

5-2017

How Racial Microaggressions Impact the Mental Health of Black Women of Different Occupational Prestige

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HOW RACIAL MICROAGGRESSIONS IMPACT THE MENTAL HEALTH OF BLACK
WOMEN OF DIFFERENT OCCUPATIONAL PRESTIGE

A Thesis
Presented to
The College of Liberal Arts
Department of Psychology
Honors College
University of Massachusetts Boston
Boston, MA 02124

In Fulfillment
of the Requirements for Graduation with
Honors in Psychology

by

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May 2017© Esthanette Reid

Keywords: racial microaggressions, Black women, racism, occupation, SES

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ABSTRACT

Much of the literature examining anxiety, depression, and trauma among Black women fails to consider the potential impact of racism. This thesis seeks to begin addressing this gap by assessing the relation between racial microaggressions and mental health for Black women. The primary goal of this thesis is to use data from a nationwide online study, The Resistance and Empowerment Against Racism Study (conducted by Dr. Karen Suyemoto & Dr. Tahirah Abdullah), to examine the effects of racial microaggressions on depression, anxiety, and trauma for 179 Black women with different occupational prestige. Measures such as The Racial Microaggressions Scale (RMAS; Torres-Harding, Andrade, Jr, Diaz, 2012), the civilian version of the PTSD Checklist (PCL-C; Henry & Crawford, 2005), and the Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond, 1995) are used in this study to assess racial microaggressions and mental health outcomes for participants. There are four hypotheses guiding this thesis: 1) Black women will experience subscales of invisibility, sexualization, and environmental microaggressions more frequently than criminality microaggressions 2) Black women with higher occupational prestige will experience microaggressions more frequently than Black women with lower occupational prestige, 3) Increased frequency of microaggressions will be associated with increased depression, anxiety, and trauma symptoms for Black women, and 4) For Black women with higher occupational prestige, experiencing microaggressions will be associated with more symptoms of depression, anxiety, and trauma, as compared to Black women with lower occupational prestige. Results from this study can be used to inform psychologists in both academic and clinical settings about the intersectionality of race, socioeconomic status, gender, and mental health for Black women. Limitations, future directions, and clinical implications will be discussed.

ACKNOWLEDGMENTS

This Honors thesis could not have been accomplished without the help, support, and dedication of many Professors and students. First, I would like to thank the University of Massachusetts Boston Research and Strategic Initiatives for funding my thesis through an undergraduate research grant. I am eternally grateful for Dr. Ester Shapiro for putting me in contact with my wonderful mentor Dr. Tahirah Abdullah. Dr. Abdullah has cheered me on and guided me throughout the process of this thesis and has become a role model for me. I would also like to acknowledge the amazing ladies of the Black Mental Health and Advocacy and Research lab who have provided me with academic and emotional support and helped to ensure success for this thesis. I am also grateful for the feedback and encouraging words of Dr. Tiffany Donaldson and my fellow Psychology Honors students. Lastly, I am grateful for the support from my loved ones who believed in me and helped push me towards success. Again, I say thank you.

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CHAPTER 1

INTRODUCTION

Specific Aims

Mental health is a key component of overall well-being. Racism is one factor that detrimentally impacts well-being for people of color in the United States. Studies have shown that there is a positive correlation between experiences of racism and mental distress – in particular, depression and anxiety (Pieterse, Todd, Neville, & Carter, 2012). It is important to understand the various forms of racism and the disadvantageous impact they can have on people of color. This thesis will focus on one type of racism, racial microaggressions - subtle indignities and offenses that members of minority groups may experience in their daily lives – and their impact on Black women. The goal of this thesis is to examine the effect of racial microaggressions on mental health, specifically, depression, anxiety, and trauma for Black women with different occupational prestige - the public perception of an individual's social standing based on their professional position (MacKinnon & Langford, 1994).

Specific Aim 1: To examine the frequency of microaggressions for Black women, ages 18 or older using the Racial Microaggressions Scale (RMAS; Torres-Harding, Andrade, Jr, Diaz, 2012).

Hypothesis 1: The subscales of invisibility, sexualization, environmental invalidations will have a higher frequency than criminality invalidation.

Specific Aim 2: To examine the relation between the frequency of microaggressions and occupational prestige for Black women.

Hypothesis 2: Black women with higher occupational prestige will experience microaggressions more frequently than Black women with lower occupational prestige.

Specific Aim 3: To assess the effect of microaggressions on mental health, specifically, depression, anxiety, and trauma for Black women over the past week and past month using the PTSD Checklist - Civilian (PCL-C; Conybeare, Behar, Solomon, Newman, & Borkovec, 2012), as well as, the Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond, 1995).

Hypothesis 3: Increased frequency of microaggressions will be associated with increased depression, anxiety, and trauma symptoms for Black women.

Specific Aim 4: To investigate whether occupational prestige moderates the relation between racial microaggressions and mental health, specifically, depression, anxiety, and trauma

Hypothesis 4: Black women with higher occupational prestige experiencing microaggressions will experience more symptoms of depression, anxiety, and trauma, as compared to Black women with lower occupational prestige

Background

Racism

Racism can have detrimental effects on a person of color's well-being since it is a socially constructed idea that classifies people into categories in a society that is race-conscious and marginalizes people of color because of their race (C. Jones, 2000; Harrell, 2000). Racism is defined as a multifaceted ideology made up of beliefs in oppression and racial dominance that are created by the dominant group accepting individual behaviors, institutional, and societal policies that have an adverse effect on people of color (Harrell, 2000; J.Jones, 1997). It is

important to also understand the definitions of prejudice and discrimination. C. Jones (2000) defines prejudice as assumptions about the abilities, motives, and intentions of other people based upon their race. Discrimination is defined as differential actions toward others based on their race. With these definitions in mind, racism thrives by building on prejudice's negative-attitude view and can manifest in a way that adversely impacts an individual's well-being and mental health. Racism includes three levels: institutionalized racism, personally-mediated racism, and internalized racism (C. Jones, 2000; J. Jones, 1997). Institutionalized racism is defined as a variance in access to goods, services, and opportunities by race due to societal structural factors that perpetuate historical injustices, which, in turn, affects large groups of people (Harrell, 2000; C. Jones, 2000). Understanding institutionalized racism helps to acknowledge the context of collective manifestations of racism, which includes disparities such as educational achievement, treatment in the criminal justice system, and many others (Harrell, 2000). It also helps to acknowledge the sociopolitical context of racism through the public and political discourses about race, ideologies, policies, and practices that are stated and unstated in institutions as well as legislative processes (Harrell, 2000).

The next level of racism is personally-mediated racism, which is defined as intentional or unintentional interpersonal prejudice and discrimination, including commission and omission acts (C. Jones, 2000). Personally-mediated racism can manifest through either direct or vicarious experiences of prejudice and discrimination (Harrell, 2000). The personally-mediated level of racism with a focus on the interpersonal context allows a more comprehensive understanding of the role that racism has in mental health and brings forth the environmental and social context.

Lastly, internalized racism is defined by C. Jones (2000) as when the members of a marginalized race accept the negative stigmas about their own intrinsic worth or abilities. This

form of racism is self-inflicted, often unconsciously, and stems from institutionalized racism and personally mediated racism, in that, it can have a detrimental impact on an individual's self-worth because of acceptance of perceived limitations based on race (C. Jones, 2000). This internalized racism can also appear in a cultural-symbolic context which includes how racism is expressed through "images and impressions" of how people of color are portrayed in various forms of media – entertainment, art, literature, the news, scientific inquiry, and research (Harrell, 2000). While bombarded with the propaganda and negative images from the dominant group expressing racism, a person of color may internalize these negative images, accept them as truths, and, therefore, damage her view of her self-worth.

Understanding the various ways that racism can manifest helps to foster deeper insight into how well-being can be threatened for a minority group, especially since race-centered interactions can occur day-to-day (Harrell, 2000). Race-related stress can occur when an individual must "validate the reality or significance" of her own personal experience (Harrell, 2000). If an individual seeks to maintain the belief that she lives in a moral and ethical world, although an act of racism may not be obvious, it can still have a detrimental impact on the individual because the "stress - and the potential damage - of racism lies not only in the specific incident" (Harrell, 2000). The stress and potential damage of racism can lie in others disbelieving and not validating the experience of the individual, which can be detrimental to the individual's well-being. This conceptualization of race-related stress which negatively impacts well-being can also be seen through daily racist microstressors – or microaggressions, which "serve as daily reminders that one's race/ethnicity is an ongoing stimulus in the world" (Harrell, 2000). Since microstressors (which will be referred to as microaggressions for the remainder of this thesis) can happen on a day-to-day basis, a victim of microaggressions may not have time to fully

recuperate from the incident to properly care for oneself (Pierce, 1995, as cited in Harrell, 2000). This exemplifies one of the ways that racial microaggressions can negatively impact an individual's well-being and mental health.

Microaggressions

Racial microaggressions can be defined as subtle indignities and offenses that members of racial minority groups experience in their daily lives that involve the interaction between perpetrator and recipient (Mercer et al., 2011; Sue, Capodilupo, & Holder, 2008). It is important to understand the operationalized definitions of some important terms to note for this thesis paper which include There are three broad subtypes of racial microaggressions: microassaults, microinsults, and microinvalidations. The first subtype of racial microaggression is a microassault, which is defined as explicit racial indignities (Mercer et al., 2011). An example of a microassault towards a Black woman can occur when a salesperson deliberately serves a White customer before a Black woman. The main two subtypes of racial microaggressions that are pertinent to this thesis are microinsults and microinvalidations. Microinsults are defined as behavioral and verbal expressions that demean an individual's racial heritage or identity (Mercer et al., 2011; Sue et al., 2008). An example of a microinsult towards Black woman is "You're pretty for a dark-skinned girl". Microinvalidations are refutations that nullify an individual's experience, thoughts, and racial identity (Mercer et al., 2011; Sue et al., 2008). An example of a microinvalidation is for a White person to tell a Black person that "not everything is about race" or "I don't see color." It is believed that microinvalidations could cause greater harm than microinsults or microassaults since microinvalidations inherently deny the significance of the experience of race for individuals from racial and ethnic groups.

Racism, Mental Health, and Well-being

Well-being is described in this thesis as a feeling of happiness and security along with the “cultivation of mental balance” (Wallace & Shapiro, 2006). It is important that individuals maintain a sense of well-being because it can help to foster stronger development of self and the formation of identity (Wallace & Shapiro, 2006). Mental health is a key component of well-being. This thesis specifically focuses on experiences of depression, trauma, and anxiety as factors that detrimentally impact mental health and well-being.

Depression is a mood disorder that affects the way you think, feel, and act on a day-to-day basis (NIH, 2015). Roughly one-quarter of American women experience depression in their lives, with only seven percent of Black women receiving treatment for depression (Beauboeuf-Lafontant, 2007). Due to cultural values and expectations, a Black woman suffering from a mental health disorder may be seen as weak; hence, leading to avoidance behaviors (e.g., not seeking mental health treatment) in order to remain strong and self-reliant (Beauboeuf-Lafontant, 2007; Watson & Hunter, 2015). Unfortunately, due to the stress of remaining self-reliant and strong, Black women are put at risk for psychological distress like depression which can take over their daily lives and lead to self-negating (Beauboeuf-Lafontant, 2007; Watson & Hunter, 2015). Research has indicated that some Black women may not personally acknowledge depression, but can recognize its existence in other Black women (Beauboeuf-Lafontant, 2007). Other factors such as emotion dysregulation, which can be impacted by experiences of racism, and lack of access to professional psychological treatment, exacerbate the symptoms of depression as well as anxiety, and can have a detrimental impact on Black women.

A recent meta-analysis indicated that over 86% of studies found a correlation between experiences of racism and mental distress – in particular, depression and anxiety (Pieterse, Todd, Neville, & Carter, 2012). Approximately 25 percent of Blacks reported experiencing day-to-day

perceived discrimination often which is important to note since race-related transactions can lead to the development of distress and anxiety for Black people (Harrell, 2000; Satcher, 2001). Within the Black population, Black women are at a statistically higher risk for anxiety than Black men; however, Black women do not always personally perceive anxiety as problematic enough to seek out professional help (Neal-Barnett & Crowther, 2000; Pieterse et al., 2012). Instead, for Black women who suffer from anxiety or anxiety-related disorders, they seek help from sources within their own communities (Neal-Barnett & Crowther, 2000). In relation to the manifestation of anxiety disorders, victimization – which is associated with Post Traumatic Stress Syndrome – can impact the development of other anxiety disorders (Neal-Barnett & Crowther, 2000).

Particularly for Blacks in the United States (U.S.), racism can be detrimental to mental health, in that it is frequently an “ongoing stressor” for individuals who experience it (Kwate & Goodman, 2015). The pain that is associated with an act of racism has empirically been shown to have negative effects on mental health (Kwate & Goodman, 2015). Krieger, Kosheleva, Waterman, Chen, and Koenen (2011, as cited in Kwate & Goodman, 2015) found that when Black individuals report high levels of discrimination and accept “unfair treatment as a fact of life,” there is “increased psychological distress.” Blacks’ experiences of daily racial microaggressions can negatively impact their mental health and their well-being.

Microaggressions and Depression among Blacks

Racial microaggressions are a valid predictor of negative mental health outcomes for people of color, including Black people (Torres, Driscoll, & Burrow, 2010; Liao, West, & Weng, 2016). Torres, Driscoll, and Burrow (2010) designed a study wherein their main goal was to pinpoint and define what forms of racial microaggressions high achieving Black people faced

and how they influenced mental health. Utilizing measures such as the Daily Life Experience-Frequency Scale (DLE-FS), the Perceived Stress Scale (PSS), the Center for Epidemiological Studies-Depression Scale (CES-D), administered to 174 African American doctoral students and recent graduates, Torres, Driscoll, and Burrow (2010) found that across lifespans, discrimination manifests both subtly and covertly which leads to added strain on a Black individual's mental health. Stress over a discrimination experience was found to lead towards experiencing depressive symptoms because of the burden of managing the race-related interaction (Torres, Driscoll, & Burrow, 2010).

Donovan, Galban, Grace, Bennett, and Felicie (2013) examined the prevalence and mental impact, specifically, depressive and anxious symptoms, of perceived racial micro and macro aggressions in 187 Black undergraduate women. The researchers used measures such as the Schedule of Racist Events (SRE), Racism and Life Experiences Scale – Daily Life Experiences subscale (DLE), and the Depression Anxiety Stress Scale (DASS-21). Donovan et al. (2013) found that 83% of Black women reported being treated disrespectfully because of their race and 80% reported being overlooked or not receiving service in a store because of their race. It was also found that 96% of the participants reported experiencing perceived racial microaggressions a few times a year; this made statistically significant additions to predicting depressive symptoms (Donovan et al., 2013). This study also suggested that Black women may be desensitized to racial microaggressions since they happen frequently in comparison to more overt forms of racism, racial macroaggressions. In using the word “perceived” to describe racial micro or macro aggressions, the researchers in some ways reduce the impact that a microaggression can have on a person of color. The word “perceived” delineates an interpretation of something in a particular way, but it also leaves room for disagreeing with that

interpretation. Therefore, the researchers, presumably unintentionally, downplay the experience of the Black participants.

Microaggressions and Anxiety among Blacks

There is a dearth of research on microaggressions and anxiety disorders in Black people due to misdiagnoses and a lack of consistent physical symptoms (Hunter & Schmidt, 2010).

However, associations have been found indicating that the link between racial microaggressions and anxiety symptoms varies based on socioeconomic status (SES; Breslau et al., 2005), experience of fear and discomfort in particular situations (Liao, West, & Weng, 2016), and awareness of racism (Hunter & Schmidt, 2010).

Breslau et al. (2005) found that Black people, particularly women, have higher levels of anxiety disorder prevalence over a lifetime. It was also found that anxiety-mood disorders are more strongly related to low SES, which is consistent with arguments that discrimination effects are greater than social selection effects (Breslau et al., 2005). These findings correspond with Liao, West, and Weng's (2016) findings showing that the tendency to experience discomfort in situations, specifically race-related situations, enhanced anxiety symptoms due to victim trying to make sense of the situation. Liao, West, and Weng (2016) also found that close associations with one's in-group was a protective factor, and this in-group closeness weakened the association between racial microaggressions and anxiety symptoms associations.

Finally, Hunter and Schmidt (2010) found that there are two primary proposed forms of anxiety that are related to minority status: social anxiety disorder and general anxiety disorder. Hunter and Schmidt (2010) also found that perceptions of one's own minority status guided the onset of anxiety because of sociocultural processes. These anxiety disorders reflect from sociocultural influences because of the phenomena including "awareness of racism" in minorities

which can shape how Black people understand and respond to race-related interactions, hence, causing anxiety symptoms (Hunter & Schmidt, 2010). Given these race-related interactions, Black people may be apprehensive and suspicious of these interactions because of the perceptions of racism – both personal and institutional (Hunter & Schmidt, 2010). In this way, conscientization, defined as oppressed people’s awareness of their oppression, can lead to anxiety symptoms because of the awareness of their oppression and sociocultural beliefs and attitudes (Hunter & Schmidt, 2010; Nelson and Prilleltensky, 2010). Understanding the concerns and the negative impact of race-related interactions can help to create awareness and clarity for triggers related to the onset of anxiety in Black people.

Microaggressions and Trauma

Trauma is defined by the victim’s perception of the traumatic experience, and can leave a person with feelings of hopelessness, helplessness, and a yearning for a sense of safety or survival (Ponds, 2013). Racial trauma results from microaggressions or other forms of racism that can develop into hidden trauma wounds (Hardy, 2013; Ponds, 2013). These hidden trauma wounds are characterized as: internalized devaluation, assaulted sense of self, and internalized voicelessness (Hardy, 2013). The development of these hidden trauma wounds is linked to interpersonal interactions and can devalue an individual’s sense of self. Racial trauma detrimentally impacts people of color and can result in physiological, psychological, and emotional damage (Ponds, 2013).

In existing research, neither trauma in general nor post-traumatic stress disorder (PTSD), has been studied frequently as an outcome of racism despite research indicating that exposure to racism is a potentially severely stressful experience (Carter, 2007). This could be because symptoms that Black Americans describe may not correspond with the DSM to warrant an

official diagnosis of PTSD (Butts, 2002). However, some of the research has attempted to explain and show correlations between severely stressful race-related incidents and trauma symptoms to understand the experiences of Black Americans.

Truong and Museus's (2012) study of doctoral students of color's responses to racism helped to clarify the experiences of students of color and how they respond to and deal with racism and racial trauma. Their study was qualitative, and 11 of the participants identified as Black or African American. It was found that when experiencing either overt or subtle racism, the students began to develop trauma symptoms and isolated themselves from environments where they could potentially encounter a race-related incident (Truong & Museus, 2012). This finding relates to Butt's (2002) findings in an analysis investigating the frequency of symptomology consistency between racial and ethnic discrimination and PTSD, in which participants endorsed re-experiencing the discrimination incident, avoidance, and arousal (i.e., hypervigilance, insomnia). Butt (2002) also noted that the failure to consider potential trauma symptoms experienced by Black Americans during a traumatic incident of racism leads to an "emotional gulf" between Black Americans and European Americans.

Microaggressions and Occupational Prestige

Although there is a lack of research investigating the relation between racial microaggressions and occupational prestige, a few studies have examined microaggressions and related constructs such as socioeconomic status, and work environment. From the research that exists, however, it has been shown that racial microaggressions can have an adverse effect on Black Americans with higher social economic status (SES) (Higginbotham & Weber, 1992; Hudson et al., 2016; Maddox, 2013).

Nadal, Wong, Griffen, Davidoff, and Sriken's (2014) main purpose was to use a sample of 225 undergraduates to examine the relation between racial microaggressions and self-esteem. Nadal et al. (2014) found that there is a significant negative correlation between racial microaggressions and reports of low self-esteem, concluding that an increase in racial microaggressions can lead to decreased self-esteem. The specific types of racial microaggression experiences impacting lower self-esteem included people of color being treated like second-class citizens or criminals and microaggressions occurring in school and workplace settings (Nadal et al., 2014). It was also found that an increased amount of racial microaggressions in work and educational environments can have a negative impact on self-esteem and hurt an individual's self-worth (Nadal et al., 2014).

Gaining access to higher levels of SES as a Black American can be extremely hard and may require large amounts of pressure on oneself to succeed especially considering structural and individually mediated racial discrimination (Hudson et al., 2016). Using a national based sample of 3,570 African Americans, Hudson et al. (2016) aimed to analyze the relations between John Henryism, depression, SES, and racial discrimination. John Henryism is defined as "a strong behavioral predisposition to cope actively with psychosocial and environmental stressors" (Hudson et al., 2016). Using measures such as the Everyday Discrimination Scale (Essed, 1991; Williams et al., 1997), the International Diagnosis Interview (CIDI), and the John Henryism Scale for Active Coping, Hudson et al. (2016) found that there is a significant positive relation between education and racial discrimination suggesting that the higher level of education that Black Americans attain, the more racial discrimination they experience. Like Hudson et al. (2016), Maddox (2013) found that Black professional women were more likely to report race-

based discrimination and that Black professional women who reported greater job dissatisfaction experienced higher acute discrimination.

Significance

Racism and race-related interactions have been shown to negatively impact the mental health of people of color (Hughes et al., 2015; Kwate & Goodman, 2015). Researchers have aimed to understand how racial macroaggressions and racial microaggressions could have a negative impact on the mental health of people of color (Mercer et al., 2011; Nadal et al., 2014), specifically, anxiety (Yu-Hsin et al., 2016), depression (Torres, Driscoll, & Burrow, 2010) and trauma (Truong & Museus, 2012). However, the research fails to focus on the impact of racial microaggressions on Black women since the existing research either compares Black women with other women of color, White women, or Black men. Hence, this thesis is significant because it aims to examine the unique experiences of Black women.

Some research on racial microaggressions also utilizes words such as “perceived” to describe the experience that people of color encounter during race-related interactions (Satcher, 2001). There is literature wherein which academics argue if microaggressions exist and if people of color misinterpret and misconstrue interactions with microaggression perpetrators (Harris, 2005; Thomas, 2008). However, in using the word “perceived” to describe racial microaggressions, the researchers have reduced the impact that microaggressions can have on a person of color. The word “perceived” leaves room for disagreeing with a person’s experience of racism, and downplays the experiences of Black participants. This thesis helps to counteract this by attempting to understand the nature and experience of race-related interactions and allowing the participant to validate her experience.

This thesis also addresses the gap in racial microaggression literature by examining the intersection of race, gender, and socioeconomic status (SES) through an investigation of the effects of racial microaggression frequency on depression, anxiety, and trauma for Black women with different occupational prestige. This is important because it has been shown that Blacks with higher levels of SES report greater exposure to racial discrimination (Hudson et al., 2016) and that in doctoral programs, Black students experienced racial microaggressions from their White supervisors (Constantine & Sue, 2007). This thesis will look at whether occupational prestige moderates the relation between racial microaggressions and mental health.

CHAPTER 2

METHOD

Participants

The data used in this secondary data analysis is a subset of data from the Resistance and Empowerment against Racism study (REAR; Suyemoto & Abdullah, 2016), which examines the experiences of racism among people of color. The sample for this study includes participants who self-identified as Black women, including those who identified as multiracial primarily Black (n = 179).

This study's sample included 179 participants who self-identified as Black women, including those who identified as multiracial primarily Black. Participants ranged in age from 18 to 66 (Mean = 26.6, SD = 10.2). The majority of our sample identified as heterosexual (n = 113, 63.1%, see Table 1). About 43% of participants had a Bachelor's degree or higher education (see Table 1). Most participants (53%) had a household income of \$35,000 or less (see Table 1 for a breakdown of income). Various occupations were represented in the sample. The most endorsed occupational prestige rating was the category of painter, skilled construction trade, sales clerk, truck driver, cook, sales counter or general office clerk (n = 36; see table 4 for the occupational prestige sample distribution).

Table 1. Participants Demographic Information: Age, Sexual Orientation, Annual Income, and Educational Level.

	Frequency, Mean, or Percent
Age [Mean(SD)]	26.6 (10.21)
Sexual Orientation (%)	
Bisexual	12.8%
Gay/Lesbian	1.7%
Heterosexual	63.1%
Queer	5.6%
Asexual	3.9%
Pansexual	8.9%
Questioning	3.9%
Annual Income (%)	
\$0 - \$15,000	22.9%
\$15,001 - \$25,000	12.3%
\$25,001 - \$35,000	17.9%
\$35,001 - \$50,000	18.4%
\$50,001 - \$75,000	13.4%
More than \$75,000	13.5%
Highest Education Attained (%)	
High School Diploma	11.2%
Some College	38.5%
Associates Degree	5.8%
Trade School Certification	2.2%
Bachelor's Degree	27.4%
Master's Degree	11.2%
Professional/Doctoral Degree	3.9%

Procedure

This study was approved by the UMB Institutional Review Board prior to any recruitment efforts. Participants in the larger study were recruited through the UMass Boston (UMB) psychology subject pool, by posting flyers on UMB's campus (primarily in areas like the Black Student Center and Asian Student Center), sending emails through the UMB general student community listserv, tabling on campus, and through announcements by professors who taught courses with high concentrations of students of color. Recruitment was also done in the local communities through flyers in areas and neighborhoods of Boston that have large populations of color based on census data. Community based organizations that serve people of color also were asked to distribute flyers and convey information about the study. Nationally, a variety of forums were used to access more participants, including email listsevs and social media forums that focused on people of color, or focused on issues regarding racism among people of color. Some supplemental recruiting consisted of snowballing, where participants who completed the survey were requested to provide the email address of an individual who they think may be interested or who may be eligible for the study as well. The flyers and other advertising materials contained information regarding the fact that the study examines experiences of racial discrimination and called for individuals who identify as: Black, Asian, Latinx, Native American, or as a person of color. The flyers contained information regarding the length of the survey, which was 30 to 45 minutes, the chance to win one of many \$200 Visa gift cards, and it included the URL for the survey with contact information for questions.

Participants completed an online survey through the PsychData survey hosting site. After consenting to participate, participants were directed to a series of measures exploring a variety of mental health symptoms which included: depression, anxiety, stress, and trauma followed by participants identifying their race and ethnicity. PsychData was then able to administer measures

and questions specific to that participant based on the race(s) that they identified as. The participants were then asked a variety of demographic questions, then proceeded with other measures (which included race specific measures). These measures investigated racial attitudes and awareness in the U.S., experiences with racial microaggressions, emotional responses to racism experiences, and coping skills in regards to racism.

In order to examine the relation between frequencies of racial microaggressions, occupational prestige, and mental health in Black women, I analyzed participants' responses to the occupational prestige section from Barratt's Simplified Measure of Social Status (Barratt, 2012), the Racial Microaggressions Scale (RMAS; Torres-Harding, Andrade, Diaz, 2012), the PTSD Checklist-Civilian (PCL-C; Henry & Crawford, 2005), and the Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond, 1995).

Measures

Barratt Simplified Measure of Social Status. The Barratt Simplified Measure of Social Status (BSMSS; Barratt, 2012) is questionnaire aims to support participants' experiences by having their multiple identities and contexts acknowledged as part of the research. The questionnaire offers both closed and open ended questions covering a variety of domains, such as: sexual orientation, gender, ethnicity, immigration history, acculturation and cultural affiliation, etc. The occupational prestige section of the measure presents participants with 9 occupational groups and requires participants to select the group that best fits with their current occupation. The BSMSS assigns each group an occupational prestige score between 1 and 9, with higher scores indicating higher occupational prestige. Table 2 displays the BSMSS occupational prestige categories and the distribution of participants within each category. Participants are grouped by row in occupational prestige. The groups are in ascending order, with each level assigned a number (1-

9). The groups are in numerical order by occupational status/prestige (Day laborer = 1, Physician = 9).

Table 2. The BSMSS categories for occupational prestige.

Level	Occupational Prestige	Frequency	Percent
1	Day laborer, janitor, house cleaner, farm worker, food counter sales, food preparation worker, busboy	22	12.3
2	Garbage collector, short-order cook, cab driver, shoe sales, assembly line workers, masons, baggage porter	3	1.7
3	Painter, skilled construction trade, sales clerk, truck driver, cook, sales counter or general office clerk	36	20.1
4	Automobile mechanic, typist, locksmith, farmer, carpenter, receptionist, construction laborer, hairdresser	13	7.3
5	Mechanist, musician, bookkeeper, secretary, insurance sales, cabinet maker, personnel specialist, welder	17	9.5
6	Supervisor, librarian, aircraft mechanic, artist and artisan, electrician, administrator, military enlisted personnel, buyer	28	15.6
7	Nurse, skilled technician, medical technician, counselor, manager, police and fire personnel, financial manager, physical, occupational, speech therapist	22	12.3
8	Mechanical, nuclear, and electrical engineer, educational administrator, veterinarian, military officer, elementary, high school and special education teacher	19	10.6
9	Physician, attorney, professor, chemical and aerospace engineer, judge, CEO, senior manager, public official, psychologist, pharmacist, accountant	19	10.6

Racial Microaggressions Scale. The Racial Microaggressions Scale (RMAS; Torres-Harding, Andrade, Diaz, 2012), items ask separately about the frequency and distress of six different categories of microaggressions: 1) foreigner/not belonging, 2) criminality/assumption of criminal status, 3) sexualization/exoticized, 4) low achieving/undesirable culture, 5) invisibility, and 6) environmental. For the purposes of this study, I am focusing on only the frequency subscale for each category of microaggressions. For the frequency subscale,

participants were asked to indicate how often they experienced the event over the past six months using a 0 (never) to 3 (often/frequently) scale. The internal consistencies in this sample for the RMAS frequency subscale for each category were as follows: Foreigner/Not belonging $\alpha = .563$, Criminality $\alpha = .778$, Sexualization $\alpha = .715$, Low-achieving/Undesirable $\alpha = .823$, Invisibility $\alpha = .734$, Environmental distress $\alpha = .708$. The low Cronbach's α for the Foreigner/Not belonging frequency subscale indicates poor internal consistency reliability for that subscale, therefore, I did not use that subscale in any analyses. The average frequency scores for each category of microaggressions were calculated for each participant.

PTSD Civilian Checklist. The PTSD Civilian Checklist (PCL-C; Henry & Crawford, 2005) asks questions regarding symptoms in relation to generic “stressful experiences” in the past month. This measure simplifies the assessment because it is based on multiple traumas since symptoms are not attributed to one specific event. Participants respond to items to indicate how much they were bothered by a problem using a 1 (not at all) to 5 (extremely) Likert scale. In this sample, the internal consistency for the PCL-C was $\alpha = .937$. The total score for each participant is calculated by adding the participants' responses to each question.

Depression, Anxiety, and Stress Scale. The Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond, 1995) is a self-report scale that asks questions regarding the emotional states of depression, anxiety, and stress. For this thesis, only depression and anxiety will be assessed. The depression scale assesses some emotional states such as hopelessness, devaluation of life, self-deprecation, and lack of interest/involvement. The depression scale is reliable based on the Cronbach's alpha of $\alpha = .915$. The anxiety scale assesses emotional states such as autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The anxiety scale is reliable based on the Cronbach's alpha of $\alpha = .849$.

Participants respond to each item to show how much the statement applies to them over the past week using a 0 (did not apply to me at all) to 3 (applied to me very much or most of the time) Likert scale. A total depression score and a total anxiety score were calculated by summing participants' responses to the items on each subscale.

CHAPTER 3

RESULTS

Specific Aim 1: Frequency of Microaggressions

I conducted paired samples t-tests to test for differences the frequency of the five categories of microaggressions for Black women. Participants experienced Criminality microaggressions significantly less frequently than Low Achieving microaggressions [$t(163)=-9.958, p=.000$] and Invisibility microaggressions [$t(164)=-12.591, p=.000$]. Participants experienced Sexualization microaggressions less frequently than Low Achieving microaggressions [$t(166)=-10.615, p=.000$] and Invisibility microaggressions [$t(166)=-13.005, p=.000$]. Participants experienced Invisibility microaggressions more frequently than Invisibility microaggressions [$t(161)=-5.890, p=.000$]. Participants experienced Environmental microaggressions less frequently than Low Achieving microaggressions [$t(163)=8.319, p=.000$] and Invisibility microaggressions [$t(165)=12.171, p=.000$]. The other microaggression pairs did not differ significantly. Table 3 depicts the results of all the paired t-tests conducted in this study.

These findings suggest that Black women in our sample experienced Low Achieving microaggressions more frequently than Criminality, Sexualization, and Environmental microaggressions. They endorsed experiencing Invisibility microaggressions more frequently than Criminality, Sexualization, Low Achieving, and Environmental microaggressions

Table 3. *Results of T-Tests Depicting Mean Differences between RMAS Subscales.*

Pair	Mean Difference	Std. Deviation	95% CI for Mean Difference Lower	95% CI for Mean Difference Upper	t	df	p
Criminality - Sexualization	-.00439	.60054	-.095	.862	-.096	170	.924
Criminality – Low Achieving	-.53252	.68481	-.638	-.426	-9.958	163	.000*
Criminality - Invisibility	-.7303	.74502	-.844	-.615	-12.59	164	.000*
Criminality - Environmental	-.00210	.95806	-.148	.144	-.028	166	.977
Sexualization – Low Achieving	-.51763	.63017	-.613	-.421	-10.61	166	.000*
Sexualization - Invisibility	-.74227	.73758	-.854	-.629	-13.00	166	.000*
Sexualization – Environmental	.00902	.98245	-.139	.157	.120	169	.905
Low Achieving- Invisibility	-.20628	.44573	-.275	-.137	-5.89	161	.000*
Low Achieving- Environmental	.5284	.81346	.403	.653	8.319	163	.000*
Invisibility - Environmental	.7225	.76493	.605	.839	12.171	165	.000*

* p < .05.

Specific Aim 2: Impact of Occupational Prestige on Frequency of Microaggressions

Multiple linear regressions were conducted to examine the relation between frequencies of racial microaggressions and occupational status among Black women. The predictor variable was occupational status, and the outcomes were the five RMAS frequency subscales. There was a significant finding for Low Achieving/Undesirable Culture [$\beta=-.154$, $t(168)=-2.017$, $p=.045$; see Table 4. These findings suggest that for Black women, as occupational prestige declines, the frequency of experiencing Low Achieving microaggressions increases.

Table 4. *Summary of Linear Regression Analyses for Frequency of Microaggressions with Occupational Status as Predictor. (N = 179)*

Subscale	<i>B</i>	SE <i>B</i>	β	<i>t</i>	<i>df</i>	<i>p</i>	<i>F</i>	<i>R</i> ²
Criminality	.002	0.244	.001	.007	1,171	.994	.000	.000
Sexualization	-.335	0.230	-.110	-1.455	1,174	.147	2.117	.012
Low Achieving	-.659	0.327	-.154	-2.017	1, 168	.045*	4.068	.024
Invisibility	-.291	0.335	-.067	-.869	1,169	.386	.755	.004
Environmental	-.328	0.250	-.100	-1.312	1,172	.191	1.721	.010

* $p < .05$.

Specific Aims 3 & 4: Relation between microaggressions and mental health, with Occupational Prestige as a Moderator

Hierarchical linear regression was conducted to first test the hypothesis that increased frequency of racial microaggressions will be associated with increased depression, anxiety, and trauma symptoms for Black women, and then test the hypothesis that Black women with higher occupational prestige would experience more symptoms of depression, anxiety, and trauma in response to racial microaggressions in comparison to Black women of lower occupational prestige. Table 5 displays the full results of the hierarchical regression.

Depression Symptoms

In the present study, the RMAS Low Achieving subscale predicted depression symptoms [$\beta=.279$; $t(6)=2.221$; $p=.028$]. Occupational prestige negatively predicted depression symptoms [$\beta=-.158$; $t=-2.038$; $p=.043$]. There was no significant interaction between microaggression frequency and occupational prestige in predicting depression. These findings suggest that Low Achieving microaggressions positively predicted depression symptomology and occupational prestige negatively predicted depression symptomology for Black women. As the frequency of Low Achieving microaggressions increases, participants endorsed experiencing more depression symptoms. The results show that as occupational prestige increases, fewer depression symptoms were endorsed.

Anxiety Symptoms

In the present study, the RMAS Low Achieving subscale of microaggressions predicted anxiety symptoms [$\beta=.299$; $t=2.467$; $p=.015$], and occupational prestige negatively predicted anxiety symptoms [$\beta=-.196$; $t=-2.589$; $p=.011$]. There were no significant interactions between microaggression frequency and occupational prestige in predicting anxiety symptoms. These

findings suggest that Low Achieving microaggressions positively predicted anxiety symptomology and occupational prestige negatively predicted anxiety symptomology for Black women. As the frequency of Low Achieving microaggressions increases, participants endorsed experiencing more anxiety symptoms. The results show that as occupational prestige increases, participants endorsed fewer anxiety symptoms.

Trauma Symptoms

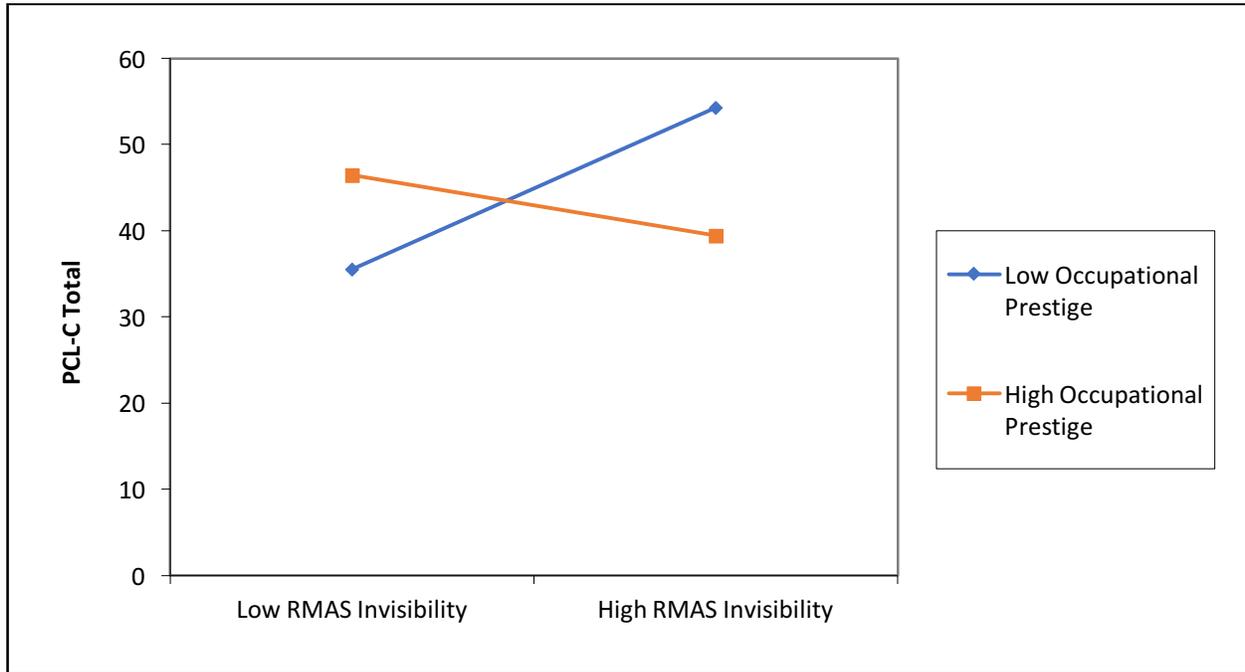
Neither microaggression frequency nor occupational prestige predicted trauma symptoms in Step 1 of the hierarchical regression for trauma. There was a significant interaction in Step 2 of the hierarchical regression between Invisibility microaggression frequency and occupational prestige [$\beta = -.305$; $t = -2.80$; $p = .006$]. The two-way interaction effect was probed using Dr. Jeremy Dawson's two-way unstandardized excel spreadsheet program. By entering the unstandardized regression coefficients, means, and standard deviations for both the independent variable (RMAS Invisibility) and moderator (occupational prestige) into the program, the program provided a plot of the interaction effect. See Figure 1. These findings suggest that for women with "lower" occupational prestige and experiencing higher frequency of Invisibility microaggressions had more trauma symptoms in comparison to women with "higher" occupational prestige.

Table 5. Summary of Hierarchical Regression Analysis for Occupational Prestige moderation relation between microaggressions and Depression, Anxiety, and Trauma Symptoms ($N = 179$)

Variable	Depression Symptoms					Anxiety Symptoms					Trauma Symptoms				
	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
Step 1															
Criminality	2.560	1.357	0.212	1.887	.061	1.966	1.113	0.194	1.766	.079	2.576	1.880	.151	1.370	0.173
Sexualization	-0.326	1.473	-.027	-.221	.825	0.285	1.205	0.028	0.237	.813	1.634	2.152	.094	0.759	0.449
Low Achieving	3.293	1.483	0.279	2.221	.02*	2.966	1.202	0.299	2.467	.015*	3.193	2.186	.184	1.461	0.147
Environmental	0.320	0.979	0.027	0.327	.744	0.475	0.797	0.048	0.596	.552	0.886	1.411	.051	0.628	0.531
Invisibility	-0.575	1.325	-0.049	-0.434	.665	-.803	1.077	-0.081	-0.746	.457	2.296	1.913	.133	1.200	0.232
Occupational Prestige	-1.927	0.946	-0.158	-2.038	.04*	-2.022	0.781	-0.196	-2.589	.011*	-1.789	1.367	-.101	-1.31	0.193
R^2	.183					.228					.257				
Step 2															
Crim. x Occ. P	.190	1.438	.015	.132	.895	-.046	1.174	-.004	-.039	.969	1.015	2.002	.058	.507	.613
Sexual x Occ. P	-1.474	1.704	-.117	-0.865	.389	-.796	1.392	-.076	-.572	.568	-1.825	2.508	-.100	-.727	.468
Low A x Occ. P	.951	1.688	.072	.564	.574	1.134	1.365	.102	.831	.408	2.407	2.426	.122	.992	.323
Enviro x Occ. P.	-.109	1.042	-.009	-.104	.917	.029	.844	.003	.035	.972	1.597	1.455	.092	1.098	.274
Inv. x Occ. P	-1.767	1.553	-.125	-1.138	.257	-2.058	1.276	-.173	-1.614	.109	-6.431	2.294	-.305	-2.80	.006*
R^2	.205					.252					.309				
Change in R^2, p	.022*					.023*					.052				

* $p < .05$

Figure 1. Two-way interaction effect between RMAS Invisibility and Occupational Prestige in Predicting Trauma Symptoms.



CHAPTER 4

DISCUSSION

Specific Aim 1

The first aim of this study was to examine the frequency of racial microaggressions for Black women by testing the hypothesis that Invisibility, Environmental, and Sexualization microaggressions would be most frequent. Our results partially supported this hypothesis, given that the Black women in our sample endorsed experiencing the Invisibility microaggression more frequently than Criminality, Sexualization, and Environmental microaggressions. Invisibility microaggressions were most frequently endorsed, indicating that Black women experienced feeling delegitimized, invalidated, and disrespected as a result of their race. (Torres-Harding et al., 2012). Lewis et al.'s (2016) study reported that their sample experienced Invisibility microaggressions in the form of "being silenced and marginalized" based on gendered racial stereotypes. Experiences of racial microaggressions as they relate to invisibility can come in both verbal and nonverbal messages (Lewis et al., 2016). This is important to understand because it shows the immense impact of racial microaggressions and the idea that they are instances that can be experienced in multiple ways. Invisibility microaggressions are not limited to instances where perpetrators state things that verbally to a Black woman feel invisible, but the frequent nonverbal actions that perpetrators utilize can exacerbate a victim's experiences of invisibility.

The Black women in our sample also endorsed experiencing Low Achieving microaggressions more frequently than Criminality, Sexualization, and Environmental microaggressions. This means that Black women in our sample experienced microaggressions pertaining to being treated as if they are incompetent or as if their success is due to "unfair

entitlements and special treatments” (Torres-Harding et al., 2012). This is in line with Lewis et al.’s (2016) study where the Black women in their sample endorsed feeling that “Black women experienced a power struggle for respect where their authority and intellect was questioned or challenged” in workplace and professional settings. The struggle for power correlates with the intersectional nature of being marginalized as a Black woman because one is constantly questioned or must prove that they have a right to be in their setting. The demeaning nature of perpetrators of microaggressions as it relates to low achieving can lead Black women to be marginalized in the environment that they are in since they are constantly being forced to prove their competency and are subjected to hard treatment by perpetrators since they are not given the respect that they deserve.

Specific Aim 2

The second aim was to understand the relation between occupational prestige and microaggression frequency for Black women by testing the hypothesis that “higher” occupational prestige would be associated with higher frequency of experiencing microaggressions. Our findings disproved our hypothesis, suggesting that there is a negative relation between occupational prestige and microaggressions for the Black women in our sample. As occupational prestige increases, the frequency of experiencing Low Achieving microaggressions decreases. These findings are particularly interesting given that research has shown that with an increase in occupational prestige, Black women have experienced racial microaggressions due to their success (Higginbotham & Weber, 1992; Hudson et al., 2016; Lewis et al., 2016; Maddox, 2013). Holder, Jackson, & Ponterotto’s (2015) found that women in “higher” occupational prestige jobs “received negative messages and expectations” about their

competence from their colleagues. Some women faced instances where clients questioned the advice they gave and the clients and Black women had to constantly validate their judgments and knowledge to gain credibility with clients and colleagues (Holder, Jackson, & Ponterotto, 2015). Being that our findings showed that women with “lower” occupational prestige may experience more low achieving microaggressions, this could be due to the intersectionality of the participant’s race, gender, and occupational prestige. During an interracial interaction, the perpetrator views the victim as being incapable and incompetent given the color of their skin and the victim is further demeaned based on their “low” occupational prestige. Our findings could be due to our sample and women underreporting their experiences. Research has shown that Black women have shown to underreport mental health symptoms because they are a “fact of life” or are not seen as being problematic enough to report (Neal-Barnett & Crowther, 2000). With this in mind, a potential reason for our results straying away from what has been found in research could be due to the women in our sample not acknowledging low achieving racial microaggressions occurring or the women in our sample internalizing low achieving racial microaggressions to the point of not finding them problematic to report.

Specific Aims 3 & 4

The last two aims of the study were to examine whether racial microaggressions predict mental health – specifically depression, anxiety, and trauma, and whether occupational prestige could be a potential moderator of that relationship for Black women. It was found that Low Achieving microaggression frequency positively predicted depression and anxiety symptoms. So as Low Achieving racial microaggressions increased frequency, participants had an increase in depression and anxiety symptoms. This could be due to participants continually feeling

invalidated and devalued to the point where they experience significantly more depression and anxiety symptomology. It was also found that occupational prestige negatively predicted depression and anxiety symptoms. As occupational prestige declines, participants with “low” occupational prestige endorsed experiencing an increase in depression and anxiety symptoms. Occupational prestige did not moderate the relation between racial microaggressions and depression and anxiety symptoms.

Our findings showed that occupational prestige does in fact moderate the relation between Invisibility racial microaggressions and one aspect of mental health, trauma. Occupational prestige moderated the relation between Invisibility racial microaggression frequency and trauma symptomology. Participants in Holder et al.’s (2015) study expressed experiences of racial microaggressions in relation to Invisibility, and discussed experiencing these microaggressions in the form of body language from co-workers that communicated Invisibility in the workplace. This could be due to microaggressions related to Invisibility can be experienced as traumatic events for the victim and can trigger unpleasant memories of traumatic racially related incidents (Hall & Fields, 2016). Our results show that as occupational prestige declines, there is a significant increase in participants experiencing trauma symptomology. Women with “lower” occupational prestige working hard but still not being seen because of their race and this can be extremely stressful to the point of expressing trauma symptoms.

Limitations

This study examined mental health symptoms through self-report, which could lend itself to underreporting. The underreporting of mental health symptoms by Black women has been suggested by other research studies that have shown that Black women – who are at a statistically higher risk for anxiety– may not view symptoms as “problematic enough” to

document (Neal-Barnett & Crowther, 2000). They may interpret the symptoms as just a “fact of life” not worthy to document to providers and instead rely on a Higher Power, friends, and family to ease them through the situation (Beauboeuf-Lafontant, 2007; Neal-Barnett & Crowther, 2000). Also, Black women may not openly acknowledge mental health symptoms due to cultural mistrust of mental health providers and the fact that they simply “cannot worry about that right now” (Neal-Barnett & Crowther, 2000).

The cross-sectional design of our study could also be a potential limitation to our study since we were asking participants to report incidents that have happened at a particular time in the past rather than asking the participants to record and track racial microaggression incidents over time. Naming and tracking the participants’ responses to racism can allow for a clearer picture of participants’ experiences, and would allow researchers to gain a better and deeper understanding of the frequency of racial microaggression incidents.

CHAPTER 6

CONCLUSIONS

This thesis has implications for clinicians and researchers because the results from this study show that race, class, and gender, intersect to impact mental health for Black women. It shows that occupational prestige can moderate the relation between racial microaggressions and trauma symptoms for Black women. Racial microaggressions incidents can also add to the stress load that a Black person is already facing – stigmatizing stereotyping, intersecting minority status, or economic/income inequality (Hall & Fields, 2016).

This thesis also provides rationale for why clinicians need to stray away from Eurocentric models in practice so that they can effectively diagnosis and treat Black women. The language barrier between patients and clinical can lead to miscommunication, hence, a misunderstanding and misdiagnosis of the symptomology that a Black patient is facing (Bell & Mehta, 1980). There also needs to be “contextually based” care which means that clinician’s treat patients of color with the understanding of historical, cultural, spiritual, history of racism in medicine, and what factors can influence a person of color’s self-identity (Suite, La Bril, Primm, & Harrison-Ross, 2007).

Future research should use qualitative approaches to understand Black women of different occupational prestige’s racial microaggression experiences. Qualitative approaches help to give voice to the participants and to better help researchers understand the copious struggles that Black women go through so that the topic of racial microaggressions as it relates to Black women can be better studied. Research should also look at other potential moderators between

racial microaggressions and mental health for Black women such as: ethnicity, salience of racial identity, generational status, or coping.

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