental well-being, including lower self-esteem (Kwate & Meyer, 2011), quality of sleep (Lewis et al., 2012), immune system functioning, and higher rates of depression, anxiety, traumatic stress, and cardiovascular disease (Paradies et al., 2015; Williams & Mohammed, 2013). One meta-analysis revealed greater exposure and stress appraisal of racism is linked to higher psychological distress and anxiety for Black Americans (Pieterse et al., 2012). Moreover, M.T. Williams and colleagues (2017) found racial

microaggressions were associated with a greater risk of developing stress, anxiety, and symptoms of trauma in a sample of African American individuals.

The influence of racial discrimination on physiological and psychological stress responses may vary based on gender. Carter and colleagues (2017) examined gender differences among Black, Asian, and Latinx samples and concluded that men of color appear to experience greater psychological distress in response to racial discrimination compared to women of color. An eighteen-year longitudinal study exploring gender differences in the association between racial discrimination and mental health outcomes found that Black men who experienced increased exposure to racism during adolescence were also likely to report anxiety and depressive symptoms in adulthood; however, this finding was not significant for Black women (Assari et al., 2017). In contrast, race-based discrimination has been associated with elevated levels of anxiety and a greater number of chronic health conditions for Black women beyond age, education level, and depressive symptoms (Carter et al., 2016). The inconsistency of findings might be linked to the type of measures utilized in the studies.

Some researchers argue racial discrimination instruments tend to be biased toward Black men's experiences of racial discrimination and ignore the intersection of gender discrimination experienced by Black women (Harnois & Ifatunji, 2011; Ifatunji & Harnois, 2015). Use of these measures may account for some of the variance in stress responses exhibited by men and women (Assari et al., 2017), but it is also possible the instruments do not adequately capture the stress responses of Black women. It is important to assess how experiencing intersecting forms of oppression influences Black women's responses to race-based stress. Recent studies have emerged to address these limitations and extend the biopsychosocial model of racism to experiences of gendered racism (Lewis et al, 2017; Lewis & Neville, 2015). Research has also

begun to highlight how exposure to subtle forms of gendered racism can influence health outcomes for Black women.

Gendered Racism and Black Women's Health

Black feminist and womanist scholars have articulated the importance of utilizing intersectionality theory as a framework to study the unique position occupied by Black women based on interlocking structures of racism and sexism (Cole, 2009; Crenshaw, 1989). These interwoven forms of oppression influence "Black women's lives in ways that cannot be captured wholly by looking at the race or gender dimensions of those experiences separately" (Crenshaw, 1991, p. 1244). Gendered racism is the phenomena when racism and sexism intersect to create a single amalgam of oppression due to marginalized identities of race and gender (Essed, 1991). Overt experiences of gendered racism have been linked to negative mental health outcomes. Gendered racism has been correlated with greater stress, depression, anxiety, lower life satisfaction, and psychological distress for Black women (Jones & Shorter-Gooden, 2003; McKnight-Eily et al., 2009; Szymanski & Lewis, 2016; Schultz et al., 2006; Thomas et al., 2008; Williams & Mohammed, 2009). In addition, a study conducted with a sample of low-income African American women revealed a positive association between gendered racism and risk for suicidality (Perry et al., 2012). However, additional research is needed to understand the extent to which subtle forms of gendered racism have a negative influence on the mental health of Black women.

There is a growing body of research examining how subtle experiences of gendered racism can lead to negative mental health outcomes. Drawing on Sue et al.'s (2007) concept of racial microaggressions and Essed's (1991) notion of gendered racism, Lewis and colleagues (2013) defined gendered racial microaggressions as "subtle and everyday verbal, behavioral, and

environmental expressions of oppression based on the intersection of one's race and gender" (Lewis et al., 2013, p. 56). Recent studies have indicated experiencing frequent gendered racial microaggressions contributes to greater symptoms of psychological distress, depression, anxiety, and traumatic stress for Black women (Dale & Safren, 2019; Lewis & Neville, 2015; M.G. Williams & Lewis, 2019; Moody & Lewis, 2019; Wright & Lewis, 2020).

Efforts to advance the biopsychosocial framework have culminated in a biopsychosocial model of gendered racism, which centers the association between gendered racism, intermediary responses, and health outcomes for Black women. Lewis and colleagues (2017) explored potential mediators and moderators influencing the link between gendered racism and health in a cross-sectional study of 231 Black women. Results indicated disengagement coping (e.g., internalization/self-blame, use of drugs and alcohol) was a mediator and gendered racial identity centrality was a moderator of the negative association between gendered racism and mental and physical health outcomes. Although the biopsychosocial model of gendered racism has demonstrated support for the role of some coping strategies, what continues to be missing are studies examining whether interpersonal factors, such as family or partner emotional climate, mediate the relation between gendered racism and anxiety symptoms.

There has been an increase in research on the link between discrimination and anxiety. Prior research suggests Black women are more likely to report higher rates of anxiety due to racial discrimination in comparison to Black men (Banks et al., 2006; Brownlow et al., 2019; Woods-Giscombé, & Lobel, 2008). Graham and colleagues' (2015) cross-sectional study of primarily African American women not only supported previous findings establishing a positive association between experiences of racist events and anxiety, but also suggested higher levels of emotional dysregulation exacerbated the variables. In the first study to examine the link between

gendered racial microaggressions and anxiety, Wright and Lewis (2020) found frequency and stress appraisal of gendered racial microaggressions was positively associated with symptoms of anxious arousal. Results indicated participation in physical activity did not moderate the relation between these variables, which further demonstrates the need for additional research identifying potential buffers in the link between gendered racial microaggressions and anxiety.

Taken together, prior studies highlight the multidimensional and complex nature of the intersectional oppression experienced by Black women that cannot be attributed to either race or gender. There is a dearth of literature examining how family emotional climate and partner emotional climate (i.e., relationship support and strain) could partially account for the link between gendered racism and anxiety in this population. Since Black individuals may rely on close relationships as a cultural form of coping with discrimination (McNeil Smith, 2014; Jones et al, 2020; Priest et al., 2020), the degree to which family emotional climate and partner emotional climate influence the association between gendered racism and anxiety is an area worthy of further exploration.

Biobehavioral Family Model

The current study integrates the biopsychosocial model of gendered racism (Lewis et al., 2017) with the biobehavioral family model (Wood, 1993; Woods & Denton, 2014), which incorporates the effects of both family relational climate and partner relational climate in the link between environmental stressors and health outcomes. Scholars indicate Black women tend to use collective, or support-seeking strategies to actively cope with experiences of gendered racism (Hall, 2018; Lewis et al., 2013). Family and partner interactions or responsiveness may influence an individual's ability to regulate their emotions in the context of race-based stress. Missing in

the literature is how the nature of these relationships contributes to psychological distress due to experiences of gendered racism for Black women.

The biobehavioral family model (Wood, 1993) examines the reciprocal exchanges that occur within interpersonal, emotional, behavioral, and physiological processes. This framework offers a conceptualization of how an individual's family emotional climate (i.e., general relationship intensity and balance of positive and negative affect during interactions with family) and partner emotional climate influence long-term health outcomes through psychophysiological responses to stress. A negative emotional climate consists of hostile exchanges that are primarily contemptuous, while a positive emotional climate exhibits warm exchanges that are supportive and affirming (Wood et al., 2008).

According to the biobehavioral family model (Wood, 1993), family emotional climate and partner emotional climate lead to biobehavioral reactivity, or an integration of psychological and physiological stress responses, that contribute to the vulnerability of physical disease onset. In the context of external stressors, a positive emotional climate allows individuals to respond with lower biobehavioral reactivity, resulting in greater well-being. However, a negative emotional climate results in chronic stress, whereas individuals experience higher biobehavioral reactivity and worse health outcomes in the context of external stressors. Individuals typically exhibit varying thresholds for biobehavioral reactivity based on a combination of genetics and environment. Further, biobehavioral reactivity has been associated with the ability to engage in emotion regulation in response to a stressor (Wood, 1993; Wood et al, 2021). Increased emotion regulation could mitigate the influence of stress and reactivity in the body, which lowers susceptibility to illness. Biobehavioral reactivity has previously been operationalized as anxiety or depression due to the ability to measure symptoms of dysregulation at both the physiological

and emotional levels. The biobehavioral family model has demonstrated how depressive and anxiety symptoms mediate the link between relationship climate and allostatic load (Priest et al., 2015), asthma severity (Wood et al., 2008), chronic pain (Signs & Woods, 2020), diabetes (Roberson & Fincham, 2018), overall physical health (Woods & Denton, 2014; Priest et al., 2019), and health behaviors (Roberson et al., 2018a). This theoretical framework provides an opportunity to extend the research beyond the individual level toward a systemic analysis of gendered racism and anxiety outcomes among Black women.

Family Emotional Climate

Historically**,** familial relationships have been a pivotal strength of the Black community contributing to survival, resilience, and overall well-being. Black American cultural values regarding collectivism emphasize the notion of interdependence and maintaining solidarity within the larger group, which often include nuclear and extended family members, fictive kin, partners' families, or members of the surrounding community (Boyd-Franklin, 2013). Within collectivism, there is also value placed on the reciprocal nature of emotional responsiveness, whereas there is an inclination to display empathy and become emotionally attuned when engaging with another member of the group (Belgrave & Allison, 2019). Prior research also demonstrates an association between family ties and mental health, such as increased self-esteem and decreased depressive symptoms and suicidal behaviors (Belgrave & Allison, 2019; Cichy et al., 2013; Robinson & Golphin, 2021; Wang et al., 2013). Taylor and colleagues (2015) found greater extended family support was linked to lower reports of depression, but negative family interactions were positively related to depression in a national sample of Black adults. Familial relationships also continue to offer Black populations emotional and tangible support while living in a historically racist and oppressive society.

Black individuals and families navigate pervasive interpersonal and institutional racism and discrimination. The influence of these potentially harmful exchanges on family emotional climate have been researched in the literature, but most studies have focused on parent-child relations. External stressors, such as maternal exposure to racist events, have been indirectly linked to greater relationship strain with the child through greater anxiety and depression symptoms (Murry, 2019; Murry et al., 2021). In addition, Riina and McHale (2010) examined the associations between experiences of racial discrimination, gendered traits, and relationship climate for both African American parent-child and coparents. Results suggested more affectionate parents reported positive relationships in the context of racial discrimination in comparison to less affectionate parents who were likely to report conflictual relationships. Studies have also explored the role of family relationships on the link between racial discrimination and mental health. Bergerson and colleagues (2020) found exposure to racial discrimination placed individuals at higher risk for negative mental health outcomes in the context of lower family connectedness. While prior studies reflect how experiences of racism impact general family relational climate on mental health outcomes, there is a need to further examine the specific variables of support and strain for Black populations.

Collective coping strategies, such leaning on familial support, may offer a reprieve for Black individuals facing adversity (Belgrave & Allison, 2019; Pollock et al., 2015). However, the findings have been mixed for how family support functions in the association between racial discrimination and health outcomes. Brody and colleagues (2014) found greater family emotional support attenuated the link between exposure to racial discrimination and allostatic load, but a review of the literature reveals family support may only be beneficial up to a certain extent in the context of racism (Brondolo et al., 2009; Lewis et al., 2015). Research indicated

higher levels of support led to greater blood pressure reactivity for Black individuals experiencing more racism, while less (but still effective) support resulted in lower Blood pressure reactivity for those with less exposure to racism (Clark, 2003). The author noted extensive support may exacerbate negative health outcomes for individuals more frequently exposed to racial discrimination. Although results surrounding family support have varied, additional studies are necessary to parse out how support and strain mediates the link between discrimination and health for Black populations. Prior biobehavioral family model research has exhibited stronger associations for the influence of family emotional climate over, and beyond, intimate partner relationships (Priest et al., 2019; Priest et al, 2020; Roberson et al., 2018b; Woods & Denton, 2014; Woods et al., 2020), which may have implications for Black populations that value communalism and interdependent relationships.

Very few empirical studies have applied the biobehavioral family model specifically to racial/ethnically diverse populations, even with the emphasis of familial relationships and collectivism being embedded within the culture of many these groups. Woods and Denton (2014) found depression and anxiety mediated the relations between family emotional climate and disease activity in a cross-sectional multiethnic sample of urban, uninsured, low-income patients. Priest and Woods (2015) found a significant positive association between family strain, anxiety and depressive symptoms, and higher self-reported disease activity in Latinx Americans. Priest and colleagues (2020) found family emotional climate (i.e., family support, in particular) was directly associated with depression and anxiety and indirectly connected to self-reported physical health in a sample of African Americans. Lower family support partially mediated the link between racial discrimination and greater depression and anxiety. In addition, frequent experiences of racial discrimination were correlated with greater family strain in the sample

(Priest et al., 2020). Although the study included primarily Black/African American women (62.5%), an intersectional measure was not used to assess for the gendered *and* racial forms of discrimination unique to Black women.

While previous scholars have utilized biopsychosocial approaches to examine gender differences in how close relationships influence health outcomes through biobehavioral reactivity (Roberson et al., 2018b), research exploring the extent to which discriminatory experiences influence the family relational environment and health outcomes of Black women remains limited. In addition, very few studies have integrated the biopsychosocial model of gendered racism and the biobehavioral family model to better understand the influence of family emotional climate and partner emotional climate on the relation between gendered racism and anxiety.

Partner Emotional Climate

Scholars argue Black American romantic relationships must also be considered within the historical and contemporary contexts of racism rather than being compared to the intimate relationships and interactions of White individuals (Collins, 2000; Hill, 2005; Johnson & Loscocco, 2015; Veroff et al, 1995). Depending on the emotional climate, engaging these types of supports might help safeguard Black individuals from negative health outcomes (Barton et al., 2022; Doyle et al., 2018; Harrell, 2000). Unique to Black couples, experiences of racial discrimination may unintentionally interact with other stressors (e.g., occupational, financial, or familial) and "spillover" into relationship processes by increasing emotional reactivity during social exchanges and increasing relationship strain (Barton et. al, 2018; Bryant et al. 2010). Thus, it would be important to further examine the role of partner climate in the link between gendered racism and relational climate for this population. Empirical research on discrimination

and relationship climate within Black populations has primarily assessed general discrimination instead of intersectional discrimination, such as gendered racism. In a cross-sectional study of 592 Black individuals, Doyle and Molix (2014b) found that experiences of discrimination were linked to higher relationship strain (i.e., with spouses, family, and friends) while greater emotion dysregulation (e.g., venting, denial of emotional experience) mediated the relations between discrimination and relationship strain. It is important to note findings regarding the influence of racial discrimination on Black relationship climate have been inconsistent as other studies have not resulted in significant associations between these variables (Clavél et al., 2017). Further, it is important to examine how partner emotional climate might influence the link between gendered racism and health outcomes for Black women.

The harmful consequences of racial discrimination on health outcomes for partners has been established (Barr et al, 2022; Williams, 2018; Wofford et al., 2019), but the degree to which partner support is associated with the link between racial discrimination and health outcomes has not been widely examined. McNeil and colleagues' (2014) found general spousal support did not mitigate the effects of racial discrimination on negative mental health outcomes for women within a sample of Black couples. McNeil Smith et al. (2020) also found that greater partner support was associated with greater physical and general health for Black women. Results also indicated lower mental health for women when their partners indicated higher levels of support, which suggests Black women may take on more of the emotional labor when supporting their partners through racist events. Among women who indicated lower partner support, racial discrimination was associated with lower mental health (McNeil Smith et al., 2020). However, studies explored the moderating effects of partner support rather than the mediating role.

Some studies have explored the mediating role of relational climate on external stressors and health outcomes for Black individuals, with varied results (Barton et al., 2018; Lei et al., 2016; O'Neal et al., 2015; Priest et al., 2020). Barton and colleagues (2018) indicated relationship confidence mediated the link between stress and health, but relational processes were not found to mediate the association between racial discrimination and mental health outcomes. Moreover, partner emotional climate was not found to mediate the link between discrimination, biobehavioral activity, and disease activity in a sample of African Americans (Priest et al., 2020). Additional studies clarifying the mediating role of partner support and strain are necessary, especially as it relates to racism and health outcomes for Black women.

While previous research highlights the multidimensional nature of racial discrimination and its association with partner support and strain, it does not integrate experiences of gendered racism. Additionally, partner emotional climate has been typically explored as an outcome rather than as a contributor to the pathway for psychological stress responses. Prior research illustrates a need to consider the biopsychosocial variables that might contribute to anxiety and act as unique stressors that influence relationship support and strain for Black women. A gap in the literature remains when examining individual protective factors that might buffer the link between gendered racism and psychological stress responses.

Trait Mindfulness

Individual psychological factors may help determine the influence of discriminatory events on anxiety outcomes for the African American population. For example, trait mindfulness (i.e., dispositional mindfulness) could alter how an individual responds to an external stressor, or even their perception of the event (Clark et al., 1999; Khoury et al., 2015; Tomlinson et al., 2018). Measuring trait mindfulness provides a baseline of one's disposition but may also inform

level of intervention needed to manage anxious symptoms. Research concerning mindfulness, described as emphasizing awareness of the present moment without judgement (Kabat-Zinn, 1994), has primarily centered on the psychological and physiological health outcomes of middle-aged, White women (Chin et al., 2019). Yet mindfulness may be particularly beneficial for Black populations as the emphasis is remaining aware of thoughts, emotional experiences, and stress responses within the present moment rather than becoming distracted by ruminations over past events or hypervigilant in anticipating and preparing for future incidents (Kabat-Zinn, 2003). Mindfulness can serve as a strategy for regulating emotions and reclaiming control from the unpredictability of discriminatory events. Mindful individuals may be likely to respond by utilizing a self-compassionate and non-judgmental stance to proactively redirect their attention to the present moment. Key components of anxious arousal involve psychological and physiological responses to perceived threats from the past and attempting to resolve potential future stressors, which suggests trait mindfulness might be helpful in reducing race-based stress, biobehavioral reactivity, and subsequent negative health outcomes.

Scholars have examined how mindfulness might alleviate anxiety symptoms in Black samples while also remaining attentive to the population's historical and cultural context (Burnett-Zeigler et al., 2019; Masuda et al, 2009; Proulx et al., 2018; Womack & Sloan, 2017; Woods-Giscombé & Black, 2010; Zapolski et al., 2019). Graham and colleagues (2013) found trait mindfulness significantly moderated the relation between frequency of racist events and anxious arousal, whereas lower mindfulness strengthened the association between frequency of racist events and anxiety in a sample of primarily Black women (74.2%). In a cross-sectional study of African American emerging adults, results also indicated racist events were positively correlated with anxiety, but trait mindfulness was negatively associated with anxiety (Zapolski et

al., 2019). Further, trait mindfulness served as a significant buffer in the association between racial discrimination and anxiety. Prior studies provide support that greater trait mindfulness moderates the link between discrimination and mental health outcomes for Black individuals (Brown-Iannuzzi et al., 2014; Shallcross & Spruill, 2018; Watson-Singleton et al., 2019). However, an investigation of whether trait mindfulness buffers the link between gendered racism and anxiety for Black women is missing in the literature.

Trait mindfulness has been identified as having implications for improving relationship climate with individuals and their families or partners. During family interactions, mindfulness may enhance relational climate by reducing emotional reactivity and allowing family members to engage with each other utilizing a non-judgmental stance (Brown et al., 2014; Kirby, 2016), may increase cohesion with children (McKee et al., 2017), and the parent's perception of their relational climate (Parent et al., 2014). Further, mindfulness may promote non-reactivity and attending to internal/external experiences in the context of sibling relationships (Bush & Price, 2020). Finally, mindfulness is positively correlated with emotion regulation and partner reactivity (Wachs & Cordova, 2007). The consequences may also extend to both partners when only one individual of the couple exhibits higher levels of mindfulness. In a pilot study, Khaddouma et al. (2017) found individual mindfulness traits were positively correlated with relationship climate for their partner.

Although the benefits of mindfulness in families and couples are empirically supported, Black women tend to be underrepresented in the findings. Most research on mindfulness has been conducted in primarily White female samples, but research with Black women is needed to assess its efficacy in managing anxious responses, and to improve generalizability (Graham et al., 2013). Additionally, studies that examine the nuanced results of exhibiting mindfulness to

counter incidents of gendered racism are necessary to better capture these unique intersectional forms of oppression. The current study sought to expand previous research by integrating the biopsychosocial model of gendered racism and the biobehavioral family model to investigate the associations between gendered racial microaggressions, trait mindfulness, family emotional climate, partner emotional climate, and anxiety (See Figure A1).

Rationale and Purpose of the Study

The purpose of this study was to extend the current body of research by examining the associations between gendered racial microaggressions, family emotional climate (i.e., family support and strain), partner emotional climate (i.e., partner support and strain), trait mindfulness, and anxiety among Black women. To date, no prior study has explored the potential mediating role of family emotional climate and partner emotional climate in the link between gendered racial microaggressions and anxiety among Black women. In addition, a moderated mediation model was tested to investigate whether trait mindfulness is a moderating variable of the indirect association of gendered racial microaggressions on anxiety through family emotional climate and partner emotional climate, respectively. Building on prior research (Priest et al., 2020; Wright & Lewis, 2020), two separate models were tested. First, family emotional climate was tested as a mediator between gendered racial microaggressions and anxiety. Next, for individuals in a committed relationship, partner emotional climate was tested as a mediator between gendered racial microaggressions and symptoms of anxiety. The research hypotheses for the present study were as follows:

Hypothesis 1a. Family emotional climate would significantly mediate the association between gendered racial microaggressions and anxiety. A greater frequency of gendered racial microaggressions would be associated with positive family emotional climate (i.e., higher levels

of family support and lower levels of family strain) which in turn would be associated with lower anxiety. In addition, a greater frequency of gendered racial microaggressions would be associated with negative family emotional climate (i.e., lower levels of family support and higher levels of family strain), which in turn would be associated with higher anxiety.

Hypothesis 1b. Trait mindfulness would moderate the direct relationship between gendered racial microaggressions and anxiety symptoms. Specifically, greater trait mindfulness would serve as a buffer in the association between gendered racial microaggressions and anxiety, such that, the relation would be stronger when trait mindfulness was higher and weaker when trait mindfulness was lower.

Hypothesis 1c. Trait mindfulness would moderate the relations between gendered racial microaggressions and family emotional climate. Specifically, trait mindfulness would serve a buffering role in the association between gendered racial microaggressions and negative family emotional climate (i.e., lower family support and higher family strain). The association would be weaker when trait mindfulness was higher and stronger when trait mindfulness was lower.

Hypothesis 1d. Trait mindfulness would significantly moderate the indirect associations between gendered racial microaggressions, family emotional climate, and anxiety symptoms. The indirect relation via family emotional climate would be weaker when trait mindfulness was higher and stronger when trait mindfulness was lower. Greater gendered racial microaggressions and greater trait mindfulness would be associated with positive family emotional climate (i.e., lower family strain and higher family support), which would be associated with lower anxiety. Greater gendered racial microaggressions and lower trait mindfulness would also be associated with negative family emotional climate (i.e., higher family strain and lower family support), which would be associated with higher anxiety.

Hypothesis 2a. Partner emotional climate would significantly mediate the association between gendered racial microaggressions and anxiety. A greater frequency of gendered racial microaggressions would be associated with positive partner emotional climate (i.e., higher levels of partner support and lower levels of partner strain) which would be associated with lower anxiety. In addition, a greater frequency of gendered racial microaggressions would be associated with negative partner emotional climate (i.e., higher levels of partner strain and lower levels of partner support), which would be associated with higher anxiety.

Hypothesis 2b. Trait mindfulness would moderate the direct relationship between gendered racial microaggressions and anxiety symptoms. Specifically, greater trait mindfulness would serve as a buffer in the association between gendered racial microaggressions and anxiety, such that, the relation would be stronger when trait mindfulness was higher and weaker when trait mindfulness was lower.

Hypothesis 2c. Trait mindfulness would moderate the relations between gendered racial microaggressions and partner emotional climate. Trait mindfulness would play a buffering role in the relation between gendered racial microaggressions and partner emotional climate. For a negative partner emotional climate (i.e., lower partner support and higher partner strain), the association would also be weaker when trait mindfulness was higher and stronger when trait mindfulness was lower.

Hypothesis 2d. Trait mindfulness would significantly moderate the indirect associations between gendered racial microaggressions, partner emotional climate, and anxiety symptoms. The indirect relation via partner emotional climate would be weaker when trait mindfulness was higher and stronger when trait mindfulness was lower. Greater gendered racial microaggressions and greater trait mindfulness would be associated with positive partner emotional climate (i.e.,

lower partner strain and higher partner support), which would be associated with lower anxiety. Greater gendered racial microaggressions and lower trait mindfulness would also be associated with negative partner emotional climate (i.e., higher partner strain and lower partner support), which would be associated with higher anxiety (See Figure A2).

CHAPTER TWO: METHOD

Participants

Inclusion criteria for the study were that participants must identify as a Black/African American woman and be at least 18 years of age. Data was collected from 241 women for the present study. A total of 91.7% of the participants (*n* = 221) identified as Black/African American women born in the United States, whereas 7.5% of the participants (*n* = 18) identified as Multiracial Black/African Americans born outside of the United States. The participants ranged in age from 19 to 72 (*M* = 37.89, *SD* = 13.1). Most of the sample (79.3%; *n* = 191) identified as heterosexual, while 9.1% (*n* = 22) of the respondents identified as bisexual, 5.4% (*n* = 13) queer, 2.1% (*n* = 5) questioning, 1.2% (*n* = 3) lesbian, 1.2% (*n* = 3) pansexual, and 1.2% (*n* = 3) reported an asexual or other sexual orientation. Approximately 65.6% (*n* = 158) completed a graduate or professional degree, 15.8% (*n* = 38) held a Bachelor's/four-year equivalent degree, 9.1% (*n* = 22) completed some graduate or professional education, 5.4% (*n* = 13) of the participants reported attending some college, 2.1% (*n* = 5) held a high school diploma or equivalent, 1.7% (*n* = 4) completed an associates/two-year equivalent degree, and 0.4% (*n* = 1) attended trade school. For current socioeconomic status, over half of the sample (*n* = 156; 64.7%) identified as middle class, 18.3% (*n* = 44) as upper middle class, 13.7% (*n* = 33) as working class, 2.5% (*n* = 6) as poor, and 0.4% (*n* = 1) identified as wealthy. A total of 56% participants (*n* = 135) reported being in a committed relationship, whereas 44% (*n* = 106) reported being single.

Procedure

Institutional Review Board (IRB) approval was sought prior to participant recruitment. Participants were recruited primarily via purposeful and snowball sampling. Due to the COVID-

19 pandemic, the primary data collection method was an online survey. The researcher distributed announcements for the study on various listserv email groups (e.g., American Psychological Association division listservs) and messages were posted on social media outlets (e.g., Facebook) relevant to the target population. Word of mouth via Black women's social networks, and social media groups dedicated to Black women were also used to increase the likelihood of finding the target population. In addition, flyers were posted in community spaces, such as beauty salons, churches, and community centers.

Participants completed an informed consent document prior to study participation. Participants completed survey questions through a web-based platform. The survey took approximately 30 - 45 minutes to complete. The surveys assessed for the participants' experiences of gendered racial microaggressions, anxiety, trait mindfulness and partner emotional climate. The participants' online responses were recorded via Qualtrics software. Once the questionnaires were completed, respondents received compensation in the form of a $10 electronic gift card.

Measures

Gendered Racial Microaggressions

Gendered racial microaggressions were measured using the Gendered Racial Microaggressions Scale (GRMS; Lewis & Neville, 2015), which is unique in its ability to measure intersecting racial and gender microaggressions in the lives of African American women. The GRMS is a 26-item scale assessing the frequency of Black women's everyday experiences of subtle gendered racism. Participants were asked to indicate the frequency of their experiences of gendered racial microaggressions in the past year. Frequency items were rated on a scale, from 0 (*Never)* to 5 (*Once a week or more).* Higher scores indicate a greater frequency of

gendered racial microaggressions. Scores were averaged to obtain a total mean score. Sample items include "Someone assumed I was sassy and straightforward," and "Someone has assumed I did not have much to contribute to the conversation." Internal reliability coefficients for the scores have been reported to be acceptable for the frequency (α = .92) scale with community-based samples of Black women (Lewis & Neville, 2015). Based on the current sample, the frequency (α = .93) scale demonstrated good internal consistency. Confirmatory factor analyses have supported a multidimensional four–factor model that had an acceptable-to-good model fit (Lewis & Neville, 2015); however, several published studies also utilized a total mean score (Lewis et al., 2017; Moody & Lewis, 2019; Williams & Lewis, 2019). The measure has demonstrated convergent validity with positive correlations with the Schedule of Sexist Events (Klonoff & Landrine, 1995) and Racial and Ethnic Microaggressions Scale (Nadal, 2011) in prior research (Lewis & Neville, 2015).

Anxiety

The Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond, 1995) assessed participants' anxiety symptoms. The DASS-21 is a 21-item scale that measures the frequency and severity of negative emotions over the past week. For the current study, the Anxiety subscale was used to explore the frequency and severity of anxiety in the sample. Items were rated on a Likert-type scale, from 0 (*Did Not Apply)* to 3 (*Applied to me very much or most of the time)*. Sample items include, "I felt afraid for no reason," and "I found it difficult to relax." Items were scored, such that, higher scores on the subscale indicate more frequent and severe symptoms of anxiety. Internal consistency for the Anxiety (α = .82) subscale has been adequate in populations of Black women (Donovan & West, 2015; Graham et al, 2013; West et al., 2010). In the current sample, the Cronbach's alpha reliability estimate for anxiety was .82.

Confirmatory factor analysis supported a common factor model that explained 74% of the variance in anxiety (Lovibond & Lovibond, 1995a). The measure has demonstrated convergent validity with positive correlations with the Beck Anxiety Inventory (Beck & Steer, 1990) and discriminant validity with negative correlations with the Beck Depression Inventory (Beck & Steer, 1987) in prior research with African American individuals (Lovibond & Lovibond, 1995a; Norton, 2007). This measure was selected for its ability to assess for anxiety in non-clinical samples.

Family Emotional Climate

Family emotional climate was measured via questions that were adapted from Walen and Lachman's (2000) research, which investigated the role of family and partner support and strain in mental and physical health. The items have been utilized in prior research integrating the biobehavioral family model (Priest, 2015; Roberson et al. 2018; Woods et al., 2020). Family strain is comprised of four items that gauge perceived negativity in relations with family members. Items were rated on a scale from 1 *(Often)* to 4 *(Never).* Sample items include, "Not including your spouse or partner, how often do members of your family make too many demands on you?," and "How often do they let you down when you are counting on them?" Items were reverse coded and averaged, such that higher scores indicate elevated strain. Family support is measured utilizing four items that elicit experiences of feeling understood and supported by family members. Items were rated on a scale, from 1 *(A lot)* to 4 *(Not At All).* Sample items include, "Not including your spouse or partner, how much do members of your family really care about you?," and "How much can you open up to them if you need to talk about your worries?" Items were reverse coded and averaged, such that, higher scores indicate greater levels of support. Family strain and support have demonstrated validity and reliability based on

community samples taken from the National Survey of Midlife Development in the United States (MIDUS II), Project 4 biomarker study (family strain, α = .79; family support, α = .84; Priest et al., 2019; Love et al, 2010) and an African American community sample (family strain, α = .78; family support, α = .83; Priest et al., 2020). Based on the current sample, the family strain measure demonstrated good internal consistency (α = .79). The family support measure also demonstrated good internal consistency (α = .85). The measure has displayed good convergent validity with prior scales developed to assess for family relations and support (Schuster et al., 1990; Turner et al., 1983; Walen & Lachman, 2000).

Partner Emotional Climate

Partner emotional climate was also measured via questions adapted from Walen and Lachman's (2000) study exploring the influence of family and partner support and strain on mental and physical health outcomes. These items have also been used in previous studies of the biobehavioral family model (Priest et al., 2015; 2020; Roberson et al., 2018). Intimate partner strain consists of 6 items that inquire about the participants' perceptions of how often their partners engage in behaviors that create a tense emotional climate. Items were rated on a Likert-type scale from 1 (*Often)* to 4 (*Never)*. Sample items include, "How often does your partner criticize you?," and "How often does your partner make too many demands on you?" Items were reverse coded and averaged, such that, higher scores on the scale indicate elevated levels of strain. Intimate partner support consists of 6-items that inquire about the participants' perceptions of how often their partners engage in behaviors that create a supportive emotional climate. Items were rated on a Likert-type scale, from 1 (*A lot)* to 4 (*Not At All)*. Sample items include, "How much does your partner really care about you?" and "How much does your partner understand the way you feel?" Items were reverse coded and averaged, such that, higher

scores on the scale indicate elevated levels of support. Intimate partner strain and support have demonstrated validity and reliability based on community samples taken from the National Survey of Midlife Development (partner strain, α = .87; partner support, α = .90; Priest et al., 2019) and an African American community sample (partner strain, α = .83; partner support, α = .87; Priest et al., 2020). Based on the current sample, the partner strain measure demonstrated good internal consistency (α = .86). The partner support measure also demonstrated good internal consistency (α = .87). The measure has also demonstrated good convergent validity with prior scales developed to assess for partner support and interactions (Schuster et al., 1990; Turner et al., 1983; Walen & Lachman, 2000).

Trait Mindfulness

Trait mindfulness was assessed using the Revised Cognitive and Affective Mindfulness Scale (CAMS-R; Feldman et al., 2007). The CAMS-R is a 12-item scale assessing individuals' innate, dispositional capability of relating to their internal thoughts and emotions (attention, awareness, present-focus, and acceptance/non-judgment). Items were rated on a Likert-type scale, from 1 (*Rarely)* to 4 (*Almost Always)*. Sample items include, "It is easy for me to concentrate on what I am doing," and "I try to notice my thoughts without judging them." Items two and seven were removed based on being found as less useful, and item six of the measure was reverse scored (Feldman et al., 2007). Scores were summed, with higher scores reflecting greater dispositional mindfulness. This scale has demonstrated convergent and discriminatory validity with other trait mindfulness, problem solving, and emotion regulation measures such as the Freiburg Mindfulness Inventory and the Mindful Attention Awareness Scale (Baer et al., 2006). Internal consistency has been adequate in a sample of ethnically diverse college students (α = .74 to .77; Feldman et al, 2007), an ethnic minority community sample (α = .79; Shallcross

& Spruill, 2018), and in a sample of African American emerging adults (α = .73; Watson-Singleton et al., 2019). In the current sample, the Cronbach's α reliability estimate for mindfulness was .83. This measure was selected for its ability to successfully provide a unidimensional assessment of trait mindfulness in African American populations.

Demographic Questionnaire

Participants completed a demographic survey form at the end of the survey. The form asked the women about various aspects of their identity, which included racial and ethnic identity, socioeconomic status, sexual orientation, age, religious beliefs, and relationship status.

Research Design

The current study utilized a cross-sectional research design with data collected at a single time point. Data was self-reported through a web-based survey. Participants were recruited via purposeful and snowball sampling. Announcements containing a weblink were emailed to professional contacts and listserv managers of local/regional community social organizations that target Black women, and they were asked to distribute the message to their networks of eligible colleagues, associates, and friends. The sampling strategy was ideal because the researcher was looking to recruit a specific population for the current study, and the questions included on the survey did not apply to individuals who did not identify as Black women.

Data Analytic Plan

Data was entered into SPSS Version 28 and examined to determine the extent of missing data values. Missing values were imputed using the Expectation Maximization imputation method to maximize the probability for approximating the missing values, which is an appropriate technique for data that is missing at random (Little & Rubin, 2002). The means, standard deviations, and Pearson product moment correlations were calculated prior to the

primary analyses. The predictor, mediator, and moderator variables were also mean-centered in order to decrease multicollinearity for the analyses (Friedrich, 1982).

Prior studies have highlighted the utility of testing family emotional climate and partner emotional climate as separate variables (Priest et at., 2019; Priest et al. 2020). To test the mean differences of relationship status (partnered versus single) on the primary variables of interest, a series of one-way ANOVAs were run. Results indicated there was not a statistically significant difference in frequency of gendered racial microaggressions ($F(1, 239) = 2.50$, $p = .116$), levels of anxiety ($F(1, 239) = .438$, $p = .509$), mindfulness ($F(1, 239) = 1.86$, $p = .174$), family support ($F(1, 239) = 1.72$, $p = .192$), or family strain ($F(1, 239) = .215$, $p = .643$). Therefore, it was decided that all participants ($N = 241$) could be included in the family emotional climate model, while only participants who were partnered ($n = 135$) would be included the partner emotional climate model. In addition, support and strain were explored as distinct variables, which also aligns with the process utilized in prior tests of the biobehavioral family model (Priest et al., 2020; Wood et al., 2021). Several demographic variables typically associated with mental health were controlled for, including income (continuous variable ranging from 1 = *$0 – 24,999* to 11 = $*250,000 and above*), sexual orientation (dichotomized as 0 = *heterosexual*; 1 = *lesbian, bisexual questioning, queer, asexual, and pansexual* [LBTQA+]), age (continuous variable in years), and education level (continuous variable ranging from 1 = *elementary school* to 9 = *graduate or professional degree*). The variables were entered as covariates when testing the mediation and moderated mediation models.

Hypothesis 1a was tested using mediation Model 4 of the PROCESS macro (Hayes, 2017), which explored whether family emotional climate significantly mediated the association between gendered racial microaggressions and anxiety. Hypothesis 1b was tested using the

moderated mediation Model 8 of the Hayes (2017) PROCESS macro, which explored whether trait mindfulness moderated the direct relationship between gendered racial microaggressions and anxiety symptoms. Hypothesis 1c also used PROCESS (Model 8) to examine if trait mindfulness moderated the relations between gendered racial microaggressions and family emotional climate. In addition, Hypothesis 1d was tested utilizing PROCESS (Model 8) to explore whether trait mindfulness significantly moderated the indirect associations between gendered racial microaggressions and anxiety. Hypothesis 2a tested whether partner emotional climate significantly mediated the association between gendered racial microaggressions and anxiety using mediation Model 4 of the PROCESS macro (Hayes, 2017). Hypothesis 2b tested whether trait mindfulness moderated the direct relationship between gendered racial microaggressions and anxiety symptoms using PROCESS (Model 8). Hypothesis 2c also utilized PROCESS (Model 8) to examine whether trait mindfulness moderated the link between gendered racial microaggressions and partner emotional climate. Finally, Hypothesis 2d explored whether trait mindfulness significantly moderated the indirect association between gendered racial microaggressions and anxiety using the PROCESS macro (Model 8). Analyses was conducted using 1,000 bootstrapping resamples to produce 95% bias-corrected confidence intervals for the indirect effect. Significant effects were identified if the 95% confidence intervals of the indirect effects did not include zero (Hayes, 2017).

Power Analysis

An a priori power analysis was conducted using Kenny's (2017) MedPower to estimate the sample size needed to observe the indirect effects of gendered racial microaggressions on anxiety through family emotional climate (i.e., support and strain) and partner emotional climate (i.e., support and strain) predicted by the mediation model. Based on Kenny's (2017)

recommendations, power analyses, assuming a moderate effect size of 0.30, reveal that obtaining a sample size of at least 116 participants would allow us to detect significance ($\alpha = .05$, two-sided) in the primary outcome measures, with a power level of .80. Using Preacher et al.'s (2007) bias-corrected bootstrap resampling analytic procedures, a sample size of at least 200 was needed to detect significance ($\alpha = .05$, two-sided) for a moderated mediation, assuming a moderate effect size of 0.30 with a power level of .80. Thus, for the family model, the current sample size of 241 and estimated parameters exceed recommendations regarding the minimum sample size to achieve adequate power to detect moderate effect sizes for both mediation and moderated mediation analyses.

CHAPTER THREE: RESULTS

Preliminary Analyses

All data were screened for missingness and outliers. Initially, a total of 250 completed online survey responses were obtained. Of this initial sample, 9 participants were excluded for not meeting the racial identification criteria. The final study sample was 241 participants.

The Little's Missing Completely at Random (MCAR) tests obtained for GRMS ($\chi^2(91) = 94.774$, $p = .373$) indicated that the data were missing completely at random (Little, 1988). The Family Support and Family Strain scales each had 1 missing response. The DASS (Anxiety subscale) had no missing data. There was 5.2% missing data with the GRMS scale. Additionally, there was 1.6% missing data with the Family Strain scale and 1.6% missing data with the Family Strain scale. The Expectation Maximization (EM) imputation method was utilized to address missing values in the data, a method which uses a maximum likelihood technique for estimating missing values (Little & Rubin, 2002). The data met assumptions for univariate normality, skewness (< 3), and kurtosis (< 10) (Weston & Gore, 2006). Correlational analyses suggested there were significant associations ($p < .05$) between demographic variables that tend to be associated with mental health outcomes. Lower self-reported income was related to higher frequency of gendered racism ($r = .18$, $p < .01$), higher anxiety levels ($r = .15$, $p < .05$), lower mindfulness ($r = -.14$, $p < .05$), and less family support ($r = -.14$, $p < .05$). Sexual minority status was related to greater frequency of gendered racism ($r = .24$, $p < .001$), greater anxiety ($r = .20$, $p < .01$), less family support ($r = -.16$, $p < .05$), but lower mindfulness ($r = -.17$, $p < .01$). Younger age was related to more frequent experiences of gendered racism ($r = .27$, $p < .001$), greater anxiety ($r = .24$, $p < .001$), and less mindfulness ($r = -.21$, $p < .05$). Lower education level was related to greater levels of anxiety ($r = .26$, $p < .001$), less mindfulness ($r = -.16$, $p <$

.05), and less family support (r = - .17, p < .01). These variables were included as covariates in the models.

Means and standard deviations for all study variables are listed in Table A1. The Pearson product-moment correlations indicated significant correlations between GRMS, family support, family strain, partner support, partner strain, mindfulness, and anxiety (see Table A1). GRMS was significantly and positively associated with family strain (r = .24, p < .01), partner strain (r =.26, p < .01) and anxiety (r = .41, p < .01). GRMS was significantly and negatively associated with family support (r = - .34, p < .01), partner support (r = - .22, p < .05) and mindfulness (r = - .23, p < .01). Family support was significant and positively associated with mindfulness (r = .32, p < .01). Family support was significant and negatively associated with anxiety (r = - .30, p < .01), family strain (r = - .34, p < .01), and partner strain (r = - .24, p < .01). Family strain was significantly and negatively associated with mindfulness (r = - .16, p < .05). Family strain was not significantly associated with anxiety (r = .12, p = .073). Partner support was not significantly associated with anxiety (r = - .04, p = .640). Partner strain was not significantly associated with anxiety (r = .13, p = .128).

Primary Analyses

Family Emotional Climate Model

To test hypothesis 1a, a parallel mediation analysis was conducted using model 4 of the PROCESS macro (Hayes, 2017). GRMS was the predictor variable and family strain and support (i.e., family emotional climate) were simultaneously entered as the mediating variables. Anxiety was tested as the outcome variable. For Hypothesis 1a, GRMS had an indirect effect on anxiety through family support (B = 0.05 SE = 0.03, 95% CI [0.00, 0.11]) and indicated a partial mediation. Experiencing a greater frequency of GRMS was associated with less family support,

which in turn was associated with greater symptoms of anxiety. Family strain (*B* = 0.00 *SE* = 0.02, 95% CI [- 0.04, 0.04]) did not significantly mediate the relations between GRMS and anxiety.

To test Hypotheses 1b – 1d, moderated mediation analyses were conducted using model 8 of Hayes' (2017) PROCESS macro. Consistent with Hypothesis 1b, results indicated that trait mindfulness moderated the relation between gendered racial microaggressions and anxiety (*B* = --.01, R^2 change = .25, significant *F* change = 26.42). Follow-up simple slopes analysis revealed that GRMS predicted anxiety for Black women with low (-1*SD*; *B* = .11; *t* = 5.83, *p* = .000), moderate (*B* = .08; *t* = 6.04, *p* = .000), and high (+1*SD*; *B* = .05; *t* = 2.83, *p* = .01) trait mindfulness. The difference between the three groups occurred at higher levels of trait mindfulness where Black women with high trait mindfulness had less anxiety symptoms, supporting a buffering effect. Hypothesis 1c was not supported; results indicated that trait mindfulness did not moderate the relationship between gendered racial microaggressions and family support (*B* = - 0.00 *SE* = 0.00, 95% CI [- 0.001, 0.003]) nor family strain (*B* = 0.00 *SE* = 0.00, 95% CI [- 0.001, 0.001]). Further, Hypothesis 1d was not supported; trait mindfulness did not significantly moderate the indirect link between gendered racial microaggressions and anxiety through family support or family strain (index of moderated mediation, *B* = 0.00 *SE* = 0.00, 95% CI [- 0.01, 0.00]) (See Table A2; Figure A3).

Partner Emotional Climate Model

To test hypothesis 2a, another parallel mediation was conducted utilizing Model 4 of Hayes' (2017) PROCESS Macro. GRMS was the predictor variable and partner strain and support (i.e., partner emotional climate) were simultaneously entered as the mediating variables. Anxiety was tested as the outcome variable. Neither partner support (*B* = - 0.02 *SE* = 0.04, 95%

CI [- 0.10, 0.44]) nor partner strain (*B* = 0.10 *SE* = 0.00, 95% CI [- 0.02, 0.16]) significantly mediated the relations between GRMS and anxiety.

To test Hypotheses 2b – 2d, moderated mediation analyses were conducted using model 8 of Hayes' (2017) PROCESS macro. Hypothesis 2b was not supported, whereas trait mindfulness did not moderate the relation between gendered racial microaggressions and anxiety (*B* = - 0.005 *SE* = 0.032, 95% CI [- 0.110, 0.002]). Hypothesis 2c was not supported; trait mindfulness did not moderate the association between gendered racial microaggressions and partner support (*B* = - 0.003 *SE* = 0.002, 95% CI [- 0.001, 0.007]) nor partner strain (*B* = - 0.003 *SE* = 0.003, 95% CI [- 0.009, 0.002]). Moreover, Hypothesis 2d was not supported, whereas trait mindfulness did not significantly moderate the indirect associations between gendered racial microaggressions and anxiety through partner support or partner strain (index of moderated mediation, *B* = 0.04 *SE* = 0.03, 95% CI [- 0.01, 0.09]) (See Table A3; Figure A4).

CHAPTER FOUR: DISCUSSION

This research is one of the first to explore the role of interpersonal support and strain in the relation between gendered racial microaggressions and mental health outcomes in a sample of Black women. Of note, the study is the first to examine trait mindfulness as a potential buffer in the link between these variables and contributes to the literature on the proposed benefits of mindfulness for Black women. The current study utilized an intersectional approach to explore the relations between gendered racism, family emotional climate, partner emotional climate, trait mindfulness, and anxiety among Black women. Specifically, the research examined whether family emotional climate (i.e., family support and strain) and partner emotional climate (i.e., partner support and strain) mediated the association between gendered racial microaggressions and anxiety symptoms in this population. Additionally, two moderated mediation models were tested to investigate whether trait mindfulness moderated the indirect link of gendered racial microaggressions on anxiety through family emotional climate and partner emotional climate.

Hypothesis 1a was partially supported; family support significantly mediated the association between gendered racial microaggressions and anxiety. Specifically, Black women who reported a greater frequency of gendered racial microaggressions also reported having lower family support, which in turn was associated with greater symptoms of anxiety. The result builds on prior research indicating family support as being significantly and negatively related to psychological distress in Black individuals (Belgrave & Allison, 2019; Taylor et al., 2015). The finding is also consistent with existing research suggesting how integral of a role family support, but not family strain, has in influencing health outcomes for Black populations, particularly when managing experiences of discrimination (Doyle et al., 2018; Levine et al., 2015). For example, the results align with Priest and colleagues' (2020) findings that family support, but not

family strain, partially mediated the relation between racial discrimination and biobehavioral reactivity (i.e., anxiety and depressive symptoms) in an African American sample. However, the current research provides a more nuanced understanding of the influence of family emotional climate on the link between gendered racism and anxiety among Black women.

The results suggest that having family support may be especially important in the context of gendered racism and anxiety symptoms for Black women. Black American families typically subscribe to a collectivist perspective, whereas an individual relies heavily on their relatives and kin (Belgrave & Allison, 2019; Boyd-Franklin, 2013). Although this notion of interdependence may be viewed negatively by those from individualistic cultures, a perceived lack of solidarity or support from the family may result in greater anxiety, especially for Black women navigating experiences of gendered racism. For example, Black women employed in predominantly White environments (e.g., academia, corporate) may feel as if family members could not understand the severity of these experiences or like they can rely on family to adequately support them when navigating racist encounters in those settings. While some level of strain is present in family relationships despite collectivist or individualistic values, the results continue to highlight the uniqueness of family support for Black populations.

Hypothesis 1b was supported; trait mindfulness buffered the direct negative relationship between gendered racial microaggressions and anxiety across all levels of mindfulness. The moderation was stronger at higher levels of trait mindfulness and weaker at lower levels of trait mindfulness. Black women experiencing a greater frequency of gendered racial microaggressions, but who endorsed higher trait mindfulness, also reported less anxiety symptoms than those who indicated lower trait mindfulness. The results suggest trait mindfulness may shield Black women from emotionally reactive responses or symptoms of

anxiety when experiencing subtle forms of gendered racism. The finding supports prior literature highlighting the moderating role of mindfulness in the link between experiences of racism and negative mental health outcomes for Black populations (Graham et al., 2013; Shallcross & Spruill, 2018; Watson-Singleton et al., 2019; Zapolski et al., 2019). The current study indicates that Black women exhibiting greater mindfulness may feel less anxious when frequently confronted with gendered racial microaggressions. Rather than automatically experiencing the psychological and physiological responses that can occur with anxiety, mindfulness and emotional regulation may allow Black women to create space to reflect and engage in problem-focused coping strategies instead of becoming reactive in the moment. Increasing mindful awareness may be especially beneficial as chronic stress and anxiety have been linked to a higher risk of negative physical health outcomes, such as cardiovascular disease and diabetes that plague Black women.

Unexpectedly, hypothesis 1c and 1d were not supported; trait mindfulness did not significantly moderate the association between gendered racial microaggressions and negative family emotional climate (i.e., lower family support and higher family strain). In addition, trait mindfulness did not significantly moderate the indirect association between gendered racial microaggressions, family emotional climate, and anxiety symptoms. Research with Black mothers and families suggests experiences of race-based stress can negatively influence the quality of family interactions or increase reactivity (Doyle & Molix, 2014; Jones et al., 2020; Murry et al., 2018; Murry et al., 2021). Discriminatory events could alter an individual's perceived ability to rely on family as a coping response, particularly if there is a lack of emotional responsiveness or regulation within the family unit. Although researchers have found trait mindfulness to be linked to increased emotional awareness and emotion regulation during

interpersonal exchanges (DiMarzio et al., 2021), the notion that trait mindfulness alone will buffer outcomes of gendered racism may be more complex for Black women navigating unsupportive and strained family relationships. For some individuals, racist encounters may impede the ability to remain non-reactive in the present moment and produce spillover effects when engaging with family members, which allows anxiety symptoms to persist. Further, alternative psychological factors (i.e., personality, self-efficacy, levels of racial identity) may interact with dispositional mindfulness as a moderator for Black women in the sample.

Hypotheses (2a – 2d) were not supported; the partner emotional climate model did not yield any significant associations between gendered racial microaggressions, partner support or partner strain, trait mindfulness, and anxiety. The findings are inconsistent with prior research, which have demonstrated the potential influence of racial discrimination on relationship quality and subsequent mental wellness (Barton et al., 2018; McNeil et al., 2020; Lavner et al, 2018), and displayed a positive association between mindfulness and feeling connected to others (Aspy & Proeve, 2017). While the results are consistent with prior research utilizing the biobehavioral family model to examine the potential mediating role of partner emotional climate in the discrimination-psychophysiological outcome link for Black samples (Priest et al, 2020), there may be other contextual stressors contributing to perceptions of relationship functioning for Black women.

Similar to findings from the family emotional climate model, individual experiences of gendered racism might further complicate the processes of emotion regulation and non-reactivity influencing perceived partner support and strain, which in turn exacerbates spillover effects from racist encounters and consequent anxiety. However, the current results may serve as additional evidence that family emotional climate is a more pervasive indicator of present and long-term

health outcomes (Priest et al., 2020, Priest et al., 2019; Wood et al., 2021), especially for Black women exposed to discrimination. For instance, Black individuals typically receive intergenerational wisdom and messages from family members regarding various strategies to manage racist encounters (Belgrave & Allison, 2019; Boyd-Franklin, 2013). The family functions as an elaborate and extended support network in comparison to the shorter-term relationships that have been formed with an intimate partner. Therefore, the long-term interactions with family members are likely to influence health outcomes throughout various stages of the life span. Further research with this population is necessary to continue to adequately parse out the moderating and mediating variables influencing the complex relations between gendered racial microaggressions, partner emotional climate, trait mindfulness, and anxiety symptoms.

Limitations and Future Directions

Although the present study adds to literature centering on experiences of gendered racism and anxiety among Black women, there are some limitations. One limitation is the sample size of women who were in a committed relationship. While the total sample (n = 241) could be utilized to analyze the family emotional climate model, only those who indicated having a partner (n = 135) could be included in the partner emotional climate model analyses and may have contributed to a lack of power to detect significance. Future studies might need to employ strategic methods of recruiting Black women in committed relationships (e.g., social media groups and community-based groups specifically for partnered Black women). The COVID-19 global pandemic also impacted the recruitment methods, such as reducing the ability to advertise the study in person within the local community at churches, hair salons, and community events. Accessing the Black Appalachian community requires time to engage in-person with local

stakeholders to build trusting relationships. In addition, it may be important to replicate the study once the pandemic is over to compare results from women who completed the survey during the pandemic (and heightened period of social unrest in America), versus those completing the survey after the pandemic (Novacek et al., 2020). Women taking the survey during the pandemic might have more readily recalled experiences of gendered racism or interpersonal support and strain in their close relationships based on sociopolitical context, intersecting identities, and being in closer proximity to family and partners. Future studies that measure biobehavioral reactivity in response to gendered racism in the moment may also reduce potential recall bias. Additionally, the pandemic may have influenced levels of mindfulness due to the inherent uncertainties concerning not only one's own health, but also the present and future health of loved ones.

Another limitation is the lack of prior empirical research utilizing the biobehavioral family model to explore family emotional climate and partner emotional climate in primarily Black populations. While the biopsychosocial model of gendered racism (Lewis et al., 2017) has been previously used to explore subtle forms of gendered racism, there is a dearth of research using biopsychosocial frameworks that explicitly integrate interpersonal processes. Perceived quality of interactions may influence perceptions of family or partner support as viable options for coping with these harmful experiences. Research integrating the biobehavioral family model could provide further clarification on how relational functioning mediates the association between gendered racism and biobehavioral reactivity and subsequent disease activity. For example, future studies might examine if there are specific types of family support (e.g., grandparent, parent, child, sibling, extended or fictive kin) that better explain the findings (Boyd-Franklin, 2013; Jones et al., 2020) and their connection to health outcomes. In addition, the

biobehavioral family model measures the balance of general support and strain. Future research may need to create culturally informed measures to better assess for how relational support and strain are defined by Black families and couples.

Conducting future interdisciplinary studies with researchers in public health, sociology, public policy, and social work utilizing an intersectional framework may also be beneficial. Moreover, extending the research could provide an opportunity to explore methods of resilience and resistance within families and couples navigating experiences of racism and inform the creation of interventions. For instance, there is typically a process of racial socialization communicated throughout the lineage of Black families that helps prepare future generations for racist and oppressive encounters (Anderson & Stevenson, 2019b; Belgrave & Allison, 2019). Dyadic and family studies could provide additional perspectives on these types of processes to capture the complexity of the influence of gendered racism on close relationships. In addition, future studies might examine the role of perceived community support in Black women's ability to cope with gendered racism and improve wellness. Access to communal resources and supports may influence levels of self-efficacy or emotion regulation in effectively managing anxious responses to these experiences. Researchers could also continue to investigate culturally responsive methods of cultivating mindfulness and reducing reactivity in response to gendered racism as interventions will need to incorporate an intersectional perspective throughout its development.

Due to the cross-sectional design of the study, causality cannot be established. Experimental, cohort, and meta-analytic studies would improve the ability to draw increasingly precise interpretations of directionality. For example, the biobehavioral family model suggests there may be a feedback loop between relationship climate and health outcomes. Future

longitudinal studies are necessary to test if there is a feedback loop between these variables as hypothesized by Wood and colleagues (2021). Snowball and purposeful sampling methods may have also skewed the findings since participants may represent Black women who self-selected to be in the study based on increased exposure to gendered racism. Additionally, within-group differences may have skewed the data, including an ability to accurately capture how being a member of multiple marginalized social identities (e.g., Black, Lesbian Transgender Bisexual Queer Intersex Asexual [LBTQIA+], Atheist individuals without a college degree) influence experiences of gendered racism, family and partner support, trait mindfulness, and anxiety symptoms. Completing the survey online may have also limited the socioeconomic diversity of the sample.

Implications for Practice and Advocacy

The present study has practice implications for both medical and mental health providers attempting to intervene with Black women. Not only should validating the experiences of Black women become a regular occurrence in healthcare settings, but integrating systemic interventions are integral when feasible. Providers might assess for the context of environmental stressors, available relational supports, and consider the role of family as a strength in influencing health outcomes among Black populations. For instance, scholars have suggested family support facilitates mental and physical health and treatment adherence for African American populations (Belgrave & Allison, 2019; Hu et al., 2021; Priest et al, 2019; Walker, 2020). In addition, family members may benefit from receiving psychoeducation on methods of recognizing signs of anxiety resulting from racist events and collaborating on strategies to discuss their concerns with the individual. Providers can also include family members during the process of treatment

planning to ensure health-related goals align with familial and cultural values and problem solve when there are contradictions.

There are opportunities for mental health professionals to engage in consciousness raising with clients who are unaware of the harmful emotional and interpersonal consequences of experiencing gendered racial microaggressions (Lewis et al., 2017; Mosley et al., 2021). Increasing awareness of gendered racial microaggressions helps to externalize the problem and allows the individual to view all forms of discrimination as systemic issues endemic to society rather than a personal failure. Culturally responsive interventions that provide a strengths-based, collaborative, and radical healing space would instill hope for justice and liberation, but also allow Black women to make meaning and recover from these experiences (Bryant-Davis & Comas-Diaz, 2016; French et al., 2020). For example, culturally appropriate mindfulness interventions may affirm Black women's identities, decrease ruminations over past and future racist encounters, and improve the ability to accept or regulate their internal emotional experience (Proulx et al., 2018; Hargons, 2022; Watson-Singleton et al., 2019). Clinicians may find it beneficial to discuss barriers to engage in mindfulness-based interventions and challenge common misconceptions, if needed. In addition, therapy could center on processing interpretations of a racist or sexist event and discuss how close relationships might serve as a resource of support or even a source of strain.

Practitioners can also incorporate family members into the therapy sessions and work to increase connectedness. One family intervention might include using genograms to map critical racist events that have occurred in the family's history and assess intergenerational patterns of coping with these experiences. Another family-based intervention could be exploring cultural messages around coping and how they may be potentially related to stigmas concerning health

and wellness. A two-pronged approach may be necessary since empirical evidence has connected culturally-specific coping in Black families to racial socialization practices and family functioning in response to race-based stress (Anderson et al., 2018; Anderson et al., 2019a). Integrating mindfulness-based stress reduction strategies with components from strengths-based family programs that target racial socialization and family communication (e.g., Anderson et al., 2018; Barton et al., 2018), might also help facilitate communal healing from experiences of gendered racism. Further, Black women may benefit from attending psychoeducational groups or community-based workshops that provide skills to decrease anxiety, improve overall relationship quality, and cultivate mindfulness within a collective environment.

The findings provide opportunities for advocacy beyond the level of client or patient, particularly for counseling psychologists. Psychologists within integrated primary care settings can educate interprofessional teams on the potential health and wellness consequences of racist and sexist encounters for patients (i.e., anxious responses to experiences of gendered racism). The research may also contribute to academic literature that challenges current healthcare policies encouraging a one size fits all treatment approach at the expense of patient-centered care. The findings could be used to provide supplemental evidence of the importance of employing systems-level interventions that acknowledge the role of family support for Black women, especially when advocating with legislators to increase reimbursements for family and couples therapy sessions (Boyd-Franklin, 2013). Another strategy may be using the current research to assist in writing opinion editorial articles or disseminating research to the media that highlights the association between gendered racism and health outcomes for Black women (Banks et al., 2019; DeBlaere et al., 2019).

Psychologists can also utilize their social capital to identify key community stakeholders interested in collective action to better engage Black women through culturally responsive treatment or resistance strategies. For example, practitioners might partner with Black-led national activist groups (e.g., Movement for Black Lives) or local community organizations (e.g., The Bottom, an agency challenging institutional racism and urban renewal in East Knoxville, TN) to co-construct Black women's healing spaces that increase access to preventative and stress-management interventions for gendered racism. Scholars may also collaborate with churches, which have a long-standing role of serving as a refuge for the Black community, to develop culturally congruent programs within a safe space. Forming strategic community partnerships helps promote the counseling psychology values of sharing power and resources among collaborators as a method of "giving voice" to traditionally marginalized groups with the intention of addressing health inequities (DeBlaere et al., 2019; Fouad & Prince; 2012; Hargons et al., 2017; Nadal, 2017; Speight & Vera, 2008). Moreover, psychologists may serve as anti-racist consultants to educate organizations on best practices in creating inclusive and anti-racist environments and provide guidance on policies that create a sense of belonging by affirming Black women's identities. Finally, the American Psychological Association (APA) has emphasized a commitment to equity, diversity, inclusion, and challenging racism through the most recent iterations of its framework (APA, 2021b), strategic plan (APA, 2019a), guidelines on race and ethnicity in psychology (APA, 2019b), and apology to racial and ethnic minoritized populations for the organization's role in maintaining systemic health inequities (APA, 2021a). The resolutions provide an opportunity for psychologists to continue to utilize gendered racism and health research to hold organizational leadership accountable in tangibly expanding funding,

educational, and training efforts dedicated to anti-racism initiatives for professionals and student members.

Conclusion

The study examined the relations between gendered racial microaggressions, family emotional climate, partner emotional climate, trait mindfulness, and anxiety in a sample of Black women utilizing an intersectional approach. The findings highlight the mediating role of family support in the association between gendered racial microaggressions and anxiety. For Black women, use of family support, over partner support, could be an important coping strategy for anxious arousal occurring after experiencing gendered racism. Although partner support was not found to mediate the relations between variables in the current sample, it may be necessary to conduct longitudinal research to observe fluctuations in partner emotional climate and family emotional climate over time to better create targeted interventions. In addition, the results suggest trait mindfulness may help buffer the negative association between gendered racial microaggressions and anxiety. Higher levels of trait mindfulness weakened the relationship between gendered racial microaggressions and anxiety, which suggests that fostering mindfulness (i.e., emotion regulation, non-reactivity) may serve as a buffer against the negative consequences of gendered racism for Black women. Taken together, the current study provides a more nuanced understanding of the types of relational support and individual characteristics that may prove beneficial when navigating experiences of gendered racial microaggressions. It also provides support for the use of family interventions with Black families as a potential strategy for promoting health equity.

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APPENDICES

APPENDIX A: FIGURES AND TABLES

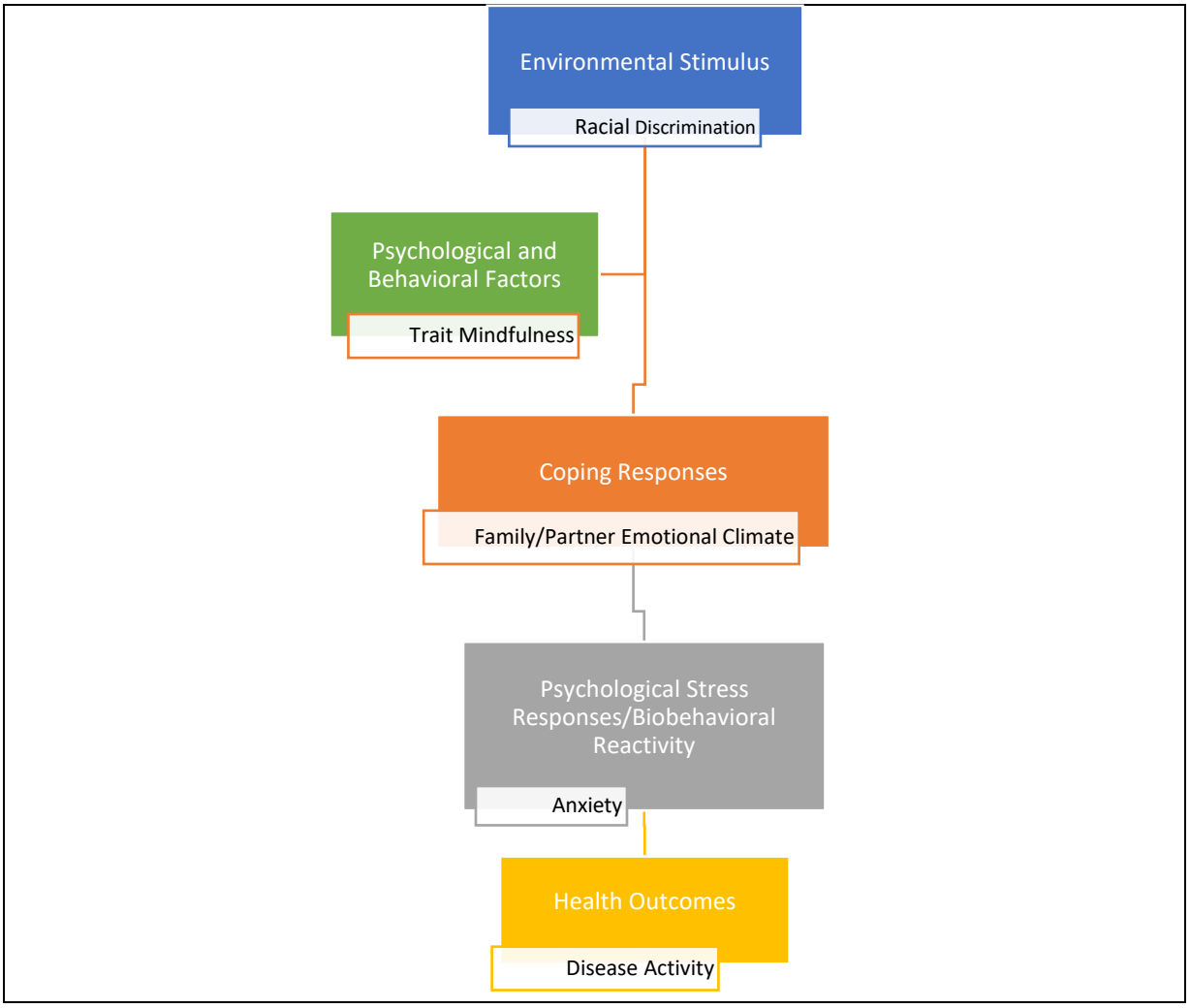


Figure A1. Integration of Clark et al.'s (1999) Biopsychosocial Model of Racism and Wood's (1993) Biobehavioral Family Model

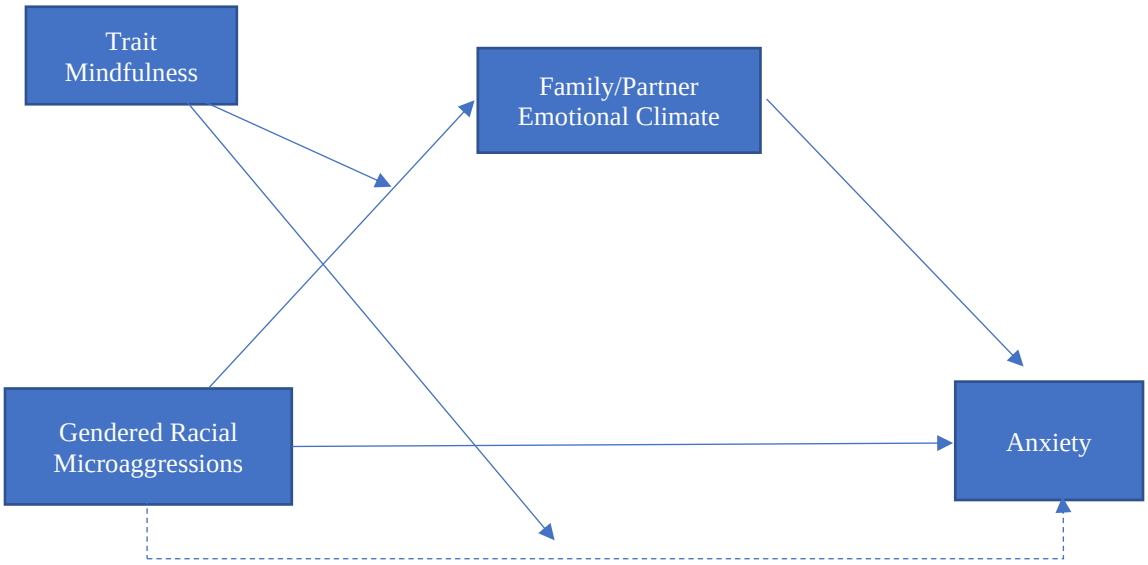


Figure A2. Hypothesized Moderated Mediation Model Predicting Anxiety
Note. Dashed line indicates conditional indirect effect.

Table A1. *Intercorrelations, Means, and Standard Deviations for all Study Variables*

Variables	*M*	*SD*	α	1	2	3	4	5	6	7
1. GRMS	2.05	0.84	.93	--	-.23**	.41**	-.34**	.24**	-.22*	.26**
2. Mindfulness	2.66	0.53	.83		--	-.35**	.32**	-.16**	.22**	-.30**
3. Anxiety	.74	0.65	.82			--	-.30**	.12	-.04	.13
4. Family Support	3.24	0.66	.85				--	-.34**	.23**	-.24**
5. Family Strain	2.55	0.73	.79					--	-.13	.13
6. Partner Support	3.51	0.51	.87						--	-.72**
7. Partner Strain	2.41	0.69	.86							--

Note. *** $p < .001$. GRMS = Gendered Racial Microaggressions; Mindfulness = Trait Mindfulness

Table A2. *Test of Mindfulness as a Moderator of the GRMS to Family Emotional Climate and GRMS to Anxiety Links.*

Predictor Variable	Criterion Variable	β	*B*	*t*	ΔR^2	*F*	*df*
	Criterion: Family Support						
GRMS		-.33	.05	- 5.23***	.16	8.79	5, 234
Mindfulness		.03	.01	4.26***			
GRMS x Mindfulness		.01	.10	1.22			
	Criterion: Family Strain						
GRMS		.27	.06	4.08***	.08	3.96	5, 234
Mindfulness		- .02	.01	-2.11*			
GRMS x Mindfulness		.02	.01	1.49			
	Criterion: Anxiety						
GRMS		.29	.70	4.53***	.24	10.61	7, 232
Family Support		- .16	.91	-2.36*			
Family Strain		.01	.79	.17			
Mindfulness		- .38	.11	- 3.58***			
GRMS x Mindfulness		- .20	.12	-1.73			
		Boot Indirect Effect/Index		Boot *SE*		95% Confidence Interval	
-1 SD	Family Support	.36		.29		[-0.19, 0.98]	
Mean		.29		.23		[-0.15, 0.78]	
+1 SD		.22		.19		[-0.10, 0.66]	
Index of Moderated Mediation		-.01		.02		[-0.05, 0.01]	
	Family Strain						
-1 SD		.02		.14		[-0.31, 0.30]	
Mean		.03		.18		[-0.36, 0.36]	
+1 SD		.04		.24		[-0.47, 0.51]	
Index of Moderated Mediation		.00		.02		[-0.03, 0.04]	

Note. $N = 241$; *B* and *t* reflects values from final regression equation. GRMS = Gendered Racial Microaggressions; Mindfulness = Trait Mindfulness; *df* = degrees of freedom. *$p < .05$. **$p < .01$. ***$p < .001$.

Table A3. *Test of Mindfulness as a Moderator of the GRMS to Partner Emotional Climate and GRMS to Anxiety Links.*

Predictor Variable	Criterion Variable	β	*B*	*t*	ΔR^2	*F*	*df*
	Criterion: Partner Support						
GRMS		-.30	.06	-3.34**	.11	3.27	5, 129
Mindfulness		.02	.01	2.63**			
GRMS x Mindfulness		.01	.01	1.50			
	Criterion: Partner Strain						
GRMS		.31	.08	3.52***	.13	3.71	5, 129
Mindfulness		-.04	.01	-3.48***			
GRMS x Mindfulness		-.01	.01	-.86			
	Criterion: Anxiety						
GRMS		.29	.98	3.41***	.29	7.52	7, 127
Partner Support		.08	1.97	.76			
Partner Strain		.16	1.47	1.44			
Mindfulness		-.46	.13	- 3.47***			
GRMS x Mindfulness		-.20	.15	-1.36			
		Boot Indirect Effect/Index		Boot *SE*		95% Confidence Interval	
-1 SD	Partner Support	-.45		.53		[-1.65, .44]	
Mean		-.31		.36		[-1.09, .30]	
+1 SD		-.16		.26		[-0.80, .20]	
Index of Moderated Mediation		.03		.04		[-0.03, .12]	
	Partner Strain						
-1 SD		.32		.51		[-0.59, 1.52]	
Mean		.25		.38		[-0.43, 1.15]	
+1 SD		.18		.32		[-0.33, 1.00]	
Index of Moderated Mediation		-.01		.03		[-0.91, 0.05]	

Note. $N = 135$; *B* and *t* reflects values from final regression equation. GRMS = Gendered Racial Microaggressions; Mindfulness = Trait Mindfulness; *df* = degrees of freedom. $*p < .05$. $**p < .01$. $***p < .001$.

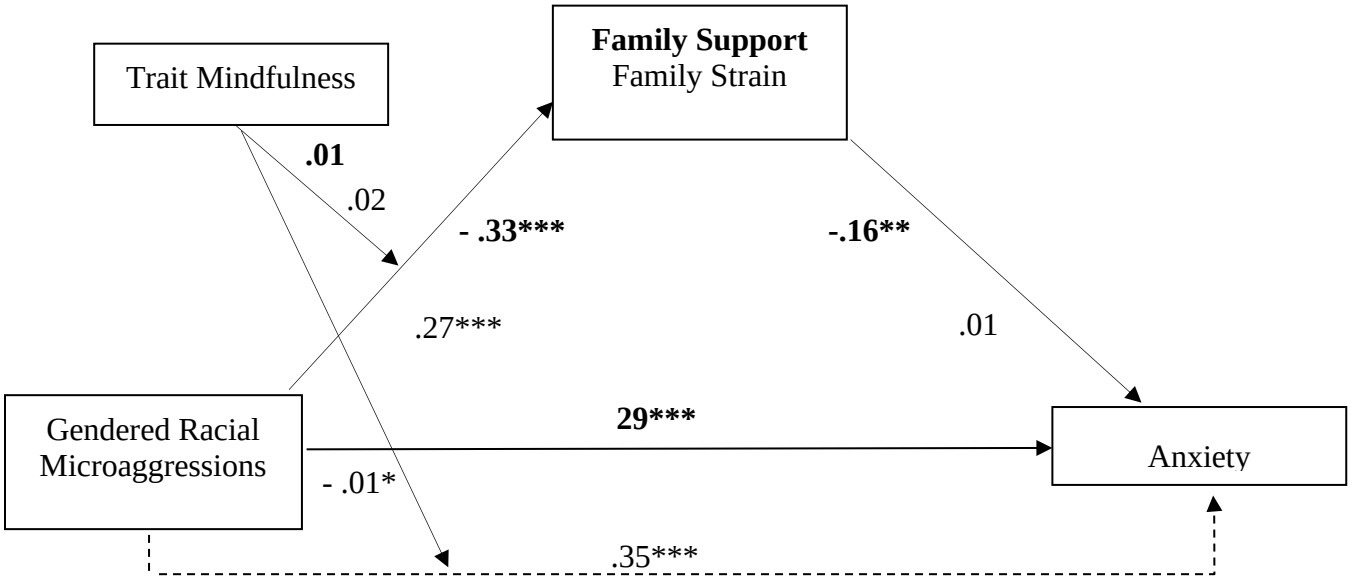


Figure A3. Moderated mediation model depicting family emotional climate mediating the relation between gendered racial microaggressions and anxiety with trait mindfulness as the moderator. *Note*. Dashed line indicates conditional indirect effect. Values in bold represent family support. All values reflect standardized coefficients. *$p < .05$, **$p < .01$, ***$p < .001$

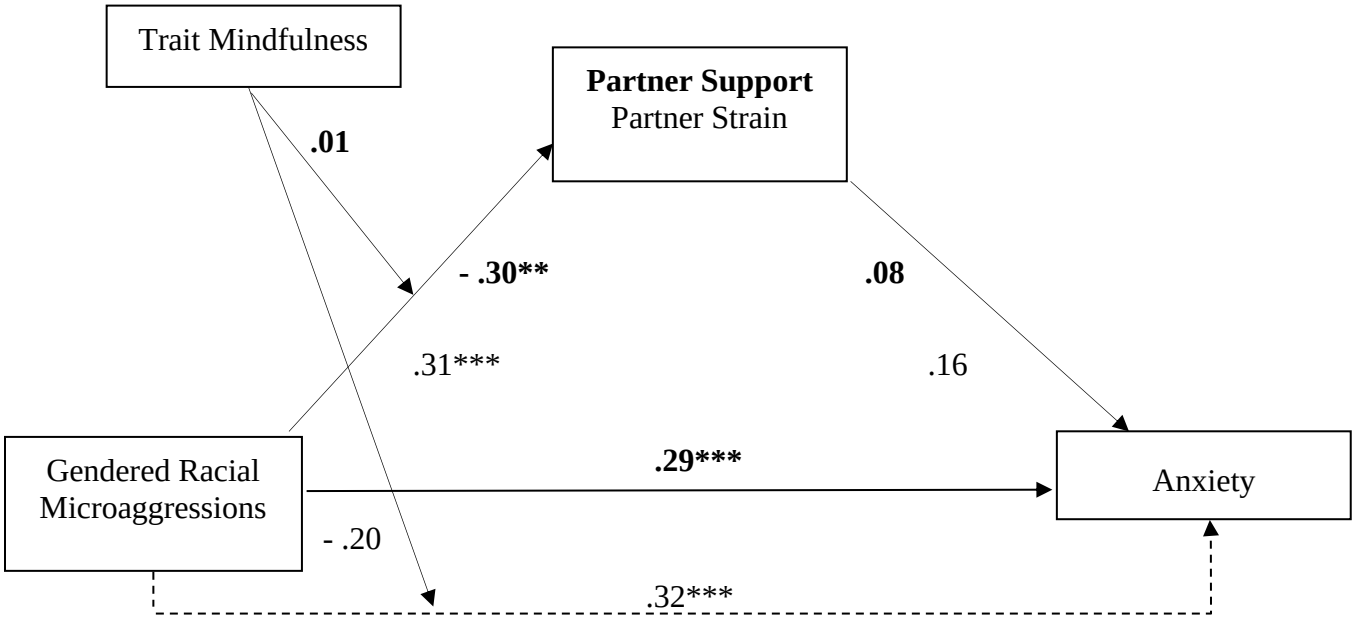


Figure A4. Moderated mediation model depicting partner emotional climate mediating the relation between gendered racial microaggressions and anxiety with trait mindfulness as the moderator. *Note*. Dashed line indicates conditional indirect effect. Values in bold represent family support. All values reflect standardized coefficients. *$p < .05$, **$p < .01$, ***$p < .001$

APPENDIX B: CONSENT FORM

Consent for Research Participation

Research Study Title: Exploring How Black Women Cope with Life Stress

Researcher(s): Anahvia T. Moody, M.A., LaTrice N. Wright, M.S., and Jioni A. Lewis, Ph.D., University of Tennessee, Knoxville

Why am I being asked to be in this research study?

We are asking you to be in this research study because you are a Black or African American woman living in the Southeastern United States. You must be age 18 or older to participate in the study. The information in this consent form is to help you decide if you want to be in this research study. Please take your time reading this form and contact the researcher(s) to ask questions if there is anything you do not understand.

What is this research study about?

The purpose of the research study is to understand Black women's experiences of different types of stress and the ways they cope with that stress.

How long will I be in the research study?

If you agree to be in this study, your participation will last on average 30 – 45 minutes.

What will happen if I say "Yes, I want to be in this research study"?

If you agree to be in this study, we will ask you to complete an online survey. The survey includes questions about different types of stressful experiences you may have had, ways these stressful experiences may have affected you, different things you might do to cope with stress, and general questions about your background. The survey also asks information about the status and nature of your relationship with a spouse/partner. You can skip any questions that you do not want to answer.

What happens if I say "No, I do not want to be in this research study"?

Being in this study is up to you. You can say no now or leave the study later. Either way, your decision won't affect your relationship with the researchers or the University of Tennessee.

What happens if I say "Yes" but change my mind later?

Even if you decide to be in the study now, you can change your mind and stop at any time.

If you decide to stop before the study is completed, then please exit out of the browser. Your answers will be destroyed, and they will not be used in our research study. If you complete the survey and change your mind later, please contact the researcher and your answers will be destroyed.

Are there any possible risks to me?

There is no more than a minimal risk to participate in this study. Some of the survey questions are personal in nature and may make you feel uncomfortable. You can always choose not to respond to some of the survey questions. If you experience any distress or discomfort, you can contact the National Help Line at 1-800-662-HELP (4357) for additional support. You may also contact Cherokee Health Systems at (865) 544- 0406 or your local mental health agency if you live outside of the Knoxville area. The researchers can also provide you with a list of mental health resources at any time.

Are there any benefits to being in this research study?

Your participation may help us to learn more about how Black/African American women cope with different types of stress. We hope the knowledge gained from this study will benefit others in the future. However, there is no direct benefit to your participation in this study.

Who can see or use the information collected for this research study?

We will protect the confidentiality of your information by storing your online consent form and your survey responses in a secure password-protected database. Each participant will be assigned a code number. The code key that links your name to your numerical ID will be kept completely separate from your responses and will be stored in a secure, password-protected electronic database.

If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information or what information came from you. Although it is unlikely, there are times when others may need to see the information we collect about you. These include:

- People at the University of Tennessee, Knoxville who oversee research to make sure it is conducted properly.
- Government agencies (such as the Office for Human Research Protections in the U.S. Department of Health and Human Services), and others responsible for watching over the safety, effectiveness, and conduct of the research.
- If a law or court requires us to share the information, we would have to follow that law or final court ruling.

What will happen to my information after this study is over?

We will keep your information to use for contacting you in the future about other study opportunities. Your name and other information that can directly identify you (or your partner/spouse) will be kept secure and stored separately from your research data collected as part of the study.

Will I be paid for being in this research study?

After you complete the survey, you will receive a $10 electronic gift card for your participation.

Who can answer my questions about this research study?

If you have questions or concerns about this study, or have experienced a research-related problem or injury, contact the researchers, Anahvia T. Moody (**amoody10@vols.utk.edu**), LaTrice N. Wright (**lwrigh52@vols.utk.edu**), or Dr. Jioni A. Lewis (**jalewis@utk.edu**).

For questions or concerns about your rights or to speak with someone other than the research team about the study, please contact:

Institutional Review Board
The University of Tennessee, Knoxville
1534 White Avenue
Blount Hall, Room 408
Knoxville, TN 37996-1529
Phone: 865-974-7697
Email: utkirb@utk.edu

STATEMENT OF CONSENT

I have read this form and the research study has been explained to me. If I have any questions, I have been told who to contact. By selecting "Yes" to the following three questions, I am agreeing to be in this study. I will receive access to an electronic copy of this document for my records.

I understand that to be eligible to participate in this study, I must meet the following criteria.

1. I am at least 18 years of age or older.
    a. Yes
    b. No

2. I identify as a Black or African American woman.
    a. Yes
    b. No

3. I agree to take this survey.
    a. Yes
    b. No

APPENDIX C: DEBRIEFING RESOURCE LIST

Debriefing Resource List

Thank you for your participation in this study. Information collected from this project will help us gain a better understanding of some of the subtle forms of racism and sexism that Black women experience on a day-to-day basis.

Some of the issues raised in this study may be difficult to deal with and may have stirred up some feelings for you. If you would like to talk to someone more about these issues, here are some suggested resources. Below is a list of mental health, wellness, and educational resources for you.

Local Mental Health Resources

- You can contact the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Helpline:

  National Helpline
  Phone: 1-800-662-HELP (4357)

- Cherokee Health Systems offers a range of mental health services for **Tennessee** residents:

  Cherokee Health Systems
  Phone: 866-231-4477
  Website: http://cherokeehealth.com

- If you are a **University of Tennessee student**, you can contact the following resource:

  University of Tennessee Student Health Counseling Center
  Phone: (865) 974-2251
  Website: http://web.utk.edu/~shs/clinics_mental.php

- If you are a **Knoxville resident**, you can contact the following resource:

  Knox County Health Department
  Phone: (865) 215-5400
  Website: http://www.knoxcounty.org/health/adult_primary_care.php

- The UT Psychological Clinic offers sliding scale services for members of the **Knox County/East Tennessee area**:

  Phone: (865) 974-2161
  Website: https://psychclinic.utk.edu/

National Mental Health Resources

- If you are a college student, you can contact your university Counseling Center or Student Health Center and ask to see a counselor.

- If you are a community resident, you can use the following online therapist directories to find a local mental health professional:
    - **Psychology Today**: https://www.psychologytoday.com/us/therapists

      Detailed listings for psychologists, psychiatrists, therapists and counselors are available throughout the United States and Canada.
    - **Therapy for Black Girls**: https://therapyforblackgirls.com

      Listings of Black women psychologists, therapists, and counselors available throughout the United States.
    - **National Queer & Trans Therapists of Color Network:**

      https://www.nqttcn.com/directory

      Listings of queer and trans psychologists, therapists, and counselors of color throughout the United States.
    - **Therapist Locator:** http://www.therapistlocator.net/

      This directory will assist you in locating a marriage and family therapist in your area. The listed therapists are Clinical Members of the American Association for Marriage and Family Therapy.

Educational Resources

Here are some educational resources that provide additional information about some of the topics covered in this research project:

- The Mental Health Cost of Being a Strong Black Woman (by Josephine Gurch, 2019): https://hogg.utexas.edu/mental-health-cost-of-a-black-woman

- Black Women: Mental Health Treatment is for Us, Too (by Lydia Blanco, 2019): https://www.blackenterprise.com/black-women-mental-health-treatment-is-for-us-too/

- Why are Black Women Suffering from PTSD? (by Nareissa Smith, 2018): https://atlantablackstar.com/2018/04/15/black-women-suffering-ptsd/

- Mental Health and the Current Times: Racial Trauma (by Charmaine Perry, 2017): https://www.counseling.org/news/aca-blogs/aca-member-blogs/aca-memberblogs/2017/12/12/mental-health-and-the-current-times-racial-trauma

- Women's Mental Health in the African-American Community (by the American Psychological Association): https://www.apa.org/pi/oema/resources/ethnicityhealth/african-american/women-firsts

- Mental Health Among African American Women (by Erica Martin Richards, M.D., Ph.D.): https://www.hopkinsmedicine.org/health/wellness-and-prevention/mental-healthamong-african-american-women

- Harris-Perry, M. V. (2011). *Sister Citizen: Shame, Stereotypes, and Black Women in America.* New Haven, CT: Yale University Press.

- Sue, D. W. (2010). *Microaggressions in Everyday Life: Race, Gender, and Sexual Orientation.* John Wiley & Sons, Inc. New Jersey.
- Sue, D. W. (2010). *Microaggressions and Marginality: Manifestation, Dynamics, and Impact.* John Wiley & Sons, Inc. New Jersey.

- Jones, C. & Shorter-Gooden, K. (2003). *Shifting: The double lives of Black women in America.* New York: HarperCollins Publishers, Inc.

- Collins, P. H. (1990). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment.* Cambridge, MA: Unwin Hyman, Inc.

- Hooks, b. (1981). *Ain't I a woman: Black women and feminism.* Cambridge, MA: South End Press.

- Lewis, J. A. Williams, M. G., Moody, A. T., Peppers, E. P., & Gadson, C. A. (2018). Intersectionality theory and microaggressions: Implications for research, teaching, and practice. In C. M. Capodilupo, K. L. Nadal, D. P. Rivera, D. W. Sue, & G. C. Torino (Eds.), *Microaggression Theory: Influence and Implications* (pp. 48-64). Hoboken, NJ: John Wiley & Sons.
- Moody, A. T. & Lewis, J. A. (2019). Gendered racial microaggressions and traumatic stress symptoms among Black women. *Psychology of Women Quarterly, 43,* 201-214. https://doi.org/10.1177/0361684319828288
- Williams, M. G., & Lewis, J. A. (2019). Gendered Racial Microaggressions and Depressive Symptoms Among Black Women: A Moderated Mediation Model. *Psychology of Women Quarterly*, *43*(3), 368-380. https://doi.org/10.1177/0361684319832511
- Lewis, J. A., Williams, M. G., Peppers, E. J., & Gadson, C. A. (2017). Applying intersectionality to explore the relations between gendered racism and health among Black women. *Journal of Counseling Psychology*, *64*(5), 475-486. https://doi.org/10.1037/cou0000231

Wellness Book List

The Value in the Valley: A Black Woman's Guide Through Life's Dilemmas by Iyanla Vanzant

- Provides descriptions of ten common life experiences that African American women face and advice on how to overcome difficulties associated with these experiences.

Sisters of the Yam: Black Women and Self-Recovery by bell hooks

- Provides information on how African American women can recover from systems of oppression such as racism, sexism, and consumer capitalism.

Rock My Soul: Black People and Self-Esteem by bell hooks

- hooks examines the political and social barriers that keep African Americans from emotional well-being.

Souls of My Sisters by Dawn Marie Daniels and Candace Sandy

- Provides a series of essays describing the emotional trials of Black women and ways in which the women were able to triumph over their pain in order to appreciate the gifts life has to offer.

Souls Revealed: A Souls of My Sisters Book of Revelations and Tools for Healing Your Spirit, Soul and Life by Dawn Daniels and Candace Sandy

- Provides coping strategies for dealing with painful experiences that may cause disruption within your life.

Your Inner Eve: Discovering God's Woman Within by Reverend Dr. Susan Newman

- Provides guidance on how African American women can increase their psychological well-being from a spiritual point of view.

Black Pain: It Just Looks Like We're Not Hurting by Terri Williams

- Describes what depression looks like within the African American community and dispels the myth of stoicism among African American men and women.

Internet Resources

- **Dear Black Women, Let's Talk about Healing | Angela Bowden (TED Talk)** https://www.youtube.com/watch?v=deJd1X6YW-I
- **Blueprint for the Black Joy Era | Jazmine "Da K.O.S." Walker & Amber Phillips (TED Talk)** https://www.youtube.com/watch?v=ZzP3AxOmmjY
- **Liberate Meditation (Podcast)** https://liberatemeditation.com/
- **Black Girls Smile Inc.**
    - This is an organization founded in 2012 whose vision includes building towards "a society that through the normalization and dialogue surrounding mental wellness, all individuals, including young African American females would be provided the education, support and resources necessary to lead a positively mentally healthy life". https://blackgirlssmile.org
- **Black Women's Health Imperative**
    - This is an online community that provides a wealth of online resources, support communities, and informative articles in order to promote physical, spiritual, and emotional health among African American women. http://www.bwhi.org/
- **California Black Women's Health Project** ○ Founded in 1994, the California Black Women's Health Project (CABWHP) focuses on empowering Black women to take personal responsibility for our own health and to advocate for changes in policies that adversely affect Black women's health status. https://www.cabwhp.org
- **Crunk Feminist Collective** ○ Online blog that discusses issues relevant to Black women from a feminist perspective that intersects issues of race and gender. https://crunkfeministcollective.wordpress.com/

- **National Women's Health Information Center** ○ This website provides information on special topics like mental health, pregnancy, breastfeeding, body image, HIV/AIDS, girls' health, heart health, menopause and hormone therapy, quitting smoking, and violence against women.
  http://www.womenshealth.gov/
- **Journey to Wellness**
  - This is an online health magazine for African Americans that also provides audio links to its nationally syndicated radio show.
    http://www.journeytowellness.com/
- **Websites on Racism Education and Anti-Racist Action**
  - Taking Action Against Racism (TAAR); website providing resources and activities designed to address issues related to racism. Organized by the American Psychological Association's Society of Counseling Psychology.
    https://www.div17.org/TAAR/media/default.htm
- **National Resource Center for the Healing of Racism** ○ Website providing resources in the form of structured sharing and personal experiences around issues related to racism. https://nrchr.org

APPENDIX D: RECRUITMENT MATERIALS

(E-MAIL RECRUITMENT LETTER)

Hello,

My name is **LaTrice Wright** and I am a doctoral student working collaboratively with Dr. Jioni Lewis in the Department of Psychology at the University of Tennessee. Our research team is looking for Black women living in the Southeastern region of the United States willing to complete an online survey. We are hoping to learn more about how Black women cope with stress, and we want to hear from you!

You are eligible if you:

- Self-identify as a Black/African American woman
- Reside in the Southeastern region of the United States
- Are at least 18 years old

How to Participate

If interested, please click on the following link to:

- Receive additional information about the project
- Complete a 30 – 45 minute survey
- Receive a $10 Amazon.com gift card
- Have an opportunity to participate in future research opportunities

[insert active link]

To express our appreciation, the $10 electronic gift card will be sent to the e-mail address provided at the time of survey completion.

If you have any questions about the study, then please contact us "Lab study email address." **You are welcome to share this message with any colleagues, friends, family, or acquaintances that you believe meet the eligibility requirements.**

Thank you for your time and we look forward to including your voice in this project!

Cordially,
LaTrice Wright, M.A., M.S.
Department of Psychology
University of Tennessee

(PERMISSION TO SHARE STUDY WITH LISTSERV/SOCIAL MEDIA GROUPS)

Dear [insert listserv manager/group leader] of [insert name of listserv/group],

My name is **LaTrice Wright** and I am a doctoral student working collaboratively with Dr. Jioni Lewis in the Department of Psychology at the University of Tennessee. We are currently conducting a study on how Black women cope with life stress. We would greatly appreciate your help in our efforts to recruit participants. Could you please share our study invitation with your members? Your assistance is greatly appreciated as it will help us investigate the unique life experiences that may impact Black women's well-being. The survey message is below. Thank you for your time and consideration.

VITA

Ms. Wright obtained a Bachelor of Science degree in Psychology and a Bachelor of Arts degree in African American Studies from Georgia State University. She also received her Masters in African American Studies from Georgia State University. Ms. Wright then obtained her Masters in Marriage and Family Therapy from Northwestern University, where she received extensive training in providing systemic therapeutic interventions to individuals, couples, and families. Ms. Wright is licensed as a marriage and family therapist (LMFT) in Illinois and has accrued experience delivering evidence-based interventions to youth and families. She previously served as a research project coordinator assessing the efficacy of a culturally adapted cognitive behavioral preventative intervention for African American adolescents, a community clinic therapist delivering trauma-informed therapy within high school settings, and a mobile crisis worker providing stabilization services to uninsured children, adolescents, and their families. Her theoretical orientation integrates multicultural-feminism, cognitive behavioral (CBT), dialectical behavioral (DBT), and family systems therapies. LaTrice is currently a fourth-year doctoral candidate in the Counseling Psychology program at the University of Tennessee, Knoxville (UTK).