Sex Roles (2021) 85:221–231
https://doi.org/10.1007/s11199-020-01214-1

ORIGINAL ARTICLE

Gendered Racism and Mental Health among Young Adult U.S. Black Women: The Moderating Roles of Gendered Racial Identity Centrality and Identity Shifting

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Accepted: 30 November 2020 / Published online: 12 January 2021

Abstract

Black women are uniquely located at the intersection of two marginalized identities which puts them at risk of experiencing a combined discrimination known as gendered racism. Among Black Women, experiencing increased gendered racism is associated with higher poorer mental health which includes higher levels of anxiety and depression. To cope with these experiences of gendered racism, Black women often engage in identity shifting by adjusting one's behavior and language to conform to environmental norms. Paradoxically, having a strong sense of one's gendered racial identity has been theorized to potentially protect Black women from the detrimental effects of gendered racism. Two hundred thirty nine young adult U.S. Black women, between the ages of 18 and 35, completed an online survey to examine the role of identity shifting and gendered racial identity centrality on the established link between gendered racism and mental health outcomes, specifically anxiety and depression symptoms. The results indicated that identity shifting did not moderate the associations between gendered racism and anxiety nor depression symptoms. Separate moderation analyses indicated that gendered racial identity centrality moderated the effect of identity shifting on depression but not on anxiety symptoms. These findings highlight the importance of considering identity factors when proposing theories and clinical practices that seek to reduce mental health concerns among young adult U.S. Black women.

Keywords Black women · Intersectionality · Racism · Coping · Identity centrality

Located at the intersection of multiple stigmatized identities, Black women frequently experience gendered racism (the intersection of racism and sexism), which is a social stressor that predicts global psychological distress (Essed 1991; Schwartz and Meyer 2010; Thomas et al. 2008). Instances of sexism and racism are so tightly interconnected for Black women that it is often impossible to separate the influences of race and gender separately (Jones and Day 2018; King 2005). Past research suggests that embracing a combined gendered racial identity can be important to Black women's overall sense of self, also referred to as gendered racial identity centrality, and may offset the negative impact of experiences of discrimination. (Jones and Day 2018; Thomas et al. 2011; 2013a). Although the negative effect of gendered racism on the mental health of the Black Americans, in particular Black women, is well established in the literature (Cole 2009; Paradies 2006; Paradies et al. 2015; Pieterse et al. 2012), there is a dearth of research on the influence of gendered racial identity on mental health outcomes among a particular group of U.S. Black women.

The generational group to which a Black woman belongs also could inform both the nature of the gendered racism that she encounters as well as her response to these experiences. Thus, the current research investigated the experiences of millennial and post-millennial U.S. Black women. In 2016,

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millennials, those born between 1981 and 1996, became the largest generation in the U.S. labor force (Pew Research Center 2018). According to previous research, millennials face unique challenges when entering the workforce (Espinoza 2012). For instance, millennial Black women may experience the pet-to threat phenomenon, where they are initially perceived as a pet by being asked to do minute tasks and are embraced by their organizations, and then as they advance in their position, they are perceived as a threat (Thomas et al. 2013b). Despite some progress in discriminatory workplace practices (e.g., wage gap), Black millennial women report regular instances of gender and racial discrimination at work (Pew Research Center 2018). Next, post-millennial includes Generation Z, individuals born between 1997 and 2012 (Dimock 2019). Furthermore, previous research suggests that Generation Z prefers independence compared to getting involved in teamwork (Adecco 2015). Moreover, experiencing gendered racism at a young age may contribute to using coping strategies that may help in the short term but have lasting effects on their physical and mental health (Szymanski and Lewis 2016). As such, Black women may alter the way they talk and behave to distance themselves from stereotypes and to assimilate to workplace norms, referred to as identity shifting (Dickens et al. 2019). Thus, the purpose of the present study is to determine how millennial and post-millennial U.S. Black women's mental health (i.e., depression and anxiety symptoms) are related to their experiences of gendered racism and to assess the influence of gendered racial identity centrality and identity shifting on these associations.

Mental Health Implications of Gendered Racism

The combination of race- and gender-based oppression may create unique experiences for Women of Color, in particular Black women, which may influence their well-being (West et al. 2010). Moreover, recent work has explored how Black women who are tokenized in the workplace experience workplace stressors and feel added pressures to modify their behaviors and appearance, which can lead to decreased psychological well-being (Dickens et al. 2019; Hall et al. 2012). This is one example of how Black women may experience various forms of institutional racism and sexism, which is referred to as gendered racism (Essed 1991). Gendered racism further implies that the oppression Black women in America experience is based on racist perceptions of gender roles (Essed 1991). As such, Jones and Shorter-Gooden (2004) conducted a national study on Black women's experiences of discrimination in America and found that Black women are confronted with the dualisms of racism and sexism, suggesting that racist attitudes lead to a unique and more aggressive form of sexism for Black women. As a consequence of this dual oppression, Black women may develop strategies to mitigate experiencing gendered racial discrimination through an array of options including remaining silent, confronting their perpetrator, or shifting (e.g. altering how one speaks and behaves) (Dickens and Chavez 2018; Dickens et al. 2019; Hall et al. 2012).

The present study draws upon the intersectionality theory, a theory created by Black feminist scholars who aimed to shed light on the marginalization of Black women and their experiences with interlocking systems of oppression and privilege (Collins 2000; Crenshaw 1993, 1994; Hooks 1989). Intersectionality highlights the importance of multiple intersecting identities (e.g., being Black and a woman) to understand the outcome of gendered racism on Black women's well-being and how Black women may cope to combat the negative consequences of experiencing race- and gender-based discrimination (Lewis et al. 2017). Also, intersectionality centers how the racism and sexism Black women experience in the United States is systemic and is rooted in the historic racial trauma of slavery (Collins 2000; Rosenthal and Lobel 2016; Thomas et al. 2004). We take a decidedly intersectional approach by exploring the role of gendered racial identity centrality on gendered racism's association with both depression and anxiety symptoms among young U.S. Black women. A more comprehensive understanding of Black women's experiences of gendered racism requires an intersectional analysis of the distinct ways in which millennial and post-millennial Black women experience oppression and the connection to psychological well-being and coping strategies.

Motivated by the bio-psycho-social model of racism (Clark et al. 1999), researchers have theorized that discrimination acts as a chronic stressor that negatively impacts the physical and mental health of Black people (Jones et al. 2016; Pieterse et al. 2012). Moreover, research focusing on Black women suggests that exposure to more gendered racism is linked to higher levels of psychological distress in community and college samples of Black women (King 2005; Lewis and Neville 2015). According to the minority stress framework, people of disadvantaged social groups (due to race, gender, or sexuality) are exposed to social stressors (discrimination) as a direct result of their social group membership, which detrimentally affects their mental health outcomes (Meyer 2003). Black women not only face gendered racism at individual and institutional levels but also are less likely to seek out self-care (Watson and Hunter 2015).

Coping Strategies among Black Women

To overcome the effects of gendered racism, Black women employ various coping strategies. Coping involves a cognitive appraisal or personal evaluation of a stressful situation which allows one to determine the magnitude of a stressor and one's

resulting emotional reaction (Lazarus 1966, 1993, 2013; Lazarus and Folkman 1984). According to Lazarus and Folkman (1984), coping strategies can either be problem-focused (managing the stressor) or emotion-focused (managing one's reaction to the stressor). Black women utilize spirituality, resistance, avoidance, and social support to cope with everyday stressors, such as gendered racism among other stressors (Lewis et al. 2013; Shorter-Gooden 2004; Spates et al. 2020).

Another way Black women cope with experiences of race- and gender-based discrimination is by engaging in identity shifting. *Identity shifting* is described as the conscious or unconscious process of altering how one speaks (e.g., code switching) and acts in order to mitigate the negative outcomes of experiencing discrimination (Dickens and Chavez 2018; Jones and Shorter-Gooden 2004). Whereas code switching describes how individuals might modify their vocabulary or shift their pitch to better accommodate the expectations of the listener (Glenn and Johnson 2012; Gumperz 1982), identity shifting is the term that incorporates both the language aspect of shifting (e.g., code switching) and the behavioral aspect of shifting (e.g., altering how one acts so as not to confirm stereotypes about one's social group). Identity shifting can include a range of conscious or unconscious behavior modifications including changing their typical language, wardrobe, and hairstyles (Dickens et al. 2019; Gamst et al. 2019; Jones and Shorter-Gooden 2004).

Identity shifting can be an anticipatory coping strategy to avoid experiencing discrimination and it can become a reactive strategy to immediate discrimination. Due to past experiences of discrimination, Black women may engage in shifting as anticipatory coping by taking steps to present one's self in a manner that may prevent or reduce the likelihood of being a target of discrimination (Dickens and Chavez 2018; Shih et al. 2013). Further, Dickens et al. (2019) proposed that respectability politics (i.e., adhering to dominant views of respectability), tokenism (i.e., symbolic or superficial showcase of minority representation), and racialized gendered socialization (i.e., parental teaching of one's gender and/or racial identity) can influence motivations and pressures to engage in identity shifting in the workplace. Conversely, research has also found that when confronted with discrimination, Black women may engage in reactive coping shifting by remaining silent to avoid confrontation. In a qualitative study, a millennial Black woman, who was a manager, described a time she was mistaken for a customer service representative, and in response to this discriminatory experience, she engaged in identity shifting by remaining silent to not confirm the stereotype of the "aggressive Black woman" (Dickens and Chavez 2018).

Whereas past research suggests the benefits of identity shifting include the ability to interact with people from diverse backgrounds, to establish professional and personal relationships, and for career advancement (Dickens and Chavez 2018; McDowell 2008), research has also shown that there are distinct disadvantages to shifting. For instance, qualitative research by Dickens and Chavez (2018) on identity shifting among early career Black women found that some of the costs of identity shifting include being a "model Black citizen" or token Black woman, resulting in pressure to monitor their behaviors to serve as a representative on behalf of other Black people, and feelings of inauthenticity. In a recent quantitative study, Gamst et al. (2020) reported that in a sample of African American women, greater levels of shifting produced an increase in race-related stress. In all, research suggests that the costs of identity shifting can include psychological distress and being tokenized and that a benefit of shifting may include enhancing one's cultural competence (Dickens et al. 2019; Gamst et al. 2019; Jones and Shorter-Gooden 2004). Yet more quantitative research is needed to explore identity shifting as a coping strategy for experiencing discrimination among millennial and post-millennial U.S. Black women.

Identity Centrality, Identity Shifting, and Mental Health

Despite the discrimination Black women may face, Black women find strength in embracing their intersectional gendered racial identity and report that it helps reduce the negative effects of discrimination (Lee and Ahn 2013). To assess racial identity, Sellers et al.'s (1997) identity centrality of Multidimensional Inventory of Black Identity (MIBI) is described as the extent to which one's racial identity is a core part of one's sense of self. Whereas previous research has shown how racial centrality might buffer against the ill effects of racial discrimination (Sellers et al. 1997), scholars also have examined the impact of gendered racial identity centrality on meaning-making and the combined effects of racism and sexism simultaneously (Jones and Day 2018). Gendered racial identity centrality measures how one's combined gender and racial identity is personally significant to an individual (Jones and Day 2018; Thomas et al. 2011). Recently, research has focused on the potential moderating role of gendered racial identity centrality on gendered racism and the link to negative psychological symptoms (Lewis et al. 2017).

Likewise, in a moderated mediation model examining gendered racial identity centrality, coping, gendered racism, and psychological distress among Black women, Szymanski and Lewis (2016) found a significant interaction. The results showed that higher gendered racial identity centrality and higher detachment coping, such as distancing oneself from support, led to greater psychological distress. This association was only significant for individuals with moderate or high gendered racial identity centrality scores and therefore did not buffer the association. However,

Lewis et al. (2017) found that Black women with lower levels of racial identity centrality experienced more gendered racial microaggressions (i.e., subtle gendered racism), and they used more disengagement coping strategies (i.e., avoiding a resolution to a stressor), which in turn led to more negative psychological health outcomes. Dickens et al. (2019) theorized that aspects of gendered racial identity could predict the extent to which an individual engages in identity shifting when experiencing gendered racism. However, no known research has empirically tested this association.

The Present Study

Utilizing an intersectional framework, the purpose of the current study is to examine the influence of gendered racial identity and identity shifting on the association between gendered racism and Black women's mental health, specifically depression and anxiety symptoms. Increasingly, young Black women are embracing their true Black femaleness self (Thomas 2015). Specifically, when Black women show up to work as their authentic selves, they are more comfortable in their skin and are more likely to provide suggestions and recommendations from their unique vantage point, rather than focusing on how their words might be perceived by others (Smith 2018). Thus, Black women deviating away from their authentic selves as a necessity to succeed in the workplace (e.g., identity shifting) (Dickens and Chavez 2018) may uniquely contribute to higher symptoms of anxiety and depression in this age group. Examining the unique double marginalized gendered racial identity of Black women is critical because their discriminatory experiences are unique from those of either their racial (Black men) or gender (White women) identity alone (Calabrese et al. 2015; Cole 2009). Because greater experiences of discrimination lead to poorer mental health outcomes in general (Lewis et al. 2015), experiencing discrimination from multiple marginalized identities will likely complicate this relationship.

Based on this reasoning, we propose two sets of hypotheses. (a) We hypothesize that identity shifting will moderate the association between gendered racism and mental health outcomes such that engaging in more identity shifting strategies will significantly intensify the negative effects of gendered racism on depression (Hypothesis 1a) and anxiety (Hypothesis 1b) symptoms. (b) We hypothesize that gendered racial identity centrality will moderate the association between identity shifting and mental health outcomes such that having a greater gendered racial identity centrality will strengthen the negative effects of identity shifting on depression (Hypothesis 2a) and anxiety (Hypothesis 2b) symptoms.

Method

Participants

The sample included 239 U.S. Black women, in which 85.6% ($n = 214$) self-identified as African American/Black, 4.4% ($n = 11$) of African ethnic background (e.g., Nigerian, Congolese), 4% ($n = 10$) of Caribbean/West African ethnic background, 2.8% ($n = 7$) Black Latinx, 1.20% ($n = 3$) African American/Black & Native, 1.2% ($n = 3$) African American/Black and Multiracial, and .8% ($n = 2$) African American/Black, White. Participants ranged in age from 18 to 35 years-old ($M = 26.8$, $SD = 5.16$). A majority of participants self-identified as 88% ($n = 220$) Straight, 8.4% ($n = 21$) Bisexual, 1.6% ($n = 4$) Lesbian, 1.2% ($n = 3$) Unsure, and .08% ($n = 2$) no response. Participants reported their highest level of education, with 2.8% ($n = 7$) some High School, 21.6% ($n = 54$) High School Diploma/GED, 17.6% ($n = 44$) Some College/Technical School, 10.8% ($n = 27$) Associate's degree, 16.0% ($n = 40$) Bachelor's degree, 4.4% ($n = 11$) Some Graduate School, 25.6% ($n = 64$) Graduate/Professional degree, and 1.2% ($n = 3$) no response. As for religious identification, the majority of participants 195 (78%) reported their religion as Christian, 6% ($n = 15$) Agnostic, 3.2% ($n = 8$) Atheist, .8% ($n = 2$) Buddhist, 1.2% ($n = 3$) Hindu, .4% ($n = 1$) Jewish, 2.4% ($n = 6$) Muslim, 7.2% ($n = 17$) Other, and .8% ($n = 2$) of participants did not report their religious affiliation. Participants lived in a 40% ($n = 100$) large city (population > 100,000), 26.4% suburban ($n = 66$), 10.4% ($n = 26$) medium-sized city, 8.4% ($n = 21$) small city (population > 30,000), 8% ($n = 20$) small town (village or town), and 6.8% ($n = 17$) rural.

Procedure and Measures

Review and approval from Institutional Review Boards at Spelman College and Chicago State University were obtained prior to data collection. Following IRB approval, Black women (18–35 years of age) were enlisted from emails and multiple social media sites with the goal of attaining a sufficiently diverse sample. Eligibility criteria for this research project were for participants who self-identified as a Black woman between the ages of 18–35 years-old from various geographical locations within the United States of America. This current study was part of a larger national study that examined stereotypes, discrimination, and health behaviors among Black women ages 18–35.

Participants completed a web-based survey using Qualtrics. The invitation and online survey link to the study's questionnaire were distributed nationally via online community bulletin boards targeting African American/Black women (e.g. culture-focused organizations), social networking sites (e.g. Facebook), professional listservs (e.g. APA's Section 1:

Division 35 – Black Women Psychologists), student organizations, and personal and professional contacts (e.g. recruitment emails to personal connections, professional colleagues). Then, to recruit a larger sample of Black women, we also recruited participants using the Qualtrics platform. Participants read the consent form and indicated their willingness to participate in the study by selecting the appropriate response item before being directed to the study's survey. The survey questionnaire included demographic information and then the study's measures. The order in which participants completed the measures within the present study were as follows: depression symptoms subscale, gendered racial identity centrality subscale, anxiety symptoms subscale, identity shifting scale, and gendered racism scale. The survey took approximately 30–45 min to complete. The participants not recruited via the Qualtrics platform had the opportunity to enter a raffle to win one of four $25 gift cards, whereas the participants recruited through the Qualtrics platform each received $5 (a standard amount established by Qualtrics based on the length of the survey).

Demographic Information

We asked participants to complete a demographic questionnaire, including race, ethnicity, age, gender, religious affiliation, sexual orientation, relationship status, employment status, household income, and geographic location.

Gendered Racism

We assessed gendered racism using a modified version of the 20-item Schedule of Sexist Events scale (SSE; Klonoff and Landrine 1995) to measure lifetime and recent racist and sexist discrimination in women's lives. This modified scale was adapted with Black Women and questions pertaining to experiences of racism and sexism within their entire life from when they were a child to the present. The Schedule of Sexist Events scale consisted of 20 items and assessed four dimensions: (a) sexist degradation, (b) sexism in distant relationships, (c) sexism in close relationships, and (d) sexist discrimination in the workplace. Sample items include: "How many times have you been treated unfairly by people in helping jobs (by doctors, nurses, psychiatrists, case workers, dentists, school counselors, therapists, pediatricians, school principals, gynecologists, and others) because you are a Black woman?" and "How many times have you been really angry about something oppressive because you are a Black woman?" Items were rated on a 6-point Likert-type scale ranging from 1 (*never*) to 6 (*all of the time*). Responses to items were summed, with higher scores indicating more experiences of gendered racism ($\alpha = .95$).

Gendered Racial Identity Centrality

To measure gendered racial identity centrality, we modified the 10-item Multidimensional Inventory of Black Identity Centrality subscale (MIBI- Centrality; Sellers et al. 1997). Centrality scale items from MIBI were modified to measure gendered racial identity centrality. Sample items read: "Being a Black woman is an important reflection of who I am" and "I have a strong sense of belonging to Black women." Items were rated on a 7-point Likert-type scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), and responses were summed, with higher scores representing a greater sense of gendered racial identity centrality ($\alpha = .76$).

Identity Shifting

Identity shifting was assessed using the African American Women's Shifting Scale (AAWSS; Johnson et al. 2016), a 13-item scale measuring how Black women adjusted parts of their identity in order to assimilate to the dominant culture as well as their own communities. Sample items include: "I consciously change the tone of my voice when in the presence of non-Black people" and "I edit how much I share about my success to Black friends/family that may not be doing as well." Scale items were rated using a 4-point Likert scale that ranged from 1 (*strongly disagree*) to 4 (*strongly agree*). Responses across items were summed together such that higher scores indicate higher levels of shifting ($\alpha = .86$).

Depression and Anxiety Symptoms

Two subscales from The Brief Symptom Inventory (Derogatis and Melisaratos 1983) were used to assess depression symptoms and anxiety symptoms. The Brief Symptom Inventory (BSI) is a brief psychological self-report symptom scale. The full instrument comprises 53 items capturing nine primary symptoms including depression and anxiety. The five-item Brief Symptom Inventory BSI–Depression (Derogatis and Melisaratos 1983) assesses a broad range of signs and symptoms of clinical depression syndromes. A sample item for the depression scale is: "Feeling hopeless about the future." The six-item Brief Symptom Inventory BSI–Anxiety (Derogatis and Melisaratos 1983) reflects a set of symptoms usually associated with high anxiety. A sample item for the anxiety scale is: "Feeling tense or keyed up." Participants were asked to rate all 11 items on a 5-point scale of 1 (*mostly untrue*) to 5 (*mostly true*), and responses to the items were summed, with higher scores assessing higher levels of depression symptoms ($\alpha = .88$) or anxiety symptoms ($\alpha = .92$).

Results

Preliminary Analyses

All analyses for the present study were conducted using Statistical Package for Social Sciences (SPSS) Version 24. In order to address the possibility of Type II error, a post hoc power analysis was conducted in G*Power 3.1 and indicated that the power to detect a hypothesized effect size of .55 at the .05 level was .99. Preliminary analyses included determining the mean, standard deviation, and standard error for gendered racism, gendered racial identity centrality, identity shifting, anxiety symptoms, and depression symptoms (see Table 1). Overall, the present sample indicated moderate levels of engaging in identity shifting, gendered racial identity centrality, anxiety symptoms, and depression symptoms. All variables were normally distributed since values for skewness and kurtosis were within the normal range (see Table 1).

As shown in Table 1, the study's sample displays moderate scores on the identity shifting scale, generating means equivalent to "disagree" or "agree." Study participants reported generally lower lifetime and recent experiences of gendered racism with a mean score equivalent to "once in a while" to "sometimes." In addition, they also endorsed lower than average feelings of depression and anxiety, producing means equivalent to "untrue" and "somewhat true." Regarding gendered racial identity centrality, the scale produced lower scores which was equivalent to "slightly disagree."

Bivariate correlations for all variables of interest were conducted (see Table 1). Gendered racism was significant positively correlated with anxiety symptoms, depression symptoms, and identity shifting; such that more experiences of gendered racism were associated with higher levels of anxiety symptoms, higher levels of depression symptoms, and greater identity shifting. However, gendered racism was not significantly correlated with gendered racial identity centrality. Gendered racial identity centrality was significantly positively correlated with anxiety and identity shifting, but not depression; such that having a stronger gendered racial identity centrality was associated with having higher anxiety symptoms and more involvement in identity shifting. Greater involvement in identity shifting was also positively correlated with higher levels of depression symptoms and higher levels of anxiety. Anxiety and depression symptoms were significantly positively correlated with each other.

Moderators of Depression

To test Hypothesis 1a, whether identity shifting moderated the relationship between gendered racism (the predictor) and depression (the outcome), we used Model 1 from the PROCESS Macro in SPSS version 3.3 (Hayes 2017). The overall model was significant ($R^2 = .17$), $F(3, 235) = 15.79$, $p < .001$. Both gendered racism ($B = .06$, $SE = .02$, $p = .012$) and identity shifting ($B = 3.47$, $SE = 1.70$, $p = .042$) contributed to the variance in depression symptoms. However, there was not a significant interaction ($p = .703$) between identity shifting and gendered racism on depression symptoms.

To test Hypothesis 2a, whether gendered racial identity centrality moderated the relationship between identity shifting (the predictor) and depression symptoms (the outcome), we again used Model 1 from the PROCESS Macro in SPSS version 3.3 (Hayes 2017). The overall model was significant ($R^2 = .21$), $F(3, 235) = 20.91$, $p <. 001$. Both identity shifting ($B = 2.84$, $SE = .69$, $p < .001$) and gendered racial identity centrality ($B = -5.68$, $SE = 2.63$, $p = .032$) contributed to the variance in depression symptoms. Engaging in more identity shifting was associated with greater depression symptoms. Furthermore, the interaction between identity shifting and gendered racial identity centrality was significant ($\Delta R^2 = .01$), $F(1, 235) = 4.05$, $p = .045$, $B = 2.01$ (see Fig. 1). To better understand the significant moderation, we conducted simple effects slope analyses. Among Black women who endorse higher levels of gendered racial identity centrality, engaging in higher levels of identity shifting was associated with increased depression symptoms ($b = 4.84$, $SE = .72$, $t = 6.76$, $p < .001$, 95% CI [3.43, 6.26]). The same relationship between identity shifting and depression symptoms was

Table 1 Descriptive statistics and correlations among study variables

Variables	*M* (*SD*)	*SE*	Correlations			
			1	2	3	4
1. Gendered racism	50.60 (21.67)	1.40	–			
2. Identity shifting	2.56 (.62)	.04	.45**	–		
3. Gendered racial identity centrality	4.52 (1.02)	.66	.11	.27**	–	
4. Depression symptoms	12.50 (5.24)	.34	.32**	.44**	.05	–
5. Anxiety symptoms	13.40 (6.30)	.41	.38**	.41**	.17**	.70**

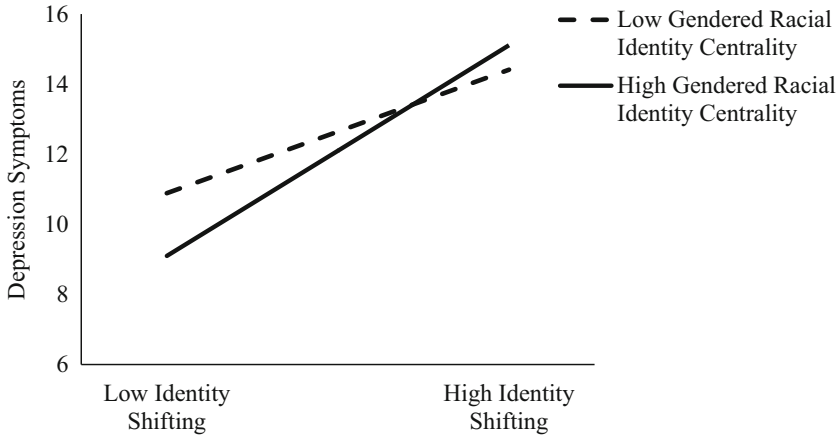

Fig. 1 The relationships between low (−1 *SD*) and high (+1 *SD*) levels of identity shifting and depression symptoms at low (−1 *SD*) and high (+1 *SD*) levels of gendered racial identity centrality

found among Black women with lower levels of gendered racial identity centrality ($b = 2.84$, $SE = .69$, $t = 4.09$, $p < .001$, 95% CI [1.47, 4.20]), however the slope was not as steep as it was among Black women exhibiting higher levels of gendered racial identity centrality. Overall, the more all Black women identity shift, the higher their depression, but this association is stronger among Black women who have higher levels, compared to lower levels, of gendered racial identity centrality.

Moderators of Anxiety Symptoms

To test Hypothesis 1b whether identity shifting moderated the relationship between gendered racism (the predictor) and anxiety symptoms (the outcome), we employed Model 1 from the PROCESS Macro in SPSS version 3.3 (Hayes 2017). The overall model was significant ($R^2 = .18$), $F(3, 235) = 17.47$, $p < .001$, yet this relationship was primarily driven by gendered racism ($B = .07$, $SE = .03$ $p = .018$), not by identity shifting ($B = .63$, $SE = 2.03$ $p = .755$). Experiencing gendered racism more frequently was associated with greater anxiety symptoms. There was no significant interaction ($p = .300$) between gendered racism and identity shifting on anxiety symptoms.

To test Hypothesis 2b, whether gendered racial identity centrality moderated the relationship between identity shifting (the predictor) and anxiety symptoms (the outcome), we again utilized Model 1 from the PROCESS Macro in SPSS version 3.3 (Hayes 2017). The overall model was significant ($R^2 = .18$), $F(3, 235) = 17.08$, $p < .001$. This relationship was primarily driven by identity shifting ($B = 3.07$, $SE = .85$, $p < .001$), not by gendered racial identity centrality ($B = -4.46$, $SE = 3.22$, $p = .167$). Engaging in more identity shifting was associated with greater anxiety symptoms. There was no significant interaction ($p = .101$) between identity shifting and gendered racial identity centrality on anxiety symptoms.

Discussion

Discrimination based on the double marginalization of Black women's gendered racial identity has been shown to negatively influence the physical and mental health of Black women (see Lewis et al. 2015 for review). The current study provides a nuanced exploration of the negative mental health outcomes of gendered racism and coping strategies among millennial and post-millennial young adult U.S. Black women. Black women who reported greater experiences of gendered racism also reported higher levels of anxiety symptoms, depression symptoms, and engagement in identity shifting. The present findings are consistent with previous work that found positive associations between strength and depression (Watson and Hunter 2015) as well as gendered racial discrimination and psychological distress among Black women (Thomas et al. 2008). Our findings highlight the harmful effects that experiencing race and gender-based oppression can have on Black women's mental health. Experiencing gendered racism at a younger age may contribute to using particular coping strategies that may help in the short term but may have lasting effects on their mental health (Lewis et al. 2015). Taken together, our findings are well aligned with intersectionality theory because they point to the role of centrality of gender racial identity and shifting of race and gender identities among young Black women facing gendered racism.

Gendered Racial Identity Centrality

In the present study, we extended previous research on mental health implications of gendered racism, identity, and coping strategies among young adult U.S. Black women. Importantly, we found that, consistent with our hypothesis, gendered racial identity centrality moderated the relationship between identity shifting and depression symptoms. Although higher levels of identity shifting were related to greater depression for all Black women, this relationship between identity shifting and depression was stronger among Black women

who have higher levels, compared to lower levels, of gendered racial identity centrality. As such, especially for women with high gendered racial identity centrality, having to engage in identity shifting strategies violates those values. These findings suggest that there may be cognitive dissonance among all Black women when engaging in identity shifting strategies, but even more so when their race and gender identity is highly central to their overall sense of self (Dickens and Chavez 2018).

Yet, the current research did not find that gendered racial identity centrality moderated the relationship between identity shifting and anxiety symptoms. This finding is similar to Young, Gamst, Meyers, Der-Karabetian, and Grills' (Young et al. 2019) work exploring whether racial identity among African American women would mediate the relationship between gendered racism and perceived threat. They found that racial identity did not mediate this relationship. Future studies should include additional measures of gendered racial identity, beyond centrality, to elucidate the role identity plays in understanding how gendered racism affects Black women's mental health.

Identity Shifting

Surprisingly, identity shifting did not serve as a significant moderator between gendered racism and neither depression nor anxiety symptoms; however, gendered racism and identity shifting significantly predicted higher levels of depression symptoms. The relationship among gendered racism, identity shifting, and depression indicates the cumulative outcomes of being both Black and a woman on their mental health (Lewis et al. 2017). Moreover, this finding suggests that the significance of gendered racism and shifting on Black women's mental health may be greater due to their intersectional race and gender identities rather than either identity alone. However, the surprising findings that shifting did not serve as a moderator are inconsistent with prior research findings suggesting that increased psychological and physical manifestations of distress are associated with needing to shift to be deemed acceptable by dominant society (Dickens et al. 2019; Jones and Shorter-Gooden 2004).

Also, the present findings tentatively suggest that there are other factors at play that may influence in which contexts a Black woman may change (i.e., shift) or sustain her identities after experiencing discrimination. As an example, researchers can use an intersectional approach to explore how identity shifting may interact with other gendered racial constructs like endorsement of stereotypical beliefs and perceived experiences of gendered racism. As such, past findings show that Black women may shift their identities to confront stereotypical images and expectations associated with Black women (Dickens et al. 2019). Similarly, future research should further explore contextual factors that influence identity shifting among young Black women.

Limitations and Future Research Directions

Although our study makes important contributions to research on the influence of intersecting identities on Black women's mental health, the present findings should be considered in the context of their limitations. Because our sample consisted of Generation Z and Millennial Black women in the United States, there is limited generalizability of the current findings overall. Whereas Millennials adapted to social media, constant connectivity, and on-demand entertainment and communication as they came of age, such innovations were largely assumed for those born after 1996 (Dimock 2019). Our findings may have been informed by the attitudes and behaviors of Generation Z, a generation that is still being studied and understood as they enter adulthood. Alternatively, older Black women, for instance, who may have experienced more gendered racism across their lifespan may have different reactions to and relations with identity shifting (Jones and Shorter-Gooden 2004), which could differentially affect their mental health. Future inquiries into potential cohort effects in experiencing gendered racism and engaging in identity shifting should be considered.

The intersectional approach we used in the current study was limited to only two potential identities: race and gender. In the future, measures assessing all of the salient identities Black women possess will be important. It ignores potential discrimination based on other identities such as disability, sexuality, socioeconomic status, and nationality. This broader perspective will be an important approach for future research to take because each additional marginalized identity brings its own potential sources of discrimination which, in turn, may influence an individual's decision to engage in identity shifting strategies. In future studies, scholars can take an individual differences approach in measuring which identities are most salient for Black women and which they feel the need to shift away from in order to conform to Eurocentric norms at the workplace and beyond.

Methodologically, the present study was limited in the order in which the measures were presented and our measurement of identity shifting. First, because the measurements were not randomized, the order in which the measures were presented could have influenced the findings. Also, to measure identity shifting, we used the first 12 items of the 13-item AAWSS (Johnson et al. 2016). Although our internal consistency was still high, the results should be interpreted with this modification in mind. Additionally, because we were interested in the frequency of identity shifting, we utilized scores from the scale as a whole to define identity shifting. Although psychometrically sound, our approach did not take into account the various components of identity shifting. The AAWSS

(Johnson et al. 2016) includes subscales for awareness of shifting, Strong Black woman schema, and shifting motivations within the Black community. Future research should examine how each subscale is uniquely related to Black women's gendered racial identity as well as how each subscale potentially explains decisions to shift in certain contexts. This expansion will also allow future researchers to determine which subscales are uniquely contributing to the rise in anxiety symptoms when Black women engage in identity shifting.

Practice Implications

Despite the aforementioned limitations, findings from the current study have important implications for discourse on mental health disparities, for mental health researchers, and for clinicians who work with Black women. Our findings build upon intersectionality theory (Collins 2000; Crenshaw 1993; Hooks 1989) by showing that assessing the dimensions of one's intersecting identities (i.e., gendered racial identity centrality) can help professional practitioners understand the extent to which identity-related concepts, like identity shifting, may predict psychological well-being among millennial and post-millennial U.S. Black women. Such assessments may prompt practitioners to create culturally relevant treatment plans, psycho-educational resources, and mental wellness initiatives for Black women who work, learn, and live in settings where they are not in the racial/ethnic majority, a context which may activate identity-shifting behaviors. As an example, Dr. Joy Harden Bradford, a licensed psychologist, created Therapy for Black Girls, a popular mental health podcast to destigmatize mental health issues and therapy which often prevent Black women from taking the step of seeing a therapist (Bradford 2020). Furthermore, researchers have suggested using a Black feminist therapeutic blueprint as a lens through which practitioners can become knowledgeable and skilled in culturally congruent techniques (Jones and Guy-Sheftall 2015; Jones and Harris 2019). This approach recommends increasing therapy accessibility, focusing on spirituality techniques and incorporating the role of internalized oppression on the daily lives of Black women (Jones and Harris 2019).

Elucidating the negative mental health consequences of experiencing gendered racism among millennial and post-millennial Black women may have implications for Black women's academic and work performances. As such, research has shown that being the only Woman of Color in the workplace may lead to reduced performance-related outcomes for Black women (Sekaquaptewa 2014). Similarly, recent work has explored how Black college women uniquely experience discrimination, which may impact Black women's persistence in STEM education (Morton and Parsons 2018). Employers and higher education professionals can mitigate these negative outcomes by creating policies and environments that affirm Black women's identities and experiences. For instance, micro-affirmations, which are culturally based small words, acts, and gestures of inclusion (Rowe 2008), validate various social identities, thus cultivating a stronger sense of belonging (Rolón-Dow and Davison 2020). In doing so, institutional leadership can foster the success of Black women by creating inclusive environments where Black women feel seen, heard, and protected, thereby decreasing the pressure to engage in identity shifting.

Conclusion

Applying intersectionality theory, the current research illustrates Black women's distinct experience located at the intersection of racial and gender identities which makes them uniquely vulnerable to the detrimental mental health effects of experiencing discrimination. Coping strategies that Black women find effective in combating gendered racism, such as identity shifting, can be detrimental to their mental health. The present research has particular implications for clinicians, pointing to the significance of Black women's gendered racial identity formation in navigating daily lived experiences. By understanding the association between Black women's experiences of gendered racism and mental health outcomes, our research sheds light on the costs associated with identity shifting as a coping strategy and identity formation among millennial and post-millennial young adult U.S. Black women.

Acknowledgements The authors gratefully acknowledge the contribution of the National Science Foundation grant #1832141 which facilitated the completion of the work described in this manuscript.

Compliance with Ethical Standards

Conflict of Interest All authors declare that there are no potential conflicts of interest.

Ethical Approval All procedures performed in studies involving human subjects were in accordance with the ethical standards of the instiutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Human Participants and Animal Studies Due to the involvement of human subjects in the current study, an informed consent process was employed. Each participant who participated in this study completed the informed consent process.

References

Adecco. (2015). *Generation Z vs. millennials*. Retrieved from http://pages.adeccousa.com/rs/107-IXF-539/images/generation-z-vs-millennials.pdf. Accessed 1 Sept 2020.

Bradford, J. H. (2020). *Therapy for Black girls*. Retrieved from https://therapyforblackgirls.com/. Accessed 1 July 2020.

Calabrese, S. K., Meyer, I. H., Overstreet, N. M., Haile, R., & Hansen, N. B. (2015). Exploring discrimination and mental health disparities faced by Black sexual minority women using a minority stress framework. *Psychology of Women Quarterly, 39*(3), 287–304. https://doi.org/10.1177/0361684314560730.

Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. *American Psychologist, 54*(10), 805–816. https://doi.org/10.1037//0003-066x.54.10.805.

Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist, 64*, 170–180. https://doi.org/10.1037/a0014564.

Collins, P. H. (2000). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). New York: Routledge.

Crenshaw, K. W. (1993). Beyond racism and misogyny: Black feminism and 2 live crew. In D. T. Meyers (Ed.), *Feminist social thought: A reader* (pp. 247–263). New York: Routledge.

Crenshaw, K. W. (1994). Mapping the margins. In M. Fineman & R. Mykitiuk (Eds.), *The public nature of private violence* (pp. 93–118). New York: Routledge https://www.racialequitytools.org/resourcefiles/mapping-margins.pdf.

Derogatis, L. R., & Melisaratos, N. (1983). The Brief symptom inventory: An introductory report. *Psychological Medicine, 13*(03), 595–605. https://doi.org/10.1017/S0033291700048017.

Dickens, D. D., & Chavez, E. L. (2018). Navigating the workplace: The costs and benefits of shifting identities at work among early career U.S. Black women. *Sex Roles, 78*(11–12), 760–774. https://doi.org/10.1007/s11199-017-0844-x.

Dickens, D. D., Womack, V. Y., & Dimes, T. (2019). Managing hypervisibility: An exploration of theory and research on identity shifting strategies in the workplace among Black women. *Journal of Vocational Behavior, 113*, 153–163. https://doi.org/10.1016/j.jvb.2018.10.008.

Dimock, M. (2019). Defining generations: Where millennials end and generation Z begins. *Pew Research Center, 17*, 1–7. https://www.pewresearch.org/fact-tank/2019/01/17/where-millennials-end-and-generation-z-begins/. Accessed 17 June 2020.

Espinoza, C. (2012). *Millennial integration: Challenges millennials face in the workplace and what they can do about them* (Doctoral dissertation, Antioch University). http://rave.ohiolink.edu/etdc/view?acc_num=antioch1354553875.

Essed, P. (1991). *Understanding everyday racism: An interdisciplinary theory* (Vol. 2). Thousand Oaks Sage. https://doi.org/10.4135/9781483345239.

Gamst, G., Arellano-Morales, L., Meyers, L. S., Tolstoy, B., Garcia, S., Sjobeck, G., … Casas, M. (2019). Development and validation of the Latina American Shifting Scale (LASS). *Gender Issues, 36*(3), 269–294. https://doi.org/10.1007/s12147-018-9225-1.

Gamst, G., Arellano-Morales, L., Meyers, L. S., Serpas, D. G., Balla, J., Diaz, A., … Garcia, S. (2020). Shifting can be stressful for African American women: A structural mediation model. *Journal of Black Psychology, 46*, 364–387. https://doi.org/10.1177/0095798420939721.

Glenn, C. L., & Johnson, D. L. (2012). "What they see as acceptable:" A co-cultural theoretical analysis of Black male students at a predominantly white institution. *Howard Journal of Communications, 23*(4), 351–368. https://doi.org/10.1080/10646175.2012.722817.

Gumperz, J. J. (1982). *Discourse strategies* (Vol. 1). Cambridge: Cambridge University Press.

Hall, J. C., Everett, J. E., & Hamilton-Mason, J. (2012). Black women talk about workplace stress and how they cope. *Journal of Black Studies, 43*(2), 207–226. https://doi.org/10.1177/0021934711413272.

Hayes, A. F. (2017). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. New York: Guilford.

Hooks, B. (1989). *Talking back: Thinking feminist, thinking Black*. Boston: South End Press.

Johnson, J. C., Gamst, G., Meyers, L. S., Arellano-Morales, L., & Shorter-Gooden, K. (2016). Development and validation of the African American Women's Shifting Scale (AAWSS). *Cultural Diversity and Ethnic Minority Psychology, 22*(1), 11–25. https://doi.org/10.1037/cdp0000039.

Jones, M. K., & Day, S. X. (2018). An exploration of Black women's gendered racial identity using a multidimensional and intersectional approach. *Sex Roles, 79*, 1–15. https://doi.org/10.1007/s11199-017-0854-8.

Jones, L. V., & Guy-Sheftall, B. (2015). Conquering the Black girl blues. *Social Work, 60*(4), 343–350. https://doi.org/10.1093/sw/swv032.

Jones, L. V., & Harris, M. A. (2019). Developing a Black feminist analysis for mental health practice: From theory to praxis. *Women & Therapy, 42*(3–4), 251–264. https://doi.org/10.1080/02703149.2019.1622908.

Jones, C., & Shorter-Gooden, K. (2004). *Shifting: The double lives of Black women in America*. New York: Harper Collins Publishers.

Jones, H. J., Sternberg, R. M., Janson, S. L., & Lee, K. A. (2016). A qualitative understanding of midlife sources of stress and support in African-American women. *Journal of National Black Nurses' Association: JNBNA, 27*(1), 24–30 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6090538/.

King, K. R. (2005). Why is discrimination stressful? The mediating role of cognitive appraisal. *Cultural Diversity and Ethnic Minority Psychology, 11*(3), 202–212. https://doi.org/10.1037/1099-9809.11.3.202.

Klonoff, E. A., & Landrine, H. (1995). The schedule of sexist events. *Psychology of Women Quarterly, 19*(4), 439–470. https://doi.org/10.1111/j.1471-6402.1995.tb00086.x.

Lazarus, R. S. (1966). *Psychological stress and the coping process*. New York: McGraw-Hill.

Lazarus, R. S. (1993). Coping theory and research: Past, present, and future. *Fifty years of the research and theory of RS Lazarus: An analysis of historical and perennial issues*, (pp. 366–388). https://www.sunswlondon.nhs.uk/wp-content/uploads/2013/01/Coping-Process-Theory.pdf.

Lazarus, R. S. (2013). *Fifty years of the research and theory of RS Lazarus: An analysis of historical and perennial issues*. London: Psychology Press.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.

Lee, D. L., & Ahn, S. (2013). The relation of racial identity, ethnic identity, and racial socialization to discrimination–distress: A meta-analysis of Black Americans. *Journal of Counseling Psychology, 60*(1), 1–14. https://doi.org/10.1037/a0031275.

Lewis, J. A., & Neville, H. A. (2015). Construction and initial validation of the gendered racial microaggressions scale for Black women. *Journal of Counseling Psychology, 62*(2), 289–302. https://doi.org/10.1037/cou0000062.

Lewis, J. A., Mendenhall, R., Harwood, S. A., & Browne Huntt, M. (2013). Coping with gendered racial microaggressions among Black women college students. *Journal of African American Studies, 17*, 51–73. https://doi.org/10.1007/s12111-012-9219-0.

Lewis, T. T., Cogburn, C. D., & Williams, D. R. (2015). Self-reported experiences of discrimination and health: Scientific advances, ongoing controversies, and emerging issues. *Annual Review of Clinical Psychology, 11*, 407–440. https://doi.org/10.1146/annurev-clinpsy-032814-112728.

Lewis, J. A., Willams, 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.

McDowell, J. (2008). *Head Black woman in charge: An investigation of Black female athletic directors' negotiation of their gender, race,*

and class identities (Unpublished dissertation). Retrieved from http://oaktrust.library.tamu.edu/bitstream/handle/1969.1/ETDTAMU-2762/MCDOWELL-DISSERTATION.pdf?sequence=1.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674.

Morton, T. R., & Parsons, E. C. (2018). # BlackGirlMagic: The identity conceptualization of Black women in undergraduate STEM education. *Science Education, 102*(6), 1363–1393. https://doi.org/10.1002/sce.21477.

Paradies, Y. (2006). A systematic review of empirical research on self-reported racism and health. *International Journal of Epidemiology, 35*(4), 888–901. https://doi.org/10.1093/ije/dyl056.

Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., … Gee, G. (2015). Racism as a determinant of health: A systematic review and meta-analysis. *PLoS One, 10*(9), e0138511. https://doi.org/10.1371/journal.pone.0138511.

Pew Research Center. (2018). *Millennials are the largest generation in the U.S. labor force.* Retrieved from https://www.pewresearch.org/fact-tank/2018/04/11/millennials-largest-generation-us-labor-force/.

Pieterse, A. L., Todd, N. R., Neville, H. A., & Carter, R. T. (2012). Perceived racism and mental health among Black American adults: A meta-analytic review. *Journal of Counseling Psychology, 59*(1), 1–9. https://doi.org/10.1037/a0026208.

Rolón-Dow, R., & Davison, A. (2020). Theorizing racial microaffirmations: Critical Race/LatCrit approach. *Race Ethnicity and Education*, 1–17. https://doi.org/10.1080/13613324.2020.1798381

Rosenthal, L., & Lobel, M. (2016). Stereotypes of Black American women related to sexuality and motherhood. *Psychology of Women Quarterly, 40*(3), 414–427. https://doi.org/10.1177/0361684315627459.

Rowe, M. (2008). Micro-affirmations and micro-inequities. *Journal of the International Ombudsman Association, 1*(1), 45–48. https://doi.org/10.1080/13613324.2020.1798381.

Schwartz, S., & Meyer, I. H. (2010). Mental health disparities research: The impact of within and between group analyses on tests of social stress hypotheses. *Social Science & Medicine, 70*(8), 1111–1118. https://doi.org/10.1016/j.socscimed.2009.11.032.

Sekaquaptewa, D. (2014). On being the solo faculty member of color. In S. A. Fryberg & E. J. Martinez (Eds.), *The future of minority studies* (pp. 99–124). New York: Palgrave Macmillan. https://doi.org/10.1057/9781137456069_4.

Sellers, R. M., Rowley, S. A., Chavous, T. M., Shelton, J. N., & Smith, M. A. (1997). The multidimensional inventory of Black identity: A preliminary investigation of reliability and construct validity. *Journal of Personality and Social Psychology, 73*(4), 805–815. https://doi.org/10.1037/0022-3514.73.4.805.

Shih, M., Young, M. J., & Bucher, A. (2013). Working to reduce the effects of discrimination: Identity management strategies in organizations. *The American Psychologist, 68*(3), 145–157. https://doi.org/10.1037/a0032250.

Shorter-Gooden, K. (2004). Multiple resistance strategies: How African American women cope with racism and sexism. *Journal of Black Psychology, 30*(3), 406–425. https://doi.org/10.1177/0095798404266050.

Smith, M. (2018, April 25). *Bring your most authentic self to work as a Black woman-unpacked, part 2*. Retrieved from http://www.blackenterprise.com/bringing-your-most-authentic-self-to-work-as-a-black-woman-unpacked-part-2/.

Spates, K., Na'Tasha, M. E., Watts, B. C., Abubakar, N., & James, T. (2020). Keeping ourselves sane: A qualitative exploration of Black women's coping strategies for gendered racism. *Sex Roles, 82*, 513–524. https://doi.org/10.1007/s11199-019-01077-1.

Szymanski, D. M., & Lewis, J. A. (2016). Gendered racism, coping, identity centrality, and African American college women's psychological distress. *Psychology of Women Quarterly, 40*(2), 229–243. https://doi.org/10.1177/0361684315616113.

Thomas (2015, September 9). *Why everyone's saying 'Black girls are magic.'* Retrieved from https://www.latimes.com/nation/nationnow/la-na-nn-everyones-saying-black-girls-are-magic-20150909-htmlstory.html.

Thomas, A. J., Witherspoon, K. M., & Speight, S. L. (2004). Toward the development of the stereotypic roles for Black Women Scale. *Journal of Black Psychology, 30*(3), 426–442.

Thomas, A. J., Witherspoon, K. M., & Speight, S. L. (2008). Gendered racism, psychological distress, and coping styles of African American women. *Cultural Diversity and Ethnic Minority Psychology, 14*(4), 307–314. https://doi.org/10.1037/1099-9809.14.4.307.

Thomas, A., Hacker, J. D., & Hoxha, D. (2011). Gendered racial identity of Black young women. *Sex Roles, 64*, 530–542. https://doi.org/10.1007/s11199-011-9939-y.

Thomas, A. J., Hoxha, D., & Hacker, J. D. (2013a). Contextual influences on gendered racial identity development of African American young women. *Journal of Black Psychology, 39*(1), 88–101. https://doi.org/10.1177/0095798412454679.

Thomas, K. M., Johnson-Bailey, J., Phelps, R. E., Tran, N. M., & Johnson, L. (2013b). Women of color at midcareer: Going from pet to threat. In L. Comas-Diaz & B. Greene (Eds.), *The psychological health of women of color: Intersections, challenges, and opportunities* (pp. 275–286). Santa Barbara: Praeger.

Watson, N. N., & Hunter, C. D. (2015). Anxiety and depression among African American women: The costs of strength and negative attitudes toward psychological help-seeking. *Cultural Diversity and Ethnic Minority Psychology, 21*(4), 604–612. https://doi.org/10.1037/cdp0000015.

West, L. M., Donovan, R. A., & Roemer, L. (2010). Coping with racism: What works and doesn't work for Black women? *Journal of Black Psychology, 36*(3), 331–349. https://doi.org/10.1177/0095798409353755.

Young, G. N., Gamst, G., Meyers, L. S., Der-Karabetian, A., & Grills, C. T. (2019). Does African American women's racial identity mediate gendered racism on anticipated relationship threat? *Journal of Interpersonal Violence*. Advance online publication. https://doi.org/10.1177/0886260519872300.

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