SHADES OF WELLNESS: AN EXAMINATION OF THE RELATIONSHIP BETWEEN GENDERED RACISM, RACE-RELATED STRESS, SOCIOECONOMIC STATUS AND HOLISTIC WELLNESS IN THE LIVES OF BLACK WOMEN

by

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ABSTRACT

BRITTANY L. PRIOLEAU. Shades of Wellness: An Examination of the Relationship Between Gendered Racism, Race-Related Stress, Socioeconomic Status and Holistic Wellness in the Lives of Black Women. (Under the direction of DR. CLARE MERLIN-KNOBLICH)

In the United States, Black women often face a number of disparities due to historical systems of oppression, social determinants of health and intersecting aspects related to gender and race (Lewis et al., 2016; Thomas et al., 2011; Spates et al., 2020). These factors may affect aspects of physical, mental and spiritual health, thus impacting overall quality of life and wellness outcomes. Wellness is defined as an integrated multidimensional construct (Myers et al., 2000). Tenets of the theory of intersectionality also apply an integrated framework addressing the unique contributions of intersected identities in the lives of Black women (Crenshaw, 1999). Many bodies of work outline the detrimental effects of systematic oppression and institutional racism on specific aspects of mental health, health and well-being of minoritized populations. However, there is little research focusing on the intersectional experiences of Black women in relation to gendered racism, race-related stress, socioeconomic status (SES) and its impacts on total wellness factors. In this study, a non-experimental correlational research design was used with a standard multiple regression to explore relationships between gendered racism, race-related stress, SES and wellness amongst Black women. A total of 471women across the U.S. completed an online survey consisting of a demographic questionnaire and three measurements: The Gendered Racial Microaggression Scale for Black Women, Index of Race-Related Stress-Brief and the Five Factor Wellness Inventory. A standard multiple regression analysis indicated that more gendered racial microaggression on certain domains (Assumptions of Beauty and Sexual Objectification, Silenced and Marginalized, Angry Black Woman) were

associated with higher wellness scores, but other domains (Strong Black Woman) were not. Additionally, higher scores on race-related stress and the lowest SES status group were associated with lower overall wellness scores. Findings from this study highlight the need and importance of examining the intersections of race and gender and their impacts on the lived experiences, health and wellbeing of Black women. Recommendations for future research are provided along with implications for counseling practice and instruction.

DEDICATION

This dissertation was written in honor of my loving late Mother Barbara J. Prioleau. I am extremely grateful to have been raised by such a strong and powerful Black woman. You taught me what true service, advocacy and leadership looks like long before I stepped foot inside of a classroom. Thank you for the wisdom you have imparted on me during your time here on this earth. You taught me the value of education and taught me to be relentless in pursuit of my goals and dreams. Your voice of encouragement guided me along the way and kept me going until I reached the finish line. I will always admire your strength and resilience even during times of adversity. You taught me the pride and responsibility that comes with being a Black woman. I know that your prayers will continue to cover and guide me throughout this life journey. I hope that you are watching over me proudly and that my work is a continuation of your legacy. I will continue to “Lift as we rise”. I love you, always.

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

ABSO	Assumptions of beauty and sexual objectification
ABW	Angry Black woman
F-FWEL	Five Factor Wellness Inventory
Freq	Frequency
GRMS	Gendered racial microaggression scale (for Black women)
IRRS-B	Index of race-related stress brief
IS-WEL	Indivisible self, wellness evaluation of life
SA	Stress appraisal
SBW	Strong Black woman
SES	Socioeconomic status
SM	Silenced and Marginalized

Chapter I: Introduction

Overview of the Problem

"Intersectional paradigms remind us that oppression cannot be reduced to one fundamental type, and oppressions work together in producing injustice" (Collins, 2000, p. 18). This quote reminds us that historically Black women in the United States have endured multiple obstacles rooted in racial and gender oppression (Berry, 2020; Collins, 1990; Harris-Perry, 2011). Their multiple marginalized statuses in society elicit a distinct set of experiences that have an immense potential to impact health and well-being (Everett et al., 2010; Woods-Giscombé 2008). Black women's experiences with systematic oppression, sexism and gendered racism, have permeated every aspect of daily living that impact the physical, mental, emotional, and spiritual facets of the human condition (Cunningham et al., 2017; Greer et al., 2009; Latorre, 2000). Early researchers utilized the term *Double Jeopardy* to define the sexual and economic exploitative nature of the lived experiences of Black women, coupled with their gendered societal roles related to sexism and racism (Beal, 2008). Issues related to these identities and constructs have emerged in previous research as a key component that has a direct impact on and health and well-being (King 2005; Landrine 2016; Lewis & Grzanka 2016).

In counseling, wellness is conceptualized as a strength-based approach used to conceptualize clients developmentally to optimize growth (Myers & Sweeney, 2005). A focus on wellness has become increasingly prevalent in multidisciplinary areas of health and mental health research (Hettler, 1984; Myers et al., 2000; Swarbick & Moosyki, 2010). However, current literature does not adequately address the unique relationship between gendered racism, race-related stress and its impact on aspects of holistic wellness in the lives of Black women.

Counseling literature on wellness has evolved throughout the years (Myers et al., 2000). The first introduction of a theoretical model was The Wheel of Wellness, introduced by Witmer and colleagues (1992). This model is based on Adlerian psychology and focuses primarily on three major life tasks: work, friendship and love. Witmer and colleagues added two additional tasks to the model consisting of self and spirit. Throughout the years, the field of counseling shifted to utilizing the IS-WEL wellness model, an evidenced-based model that can be utilized across counseling processes (Myers et al., 2000). However, the participant samples included in research on wellness have lacked ethnic diversity (Brown et al., 2015; Burck et al., 2014; Myers & Sweeney, 2008).

Black women are increasingly experiencing high levels of stressors that lead to decreases in their levels of global functioning (Williams et al., 2018). For example, in a 2010 study examining the emotional stress towards discrimination in Black, Latino, Asian American and American Indian populations, Carter and Forsyth (2010) found 91.4% of participants (N =260) reported incidents of racism or discrimination. Of those participants, 78% reported that the incidents were very stressful. Moreover, stress levels for participants who encountered a race-related event persisted from two months to more than a year. Among all participants, Black participants reported higher incidents of race-related events than participants of other races (Carter & Forsyth, 2010).

Black women's societal positions and their experiences differ from that of Black men and White women and these experiences create potential stereotypes and biases that many Black women encounter (Jones & Norwood, 2017). Beyond race, researchers have also found gendered differences between the wellness of men and women (Lewis, 2017; Perry et al., 2013; Richman & Jonnasaint, 2008). Some researchers suggest that Black women are more likely be exposed to

stressful events that can impact wellness than other groups (Perry et al., 2013). Other scholars suggest that due to their complex social position, Black women experience higher rates of race-related events and poorer mental health outcomes specifically associated with race-related stress in comparison to Black men (Greer et al., 2009).

In addition to gender, researchers have found a relationship between socioeconomic status (SES) and health and wellness outcomes. Race is often an indicator of SES and research highlights these patterns (Thoits, 2010; Williams, 1995). For Black Americans, the wealth gap is pervasively attributed to historical oppression (Carter, 2007). Census statistics report that for every dollar of wealth that Whites accumulate, Black Americans hold six cents (U.S. Census Bureau, 2010). For earned income, the wage gap is the widest for Black women, who make 68 cents to every one dollar of their White male counterparts (U.S. Census Bureau, 2016). Moreover, the Census revealed that Black women are more likely to have lower household income and grow up in lower-income households in each generation (U.S. Census Bureau, 2016). Race has been identified as a key indicator for SES, which impacts health through exposure to adverse life experiences, race-related stress, and poverty, which all influence physical and mental health (Williams et al., 2016).

It is evident in the literature on wellness in counseling that Black adult non-student populations have been under-studied as populations of interest (Lewis & Myers, 2010). Furthermore, there is a dearth of research on Black women as it relates to gendered racism, race-related stress and wellness (Greer et al, 2009). It is imperative that wellness literature expands to include experiences of marginalized populations to further examine the contextual factors that impact components of wellness across cultures (Myers, 1992; Myers et al., 2000; Myers &

Sweeney, 2008). Given the current gap in the wellness literature it is clear that research on Black women is needed.

Theoretical Frameworks

Given the aforementioned gaps, I examined the relationship between gendered racism, race-related stress, and SES on the holistic of wellness of Black women. The theoretical framework for this study includes the integration of two prominent theories: Intersectionality and the IS-WEL theoretical model. Both models support the foundations of this study through the analysis of the impacts of race-related stress and factors of wellness.

Theory of Intersectionality

Intersectionality theory was initially developed from the experiences by Black feminists, pioneered by Kimberlé Crenshaw (1989). Crenshaw recognized that Black women's experiences could not be defined separately between gender, race and class, but must be examined through an intersecting framework that highlights the unique ways these identities intersect. Crenshaw (1989) attempted to define the connection of these intersected identities and coined the term "intersectionality." This concept and framework developed as a response to theories that primarily centered around the experiences of Black men and White Women (Crenshaw, 1991; Perry et al., 2013). It attempted to address and explore the ways tiered levels of oppressive systems may impact or influence one's personal life experiences (Cole, 2009; Collins, 2000). Intersectionality includes examining the intersections of race, economic class, gender, sexuality, ethnicity and age as identities (Collins, 1990; Crenshaw, 1991). Crenshaw further claims that aspects such as gender and race are always interconnected and cannot be examined as distinct identities (Crenshaw, 1991).

In conclusion, intersectionality attempts to address the intersection of multiple marginalized identities held by members of a minority group (Crenshaw 1989; Crenshaw, 1991). It is important to highlight that individual aspects of identity cannot be examined separately or utilize one singular identity because they each interact to create a unique experience (Crenshaw, 1989).

IS-WEL Theoretical Model

In addition to the Intersectionality framework, I utilized the IS-WEL Theoretical Model to inform this study. Wellness is a multidimensional holistic concept that impacts all facets of everyday life. The development of early wellness is centered on integrating life tasks (Hettler, 1984; Myers & Sweeney, 2005). Myers and colleagues (2000) conceptualized wellness as "a way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human natural community" (p. 252). The Wheel of Wellness is the first identified wellness model in counseling and served as the foundation for the IS-WEL model. The model is rooted in Adlerian Psychology driven by four identified life tasks: work, leisure, friendship and love. The original model is focused on 12 life tasks with spirituality being a central component. Empirical research and analysis on the model failed to support the use of spirituality as a central component, and it was removed from later models. The tasks include: sense of worth, sense of control, realistic beliefs, emotional awareness and coping, sense of humor, nutrition, exercise, self-care, stress management, gender identity and cultural identity.

The IS-WEL model assumes that all of these components are interactive, and changes in one area affect other areas (Myers et al., 2000). Although valuable, it is important to note that the factorial analyses used to create these models utilized convenient sampling, composed primarily

of White participants, that was not an accurate reflection of diverse populations (Brown et al., 2015). However, in the literature the IS-WEL model is most widely utilized model in wellness counseling (Myers & Sweeney, 2004).

Problem Statement

Throughout their lifetimes, Black women encounter various forms of racism and sexism that greatly impact various aspects of their life domains (Perry et al., 2013). These incidents greatly impact their overall health and well-being and global functioning (Williams et al., 2018). Although previous research has examined the impact of socioeconomic status and gender on wellness, a gap exists surrounding the intersectionality of race-related stress, gendered racism, and SES and the impacts of these intersections on the holistic wellness of Black women (Perry et al., 2013).

Some studies have identified the direct link between race-related stressors and their impacts on overall health and wellness (Carter & Reynolds, 2011; Williams et al., 2013). However, there remains a dearth of research that examines the relationship between gendered racism, race-related stress and SES and impacts on wellness from a holistic perspective in the lives of Black women. In this study, I aim to better understand the impact of gendered racism and race-related stress on holistic wellness and its intersectionality with socioeconomic status in the lives of Black women.

Significance of the Study

This study addressed current gaps in literature on the impacts of gendered racism, race-related stress, and SES on holistic wellness among Black women. The field of counseling will benefit from an in-depth exploration of these variables to better understand how to support Black female clients, counseling students, counselors, and counselor educators. Furthermore, study

implications provide a greater understanding of major social and contextual factors that impact the health and well-being of Black women. It also provides a greater understanding of the impact of intersectional identities, lived experiences, and systems of oppression that Black women face. It may improve health outcomes by exploring the deleterious effects of gendered racism and race-related stress. Findings from this study may also foster dialogue concerning best practices and future research implications related to gendered racism, and race-related stress in the lives of Black women. Lastly, the results from this study provide insight to clinical practice and help promote awareness regarding treatment needs, developing strategies for intervention and addressing gaps in the current literature.

Purpose of Study

The nuanced oppression faced by Black women based upon their gender and race can have major effects on their psychological and physical health and well-being (Douglas & Watson, 2013; Woods-Giscombé, 2008). For Black women, the salient intersection of these identities requires research that examines their connection and its relationship with holistic wellness. Current literature is limited in examining the importance of these intersections and how they may better address the distinctive issues faced by Black women (Nadal et al., 2015; Sterzing et al., 2017). Furthermore, discussions of race and gender often exclude Black women's voices (Jones & Norwood, 2017). Thus, the purpose of this study was to examine the impact of race-related stress, gendered racism and SES on the holistic wellness of Black women. I attempted to expand upon literature centered around gendered racism, race-related stress, SES and holistic wellness by exploring the relationship between these variables.

Variables of Interest

In this study, the impacts of gendered racism, racial stress and SES on the holistic wellness of Black women were examined. In this section, I outline the predictor variables of interest in relation to the research questions.

Black Women

Men and women respond to stress in different ways. For example, a study conducted by Wang et al. (2007) found that women were more likely to respond to stress by seeking out social support and men were more likely to do so by withdrawing from others. This could indicate the socialized differences in stress response that impact overall wellness. Some researchers found that women who belong to ethnic minority groups and have lower SES experience higher rates of physical and mental health problems (Greer et al., 2009; Perry et al., 2013; Thoits, 2010). Other researchers found that individuals with multiple disadvantages, including Black women who hold multiple marginalized identities, have the potential to face greater exposure to discrimination and racial stressors, which is associated with lower mental health outcomes (Grollman, 2012; Perry et al., 2013).

Wellness

Wellness has historically been a founding principle within the counseling profession (Myers, 1992; Myers et al., 2000). Wellness encompasses an integrative approach that attempts to address individuals from a holistic perspective exploring psychological, physical, emotional and spiritual aspects that impact health and wellbeing (Myers, 1992). In the counseling literature, a wellness prospective adopts a strength-based approach to healthy living that diverges from deficit-based models (Myers, 1992). Wellness is a central aspect to the counseling profession and

it is utilized as a lens to promote and foster client health from an integrated perspective (Myers, 1992).

Historically, the concept of wellness has been utilized within the medical profession to define well-being from a physical perspective examining aspects of health and nutrition (Hettler, 1984). However, in recent years this concept has expanded to include elements of psychological, emotional health, spiritual, and other aspects such as work and life satisfaction (Myers et al., 2000). The World Health Organization defines wellness as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." The further state that the primary determinants of health and wellness include social, economic, physical environments and a person's individual behaviors and characteristics (World Health Organization, 2015). It is important to examine these aspects of health is it relates to Black women, due to the contextual and historical implications of the detrimental effects of oppression and gendered racism on well-being.

Gendered Racism

Both racism and sexism greatly impact the health and well-being of Black Women (Greer, 2011). Black women face different facets of stress that integrate multiple identities compared to Black men (Greer, 2009; Lewis, 2015; Lewis et al., 2017; Woods-Giscombé, 2008). For example, Allen and colleagues (2019) reported that Black women identified aspects of racial discrimination as a form of social stress. Researchers have stated that racial discrimination experienced by Black women early in life is important in seeing themselves in the broader social context (Allen et al., 2019). Allen et al. (2019) further stated that Black women have identified racial discrimination as a consistent form of stress that is experienced throughout their lifetime and throughout multiple domains. Black women uniquely experience stress related to not only

racism but also sexism and gendered racism (Spates et al., 2020). The intersection of race and gender plays an important part in examining the impact of these elements in the lives of Black women (Crenshaw, 1991). There are many factors that contribute to gendered racism. In this section, microaggressions were further explored as a type of gendered racial stressor.

For the purpose of this study, microaggressions due to race will be referred to as race-related stressors and those based on both race and gender will be referred under the term gendered racism. Microaggressions are subtle or overt behaviors directed at members of a minority group due to their marginalized status (Sue, 2010). Microaggressions are defined as intended or unintended discriminatory or negative experiences that are due to race, gender, class or other minority status (Alvarez et al., 2016). They are an oppressive mechanism that have immense impacts on the health and well-being of marginalized groups and individuals (Sterzing et al., 2017). Previous researchers have primarily focused on microaggressions from a singular identity perspective, and very few studies explore microaggressions as a form of race-related stress from an intersectional lens (Nadal et al., 2015). Black women are at risk of experiencing multiple types of microaggressions due to both their gender and race (Sterzing et al., 2017). For example, Sterzing and colleagues (2017) stated that microaggressions examined across multiple identities have the ability to trigger traumas related to racism and sexism.

Some research shows that Black women conceptualize their integrated identities as Black women as more important than being women and slightly more important than identifying as Black (Settles, 2006). This idea has developed from a framework that identifies Black women and their coping response into schemas known as the Superwoman Schema (SWS) (Woods-′, 2010). This framework supports the utilization of intersectionality as a guiding theory for this study. The framework is built on a qualitative examination of collective African American

womanhood. The creator used schemas to categorize internal representations of Black women in relation to self, the social world and the self in the social world in response to stress (Woods-Giscombé, 2010).

The SWS framework presents a unique perspective on how Black women and coping schemas presents as both barriers and buffering factors to coping with race-related stress. The framework indicates that Black women have unique positions with a historical and sociocultural context that affect their experiences with stress, including race-related stress (Settles, 2006). The concept of *needing to be strong* is an overarching theme, and sub categories of this theme include (a) feeling an obligation to present an image of strength, even when one did not feel strong, (b) feeling an obligation to suppress emotions, (c) resistance to being vulnerable or dependent on others, (d) determination to succeed despite limited resources, and (e) obligation to help others (Settles, 2006). Research has shown that gendered racism has negative effects on the well-being of Black women (Greer et al., 2009; Perry et al., 2013).

Race-Related Stress

There is a significant amount of research that correlates the impact of stress on health and other major life domains (Carter & Forsyth, 2010; Carter & Reynolds, 2011; Jones et al., 2007). One key component that impacts one's quality of life, health and well-being is the impact of stress. Stress is defined as physical, emotional or mental strain experienced when faced with adversity (Slavich & Irwin, 2014). Researchers have examined the impact of stressors to include: racial, financial, occupational and other psychological stressors on the lives of Black adults and the risk associated with chronic disease.

Research with ethnic minority groups indicates that due to race-related stressors these populations often suffer from poor, chronic health outcomes, disabilities, high blood pressure,

psychological distress and mental health disorders even while controlling for other stressors (Kwate & Goodman, 2015; Myers et al., 2015; Thoits, 2010). Race-related stressors have the ability to impact many of the domains associated with the Five Factor Wellness Inventory, which is a measurement instrument based on the Indivisible Self framework (Myers & Sweeney, 2005).

In recent years, scholars have focused attention on the specific impact of race-related incidents on stress levels. For example, the 2019 *Stress in America* survey conducted by the American Psychological Association indicated significant increases in the number of people who identified racial discrimination as a primary source of stress in their lives. Of the total participants, 25% identified racism as a form of stress, which was a 5% increase from the 2015 survey. The majority of respondents of color stated that traumatic race-related incidents impeded their ability to lead productive lives (APA, 2019). Race-related incidents have a major impact on mental and physical health domains, which all affect wellness outcomes (Carter & Forsyth 2010; CDC. 2017; Cunningham et al., 2017).

Socioeconomic Status

Financial status can greatly impact a person's access to vital resources, which can greatly affect their ability to maintain proper health and wellness (Thoits, 2010). Interrelated social factors can also influence socioeconomic status, which has larger implications on wellness (Lewis et al., 2015). Researchers have frequently evaluated the impact of socioeconomic status on health and wellness outcomes (Cole & Omari, 2003; Williams et al., 2016). People who have less education, which is highly correlated with low incomes, tend to have higher rates of psychological distress and poor health related outcomes than their counterparts with higher economic statuses (Hayward et al., 2000). Social scientists identified a Cumulative Advantage/Disadvantage Theory (Stokes, 2019), which indicated that deficits experienced early

in life are compounded throughout life. In turn, this gap in resources increases wealth disparities, which affects health and well-being (Hayward et al., 2000). In this study, I examined socioeconomic status as an indicator for income status, due to the amount of evidence in the literature linking lower incomes with lower wellness status.

Research Questions and Hypotheses

In this study, the primary investigated research question was: How are exposure to gendered racism, race-related stressors, and SES related to the holistic wellness of Black women? The research sub-questions were:

1a. How is race-related stress related to holistic wellness in Black women?

1b. How is gendered racism related to holistic wellness in Black women?

1c. How is SES related to wellness in Black women?

The hypotheses were:

H_0 *:* There is no relationship between the outcome variable of wellness and the linear combination of the predictor variables of gendered racism, race-related stress and SES

H_a*:* There is a relationship between the outcome variable of wellness and the linear combination of the predictor variables of gendered racism, race-related stress and SES

H3: For the individual predictor variables, it was hypothesized that after controlling for all variables in the model, there would be (a) a negative relationship between gendered racism and wellness, (b) a negative relationship between race-related stress and wellness and (c) a negative relationship between SES and wellness.

Assumptions

The assumptions for this study were:

- Participants completed all surveys and scales voluntarily.

- Participants answered all surveys and scales truthfully.
- The sample is representative of the population.

Delimitations

The factors the researcher can control in this study are:

- This purposive, convenience, homogeneous population sample was obtained from self-identified people belonging to the Black racial/ethnic demographic.
- Data was collected online via Qualtrics.
- Gathered information will be a self-report survey.

Limitations

The following limitations, which are factors outside of the researcher's control, identified in this study are:

- The study's purposive sample limits the ability to generalize the results to all other ethnic minority women.
- No causal inferences can be made, due to the correlational research design.

Threats to Internal Validity

Internal validity represents the changes observed in the dependent variable that are due to that effect of the independent variable (Mertens, 2018). In the current study I utilized a non-experimental survey research design. Threats to internal validity associated with this method include instrumentation. The instruments used in this study are assessed as reliable and valid in prior studies (Hillard et al., 2020; Myers & Sweeney, 2014).

Threats to External Validity

External validity is essential in quantitative research in order to show that the results of the study can be generalized to the population (Mertens, 2018). Several factors can obstruct a

researcher's capacity to generalize about their study's findings, to include sample population Mertens, 2015). This study focused on Black women living in the U.S. The results may not be generalizable to the general population.

Operational Definitions

For the purposes of this study, the predictor variables of interest are defined below.

Black Women: Black woman was defined as the ethnic population who whose ancestry consists of people of African descent who identified as a woman . This was based on a self-report measure in the demographic questionnaire.

Wellness: Wellness is defined as a means of living that is oriented toward optimal health and well-being, the purposeful integration of body, mind, and spirit with the goal of living life more fully within all spheres of functioning, including social, personal, and environmental. This variable was be measured utilizing the Five Factor Wellness Inventory (Myers & Sweeney, 2005), which is a self-report wellness measure based on the IS-Wel model of wellness. The total score of the inventory was be utilized for this study.

Gendered Racism: Gendered racism refers to the simultaneous experience of both sexism and racism rooted in societal stereotypes based on sexist and racist perceptions. It was measured utilizing the frequency and stress appraisal subscales of the *Gendered Racial Microaggression Scale*: (a) Assumptions of Beauty and Sexual Objectification, (b) Silenced and Marginalized, (c) Strong Black Woman stereotype and (d) Angry Black Woman stereotype.

Race-related Stress: Race-related stress is defined as events caused by racial discrimination that have direct impact on health and well-being. These may include overt and covert acts of racism and discrimination, microaggressions, and other race-based acts. It was measured utilizing the total score of the *Index of Race-Related stress – Brief.*

Socioeconomic Status: Socioeconomic status is a socio-demographic variable considered in the present study. It was measured by self-report in the demographics questionnaire via an item asking participants their income level.

Organization of the Study

This dissertation includes five chapters. The first chapter provided an overview of the problem, as well as the need and significance for more examination of the relationships between gendered racism, race-related stress, SES and wellness. Assumptions, delimitations, limitations, and threats to validity were addressed, followed by the operational definitions of the variables. In chapter two, a thorough examination of the literature on the topic of wellness as it relates to the identified variables: gendered racism, race-related stressors, and socioeconomic status is presented. This chapter also includes empirical research in counseling and other multidisciplinary fields. In chapter three, an outline for the chosen methodology to examine wellness and the identified variables of interest is provided. This includes a description of the participants, procedures, instrumentation and data analysis procedures. The results from the study are addressed in Chapter four, which include screening of the data and descriptive statistics. Additionally, bivariate correlations, and the results of the multiple regression are described. Lastly, in chapter five provide a discussion of the results, contributions, limitations of the study, implications of the findings and recommendations for future research.

Chapter II: Literature Review

Introduction

In this chapter, I present an extensive review of the literature about wellness in relation to gendered racism, race-related stressors, and socioeconomic status. These four variables of interest in this study were explored through the most recent evidenced-based wellness counseling model, The Indivisible Self (IS-Wel). The section begins with a brief history and review of the theoretical intersectionality and wellness frameworks in counseling. Next, I explain wellness as a concept from multidisciplinary approaches and perspectives as it relates to the counseling profession. I then address wellness in the Black community through a historical overview as indicators impacting wellness status. I conclude the chapter examining the impacts of gendered racism, race-related stress and its intersection with SES in relation to wellness. The overarching research question for this study was: How are exposures to gendered racism, race-related stressors and SES related to the holistic wellness of Black women.

Theoretical Frameworks

The theoretical framework for this study includes the integration of two prominent theories: Intersectionality and the IS-Well Theoretical model. Both models support the foundations of this study through examining the unique experiences of Black women and the analysis of the impacts of gendered racism, race-related stress and factors of wellness.

Intersectionality

Crenshaw (1989) defined the connection of race, gender and class amongst Black women. She examined these intersected identities and coined the term “intersectionality”. This concept and framework developed as a response to theories that primarily centered around the experiences of Black men and White Women (Perry et al., 2013). It attempted to address and

explore the ways tiered levels of oppressive systems may impact or influence one's personal life experiences (Cole, 2009; Collins, 2000). Intersectionality includes examining the intersections of race, economic class, gender, sexuality, ethnicity and age as identities (Collins, 1990; Crenshaw, 1991).

Intersectionality researchers have argued that attempts to examine these domains as variables independently are problematic, due to their intersecting relationships with each other (Crenshaw, 1991; Cole, 2009). Black women's unique experiences with overlapping identities negatively impact health and wellbeing and present a different set of challenges not experienced by either men or women who are not Black (Greer et al., 2009; Syzmanski & Stewart, 2010). Moreover, Black women have directly identified racism as a prominent form of psychological stress due to their compounded marginalized status (Lewis et al., 2017; Allen et al., 2019). Research by Greer and colleagues supported this claim and suggested that Black women become more distressed when either witnessing or experiencing discrimination in relation to their male counterparts (Greer et al., 2009). Research conducted by Lewis and colleagues (2017) found in a sample of (N = 231) Black women that specifically experiencing greater gendered racial microaggressions was significantly related to negative mental health outcomes.

These experiences are fomented during early life experiences and have the ability to shape constructs of racial identity (Settles, 2006). Black women often rely on messages relayed through childhood to guard the effects of racism (Shorter-Goode, 2004). This includes messaging on being twice as good or the drive to succeed. A study by Terhune (2008) found that this messaging has the ability to add more stress. Participants also stated how messaging passed down often referred to them as having two strikes against them, being Black and being a Black woman (Terhune, 2008). Research also shows that Black women often pass down this messaging

to their daughters in order to socialize them to show strength within a society that devalues their abilities (Nelson et al., 2016). These messages could have harmful effects on overall health and well-being (Harris-Perry, 2011; Nelson et al., 2006). There is an extensive body of work on the effects of racism, discrimination, and sexism on the health and well-being of Black women (Greer et al., 2009; Jones et al., 2007; Lewis et al., 2017). However, there is a dearth of research on the intersectionality of these experience and its impact on Black women's holistic health (Nadal et al., 2015; Sterzing et al., 2015; Thomas et al., 2008). Black women deal with the effects and stress of both racism and sexism (Woods-Giscombé, 2008). This may make it more difficult to separate the two to see at what level one may have a greater impact on distress than the other. The concepts of sexism and racism are often treated as separate entities excluding the ability to exploring their intersection (Syzmanski & Stewart, 2010)

For this study, I chose to examine three primary intersecting identities to examine how they relate to Black women: gendered racism, race-related stressors, and socioeconomic status. his study examined aspects of identity associated to race-related stress due to the prevalence of racism and discrimination in the lives of Black women. I also examined aspects of gendered racism due to the detrimental health and wellness outcomes associated with Black women in comparison to women who do not identify as Black. Lastly, socioeconomic status was examined as another correlating predictor to health and wellness outcomes. Due to the intersection of all of the proposed identities, utilizing a theory of intersectionality may best represent the experiences of Black women.

Wellness Theory

Wellness is a paradigm that emerged across multidisciplinary areas. Early definitions of wellness emerged primarily from physical health professionals (Myers et al., 2000). Initial

definitions of wellness emerged in the literature from major health entities such as the World Health Organization (1967), who addressed wellness as not just the absence of illness, but a state of complete physical, mental, and social well-being. In 1984, Hettler proposed a model of wellness consisting of six domains: Physical, Social, Intellectual, Spiritual, Emotional and Spiritual. The counseling profession later developed a distinct model of wellness that focused on both theories based in human growth and development and observed behaviors (Witmer & Sweeney, 1991). This emphasis on wellness is what separate the counseling field from all other professions (Myers et al., 2000).

In 1991, Myers suggested a paradigm shift from illness-based medical models, to models that better reflects the counseling profession. Wellness models in counseling focus primarily on prevention and treatment planning that build on clients' strengths and is based on principles of Adlerian and Individual Psychology. Adler believed that a person is only the sum of their total parts and that the self is indivisible (Adler, 1954). Myers et al. (2000) developed the initial wellness theoretical framework in counseling which was later redesigned into the first evidence-based model in counseling. They defined wellness as, "A way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community" (Myers et al., 2000, p. 252).

Wheel of Wellness

The Wheel of Wellness is a holistic model of wellness developed by Meyers and Sweeney in 1991. The framework was founded on Adlerian individual psychology driven by the major life tasks of work, friendship, leisure and love (Myers & Sweeney, 2004). The Wheel of Wellness consists of a contextual framework that addresses the interactions of institutional systems such as government, environment and religion, which can all have a direct impact on an

individual's holistic functioning. The Wellness Evaluation of Lifestyle (WEL) inventory was developed in Myers and Sweeney (1996) to assess wellness in the identified domains based on the Wheel of Wellness framework. However, it is important to note that these factors were not included in the Wellness Evaluation Lifestyle (WEL) inventory assessment.

The Indivisible Self (IS-Wel)

The Indivisible self (IS-Wel) framework is a theoretical framework that serves as the successor to the Wheel of Wellness (Myers & Sweeney, 2005). The basis of the framework is rooted in Adlerian concepts of holism which states the individual cannot be separated from the sum of their parts (Adler, 1954). Myers and Sweeney (2005) state the elements of the IS-Wel model all interact with one another and creates a holistic conceptualization of wellness by examining various domains. The creators also attempted to incorporate and address aspects of multiculturalism within the model. Overall, the IS-Wel model encompasses the 17 wellness dimensions identified in the Wheel of Wellness and separates them into five individual domains: (a) essential self, (b) social self, (c) creative self, (d) physical self and (e) coping self (Myers & Sweeney, 2005). Each domain is described in the following paragraph.

The *essential s*elf-domain consists of four components: spirituality, self-care, gender identity and cultural identity. This domain encompasses one's sense of meaning and purpose in life (Myers & Sweeney, 2005). Authors state that life experiences shape our perception of self in relations to others and our environments. This impacts how one develops concepts of self-identity. Within the *creative* self-domain, all elements address thinking, emotions, control, positive humor and work. This domain reflects the relationship between emotions in relation to major life tasks. Positive expectations can influence emotion and behavior, as well as have a major influence on physical and mental functioning (Meyers & Sweeney, 2005). The *coping*

self-domain includes components of realistic beliefs, stress management, self-worth and leisure. This domain consists of elements that impact coping responses to life events and one's ability to navigate through negative outcomes. The *social* self-domain encompasses two components: friendship and love. The authors also claim that friendship and intimate relationships have the capacity to enhance the quality of one's life Myers and Sweeney (2005) further assert inversely that the absence of positive relationships can be associated with poorer health outcomes. Over one's lifespan, social support is a predictor of positive mental and physical health outcomes (Myers & Sweeney, 2005). Lastly, the *physical* self includes two components: exercise and nutrition. A large body of research identifies health and nutrition as key components in positive health and wellness outcomes (Myers & Sweeney, 2005)

In addition to these domains, the Indivisible Self conceptual framework includes local, institutional, global and chronometrical contexts. These four contexts impact the broader five domains. In this way, the IS-Wel model attempts to conceptualize one's individual aspects as integrated domains working together to create a holistic idea of wellness. A person's feelings or perceptions of these factors are incorporated into a total wellness factor. The 5F-Wel (Myers & Sweeney, 2005) was an assessment created and developed to measure the factors of wellness identified through the IS-Wel model. Because of this assessment, some researchers have concluded that the IS-Wel is one of the only evidenced-based models of wellness in counseling (Reese & Myers, 2012).

In this study, I used both Intersectionality and the IS-Wel to study four variables and their relationship in Black women. Next, I review research on each of these variables. I begin with gendered racism, race-related stressors, and then discuss socioeconomic status.

Black Women

In this study, I focused on examining wellness within self-identified Black women. According to data from the 2010 US Census Bureau, the overall population of the U.S. grew by 9.7% in contrast to the Black population, which grew by 12% in previous 10 years (Census, 2010). Racial disparities in health and wellness amongst Black populations has been a pervasive issue in the United States due to cultural and historical influences (Williams & Collins, 1995). The effects of racism and discrimination can impact the health of Black women in a number of ways including (a) lack of access to housing and employment, (b) adverse psychological effects, (c) increased stress impacting biological factors, (d) increased engagement in unhealthy behaviors and (d) physical injury as a result of racial violence (Paradies, et al., 2015). Research has primarily focused on these aspects individually and has not examined them from a holistic perspective (Paradies et al., 2015). The increased growth in the Black populations require a deliberate effort to conduct research that accurately reflects their needs to better inform future practice. Within this study I attempted to fill the gap in the literature and address issues related Black women and wellness comprehensively.

Historical Effects of Racism and Discrimination

For many Black women, the effects of racism permeate their everyday lives. In recent years, a growing body of research has addressed the role racism plays in the health, wellness and quality of life of minority populations (Carter & Reynolds, 2011; Carter, 2007). An examination of the adverse effects of racism and discrimination on racial health disparities by Williams and Mohommad (2013) found that Black Americans have higher death rates than White Americans. This is due multiple layers of factors that are rooted in the historical aspects of racism that result in negative health outcomes (Cunningham et al., 2017; Lewis, Cogburn & Williams, 2015;

Williams & Mohammad, 2009). The effects of racism are historical and remain embedded in the fabric of everyday American society. For example, American slavery and segregation were institutions that served as driving forces in the creation of racial economic inequality, which resulted in diminished access to economic mobility caused by limited access to quality education and employment (Cole & Omari, 2003).

According to the statistics reported from the Census Bureau in 2017, 22.9% of non-Hispanic blacks in comparison to 9.6% of non-Hispanic Whites were living at the poverty level. That same year, unemployment rate for Black Americans was twice that of non-Hispanic whites at 9.5% percent compared to 4.2%, respectively (Census Bureau, 2017). The mental and behavioral health status report conducted by the CDC reports states that poverty levels have a direct impact on mental health status. Black Americans living below the poverty line were twice as likely to report psychological distress (CDC, 2017). All of these effects can lead to a lack of access to resources which, in turn, negatively affects quality of life and impacts health and well-being. Black households earn less than white households and Black households are more likely to be at or below poverty levels (CDC, 2017). Carter and Forsyth (2010) completed a study with 296 minority participants and found that 91.4% of the sample had experienced some form of racial discrimination and 78% of participants experienced racial incidents that were very or extremely stressful that negatively affected their well-being. The findings support other research that state the effects of poverty caused by racism can lead to higher exposure of higher levels of chronic stress (Carter & Forsyth, 2010).

Systematic racism is embedded into American society and plays an integral part of daily life (Clark et al.,1999; Carter, 2007, Bryant-Davis & Ocampo, 2005). It is well established in the literature that racism has a profound impact in the lives of minority groups who often suffer from

various systems of oppression rooted in racial ideology (Carter, 2007). Early research acknowledged the negative effects of racism on aspects of stress and mental health (Clark et al., 1999). Previous researchers have identified that racial and ethnic minority individuals are impacted by racism on various systematic levels, which include the individual, cultural and institutional levels (Utsey, 1999).

The recent COVID-19 pandemic has highlighted the extent and role racism has played in widening health disparities amongst minority populations in the United States. Racial inequity in quality of health care and access to resources has exacerbated the effects of COVID-19 in Black communities (Wright, 2020). Many of these inequities existed before the pandemic, but COVID-19 has illuminated the impact of race-related stressors and factors in the lives of Black Americans (Wright, 2020). The pandemic has also had detrimental economic impacts in the lives of Black Americans. According to the US Department of Labor (Jones, 2021) Black women experienced the largest drop in employment and have experienced the slowest levels of job recovery since the beginning of 2020. The statistics further show that Black women's employment decreased by 9.5% since the start of the pandemic. This is due to disproportionate amount of Black women represented in hospitality and leisure occupations due to inequities is education and labor

Current Sociopolitical Climate

Aggressive policing also has detrimental effects on mental health of those victimized and the community at large (Bailey et al., 2017). The recent slew of unjustified police shootings of Black people are another example of chronic stress that has an adverse impact on health and wellness (Bor et al., 2018). A 2018 quasi-experimental study by Bor and colleagues found that police killings worsened the mental health among Black participants but had no significant

effects on the general White population (Bor et al., 2018). They examined the mental health effects of police shootings and found that police killings of unarmed Black Americans could contribute to an estimate of 55 million poor mental health days per year among Black Americans.

Witnessing violence either directly or vicariously has that ability to increase mental health symptoms of anxiety and depression (Aneshensel, 2009). Racial hostility stoked by political unrest must also be identified and addressed as a stressor in the lives of Black Americans. Hostile political climates have the potential to induce high levels of stress and fear, too (Williams, 2018). To that end, almost 69% of Black Americans identified the outcomes of the 2016 presidential election as a significant source of stress (American Psychological Association, 2017).

Although both Black women and men are impacted by the effects of racism and discrimination, Black women encounter different experiences based on societal perceptions related to both their gender and race (Collins, 1990; Greer et al., 2009). Black women's intersecting identities of race, gender, and SES status are often intertwined. Prominent stereotypes associated with Black women are often associated with their experiences with racism (Greer et al., 2009). The following sections examine the intersection of gender and race and SES on Wellness outcomes.

Wellness

Wellness in counseling literature emerged as a paradigm shift from medical oriented models of health and well-being. These medical models primarily focused on pathology instead of utilizing strength-based approaches and interventions that emphasized human development (Myers, 1992). Counselors have developed an identity that is differentiated from other mental

health professionals due to its emphasis and focus on wellness and prevention (Myers et al., 2000). For example, the American Counseling Association (ACA) has adopted wellness as a tenant of the counseling identity, stating that counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health and wellness (ACA, 2013). The 2016 Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards also state that counselors should be able to implement culturally relevant strategies to promote optimum development and wellness across the lifespan (CACREP, 2016).

As a profession, counseling embraces a holistic and comprehensive approach to wellness as stated in the American Counseling Association (2014) professional code of ethics. Proponents of wellness in counseling state that counselors should be able to conceptualize client issues through a biopsychosocial framework to better address their needs from a holistic perspective (Myers et al., 2000). The utilization of a holistic framework allows counselors to comprehensively address client issues, while considering aspects of culture, environmental factors, emotional and physical health all which drive and impact thoughts and behaviors (Myers & Sweeney, 2005; Myers, 1992). Some researchers argued that wellness domains are interrelated on three different levels: collective, relational and personal (Prilletensky & Prilletensky, 2003). Prilleltensky and Prilleltensky (2003) stated that personal needs are met through empowerment and ideals of self-determination. Meanwhile relational needs are met through support and appreciation diversity.

Lastly, collective needs are met through economic security and values of social justice. any people from oppressed backgrounds face issues related to issues of poverty, social injustice, and effects from historical and institutionalized racism (Prilleltensky & Prilleltensky, 2003). All

of these factors have an overall impact and wellness (Carter & Reynolds, 2011). The current models of wellness in counseling do not address these issues in depth as it relates to the interconnectedness of race and gender as highlighted in this study in reference to Black women.

As discussed, in counseling literature two primary models have been utilized to conceptualize wellness, the Wheel of Wellness (Myers, Sweeney & Witmer, 2000) and the updated model, The Indivisible Self (Myers & Sweeney, 2005). These models can be applied to diverse populations, but there remains a gap in the literature pertaining to the effectiveness of the model across cultures (Myers & Sweeney, 2005). However, the models continue to be utilized as theoretical frameworks for wellness and measurement in the counseling field. Notably, when Day-Vines and Holcomb-McCoy (2007) examined the current models on African American counselor wellness, they found that the models heavily relied on Western value systems and did not account for the many different experiences or barriers to optimal wellness that may be encountered by Black counselors. They also found that the current wellness models in counseling to not account or address social justice issues of equality for marginalized populations (Day-Vines & Holcomb-McCoy, 2007). Based on these findings it is important to further examine the impacts of these issues on the current wellness and functioning of Black American adult populations, specifically Black women.

Multiple studies have examined emerging counselor's perceptions of wellness (Perepiczka, & Balkin, 2010; Burck et al., 2014; Myers & Mobley, 2004). These studies tend to follow the same trend of utilizing primarily White student populations to validate wellness instruments. For example, the structural validation of the Holistic Wellness assessment utilized a large sample of students (N =1,160) from a Midwestern university. A very small percentage of students 11% of the population identified as Black or African-American (Brown et al., 2015).

Myers and Mobley (2004) examined wellness in traditional and non-traditional students utilizing the 5F-Wel assessment. Their sample population consisted of 61% White students in contrast to 15.5% of Black students. Researchers reported that White students scored significantly higher than students of color on all five domains (Myers & Mobley, 2004). These studies added valuable information to the wellness literature in counseling, but did not reflect ethnically diverse populations. Wellness literatures would benefit from encompassing data from diverse ethnic populations to better address their specific cultural needs.

Gendered Racism

In this study, gendered racism was defined as the intersection of both racial and sexual discrimination (Essed, 1991). Both racism and sexism have been examined separately and have shown to negatively contribute to the health and well-being of Black women (Everett et al, 2010; Noris & Mitchell, 2014; Pieterse et al., 2012). Essed (1991) similarly elaborated on themes identified in the theory of intersectionality and identified them as gendered racism, which attempts to address racism and sexism and connect the oppressed experiences of women who belong to both racial and gender subordinate groups in society. Essed further argued that gendered racism is rooted in constructed ideologies and common stereotypes of Black women (Collins, 2000; Essed, 1991). Therefore, gendered racism is a hybrid form of oppression that attempts to conceptualize the impacts of both racism and sexism. The concept of gendered racism suggests that Black women experience oppression due to their ethnic minority status and their gender status as a woman (Crenshaw, 1989; Essed 1991). However, an integrated approach to examining these factors may better inform our understanding of how these stressors interplay in the lives of Black women (Thomas et al., 2008). Black women may encounter incidents that are both racist and sexist that may be hard to distinguish separately from one another (Sterzing et

al., 2017; Woods-Giscombé, 2008). Racism plays a pervasive influence in the lives of Black women, however focus on this singular aspect may not accurately capture the lived experiences of black women facing multiple marginalized identities (Lewis et al., 2016).

As previously stated, the theory of Intersectionality provides a unique lens to view lived experiences of marginalized group members through multiple system of oppression (Crenshaw 1989). When applying this theory to the lives of Black women researchers have argued that their experiences related to race cannot be separated from gender, and must be observed from a combined perspective (Crenshaw, 1989; Crenshaw 1991). These experiences have been documented in various aspects such as the workplace, societal and institutional domains (Dickens & Chavez, 2018; Essed, 1991; Mays, 1996).

Black women's position in society shapes all facets of their daily lives. Black women are uniquely positioned to experience race-related stressors related to both gender and race (Everett et al., 2010). As previously reported, Black Americans in general have historically reported having lower levels of psychological well-being and overall life satisfaction (Williams, 2018). Black women may be more vulnerable to be the recipients of race-related stress and may experience more severe mental health issues related to race-related stress than Black men (Greer et al., 2009; Greer, 2011). Furthermore, research indicates a positive correlation between racism, discrimination and its impact on poor health outcomes (Geronimus et al., 2006; Pieterse et al., 2012).

Black women are affected by racism, sexism and discrimination at all life stages (Szymanski & Lewis, 2016). A study by Lewis and colleagues (2017) confirmed this analysis and found that Black women who experience a greater frequency gendered racial microaggressions had significantly higher levels of psychological distress (Lewis et al., 2017).

Grollman (2012) suggested that individuals who hold multiple marginalized statuses are more likely to face more incidents to discrimination than those who may hold a single marginalized status. The researcher also concluded that experiencing discrimination in multiple forms is related to poor mental health outcomes as opposed to examining the impacts of racial and gender discrimination separately (Grollman, 2012). Hill and Hoggard (2020) further supported the claim that race-related stressors can be more problematic in the lives of Black women, due to the propensity of gendered difference in mental health disorders like depression. These issues present Black women with distinct sets of challenges not experienced by any other group. However, there remains a gap in the literature addressing the intersections of racism, sexism and gendered racism as it relates to wellness in Black women. In this section, I explored Black women's experiences as it relates to race-related stress, the impacts of SES, role identity, workplace stress, and coping.

Gendered Racism and Stressors

There are many domains that attribute to aspects of gendered racism in the lives of Black women. Examining race-related stressors from an intersectional perspective allows for reflection on how gender and race also impact individual stressors that impact all groups such as illness, divorce and job strain (Perry et al., 2013). Geronimus (2006) introduced a weathering hypothesis suggesting that repeated exposures to chronic stress can have long term physiological effects on Black women (Norris & Mitchell, 2014). These effects include accelerated biological aging due to repeated exposure to stressors (Geronimus, 2010). Some identified chronic stressors are related to poor environmental conditions, work place discrimination and financial stress (Everett et al., 2010). A prominent stressor found throughout the literature relates to social perceptions of Black women and negative imagery. Researchers have identified the relationship between

internalizing negative stereotypes and various forms of psychological distress, low levels of self-esteem, and chronic health conditions (Nelson et al., 2016; Spates et al., 2020; Thomas et al., 2008).

Furthermore, Black women encounter racial and sexual microaggressions defined as covert experiences based on assumptions made concerning race or sex (Sue, 2004). Sue (2010) further expanded upon the research to include intersectional microaggressions examining the intersection of multiple identities. For example, Black women who experience issues related to sexual objectification and assumptions of inferiority (Lewis et al., 2016; Sue, 2010). Black women often create alternative ways of being to counter negative stereotypes, which also have the ability to adversely impact wellness (Thomas et al., 2008). These mechanisms are further discussed in the section on coping.

Historically, Black women have been depicted in stereotypical tropes portraying them as confrontational, overtly sexual or as caretakers (Feagin, 2014; Nelson et al., 2016). Collins (2000) stated that society and media have perpetuated these roles and have used these images to disempower and create inaccurate portrayals of Black women (Harris-Perry, 2011). Often these stereotypes are used as justification for oppressive behaviors (Spates et al., 2020). The authors further stated that attempts to counter negative stereotypes can also affect psychological well-being (Spates et al., 2020). The following section addresses these stereotypes outlined in the Gendered Racial Microaggression Scale: Black women. The measurement assesses Black Women's experiences across four domains: (a) Assumptions of Beauty and Sexual Objectification (ABSO), (b) Silenced and Marginalized (SM), (c) Strong Black Woman (SBW) stereotype and (d) Angry Black Woman (ABW) stereotype (Lewis et al., 2016).

Assumptions of Beauty and Sexual Objectification

Many gendered racial microaggressions that Black women encounter are related to their cultural identities (Lewis & Neville, 2015). This includes physical appearances, body types, and assumptions about physical appearance including hairstyles, physical appearance and communication styles (Lewis et al., 2010; Lewis & Neville, 2015). One of the most prominent stereotypes attributed to Black women is that of the *Jezebel* (Collins, 1990, Lewis et al., 2016). This mischaracterization often depicts Black women as overtly sexual and promiscuous (Collins, 1990). Due to this label Black women may often encounter situations where they exoticized or sexualized in multiple domains including, work, school and social environments (Lewis et al., 2016). Similarly, a qualitative study conducted by Nadal and colleagues (2015) also identified a similar theme where they described the "Exoticization of women of color." Authors stated that women of color encounter situations where they feel dehumanized or objectified due to their race or ethnicity (Nadal et al., 2015). Lewis and colleagues found that Black women reported feeling sexualized in various settings include, work school and social settings (Lewis et al., 2016). Within the GRMS, this subtheme includes assumptions made about the physical appearance of Black women. These include things such as hair styles, body size, and other physical features (Lewis et al., 2016).

Silenced and Marginalized

Black women have often reported feeling silenced in variety of settings including, school, work and professional settings (Lewis et al., 2016). In their qualitative study Lewis et al., (2016) found that participants stated they were not given respect from peers and their varying levels of intellect was always questioned or challenged. These experience often, put Black women in a

position where they feel the need to prove themselves, which can have detrimental psychological and emotional impacts (Lewis et al., 2016).

In order to navigate the world with intersecting identities, Black women often engage in behaviors such as “shifting” (Jones & Shorter-Goodon, 2004). Research has also shown that Black women have identified the workplace to be a major source of stress where they often feel silenced and or marginalized, due to frequent encounters with racism and discrimination (Mays et al., 1996). Specific workplace barriers may include low wages, barriers to promotion and lack of workplace social support (Mays et al., 1996; Spates et al., 2020). Employment status is often associated with better health outcomes due to access to resources, but it is also deemed by many Black women as a primary environment for discrimination and stress (Mays et.al, 1996).

Gendered racism affects Black women at varying levels, but one of the most prominent domains outlined in the research is found in the workplace (Mays et al., 1996; Dickens & Chavez, 2018). Some race-related barriers in the workplace include lack of access to promotion, feelings of inadequacy, isolation, lack of mentorship and disparity in wages (Mays et al., 1996; Everette et al., 2010; Dickens & Chavez, 2018). Black women may engage in specific behaviors in the workplace such as speech patterns, way of dress and hair (Terhune, 2008; Spates et al., 2020). These behaviors are further examined by Jones and Shorter-Gooden (2003) who stated that Black women spend an extensive amount of time altering their behaviors, feelings and emotions in order to fit in in the workplace. Some researchers have also identified behaviors such as censoring in front of non-black colleagues as means to cope and offset discrimination (Everett et al., 2010). These methods are utilized by Black women to combat the effects of work-related racial stress (Spates et al., 2020). All of these factors negatively increase stress load and have a

negative impact on quality of health and wellness (Jones 2007; Norris, 2014 & Mitchel, 2014; Allen et al., 2019).

Strong Black Woman Role

The "Strong Black Woman" (SBW) or "Superwoman" role emerged as an attempt to combat negative views and stereotypes related to Black women (Hill-Collins, 2011; Nelson et al., 2017). Other scholars have suggested that the SBW role emerged as a survival technique in response to oppressive systems, violence and has been passed down through socialization (Shorter-Gooden, 2003; Beaubeouf-Lafontant, 2009). This concept often attributes Black women with characteristics such "strong" and "resilient" (Woods-Giscombé, 2010). Other characteristics within this trope include, hard-working, dominant and being sexually promiscuous (Hills-Collins, 2011; Nelson et al., 2017.

A study by Abrams and colleagues (2019) found that 80% of the participants identified as Strong Black women. This finding highlights the pervasive endorsement of this role with Black women. These gender and racial stereotypes can be harmful because they attempt to generalize Black women as promoting a facade of strength and endurance even in stressful events (Everette et al., 2010). This façade could lead them to suppress emotions and feelings, which could further lead to negative health effects (Everett et al., 2010; Norris & Mitchel, 2014). Woods-Giscombé (2010) identified factors that contributed to the Superwoman schema, which included history of racial and gender stereotyping, past history of systematic mistreatment and spiritual values. Other qualitative studies outline that Black women may often feel an obligation to their families and communities to portray a sense of strength and keeping it together (Nelson et al., 2016).

Nelson and colleagues (2016) identified similar themes regarding the SBW role amongst Black women. They found that Black women conceptualized the superwoman role through five

identified themes: independence, taking care of family and others, hardworking and high achieving, overcoming adversity and being emotionally contained. One participant in the study stated "Strong Black women do not express emotions. They just keep it all in. They won't show that stress to the world" (Nelson et al., p. 55). The participants were critical of the strong Black woman role and identified it as problematic due to its myopic view of strength (Nelson et al., 2016). Independence emerged as a recurring theme throughout the literature and referenced the ability to work through problems in a self- reliant manner (Nelson et al., 2016). Similarly, Lewis and colleagues (2016) also argued that Black women adopt a strong Black woman persona in order to cope with negative gendered racial stereotypes. They stated that adopting this role allows Black women to exhibit resilience and strength (Lewis et al., 2016).

Another theme that emerged through several studies is the Black woman seen as a hardworking and high achieving. This presents the idea that Black women must prove themselves and show commitment to being hard workers, in order to be recognized (Nelson et al., 2016; Woods-Giscombé, 2010).

The literature provides mixed findings whether the role of the Strong Black Woman presents as either harmful or helpful. Some research suggests that adoption of a role of strength and resiliency could help buffer and provide protection against daily life stressors (Abrams et al., 2014; Beauboeuf-Lafontant, 2009; Woods-Giscombé, 2010). However, a study by Donavan and West (2015) found that Black woman who had medium to low endorsement of the Strong Black Woman persona increased their relationship between depression and stress while those who had lower levels of a SBW persona had a lower relationship with these symptoms. This study supports the assumption that adoption of this role has negative effects on health and well-being (Abrams et al., 2014; Donavan & West, 2015).

Angry Black Woman

The role of the ABW often requires suppression of emotions and anger, or keeping emotions "in-check" in order to display strength (Hills-Collins, 2011; Nelson et al, 2016). Authors Jones and Norwood (2017) define the *Angry Black Woman* trope as a concept in which Black women are portrayed as overly aggressive, hostile, disagreeable, loud or physically threatening. This term is most often exclusively utilized when describing Black women (Jones & Norwood, 2017). In order to offset perceptions of this stereotype, Black women often sensor themselves causing more internal distress (Lewis et al., 2016).

In research examining the attributed role of ABW researchers Jones and Norwood (2017) explore the meaning of the term and stated "It is about the complexity of that fleeting moment when Black women must decide whether and how to challenge another's assumptions about Black women's status and "place." It is about the consequences of exercising voice, whether in angry or moderated tones, and how that exercise can render one hyper visible and threatening" (p. 2021). Adoption of these behaviors may prohibit Black women from verbally identifying their needs, thus directly impacting their health and wellness (Beauboeuf-Lafontant, 2009). However, some women view the role as having both benefits and limitations (Everett et al., 2010; Nelson et al., 2016; Spates et al., 2020). Research revealed that some women have reclaimed the SBW role and viewed strength as the ability to persevere and face obstacles despite of perceived barriers (Nelson et al., 2016). These characteristics are often expressed in various life domains of Black women including the workplace. Smith and colleagues (2019) found that Black managers representing various industries often noted that the "Angry Black Woman" role most negatively impacted their job performance.

Coping

Coping of Black women has been regarded in the research as an important element of understanding when examining gendered racism (Essed, 1991). Coping has also been identified as a significant aspect of wellness included in the indivisible self-model (Myers et al., 2000). Although coping is not identified as separate variable in this study the research outlines it as an integrated an important aspect in understanding the nuances of gendered racism (Essed, 1991). It is important to highlight how some aspects of coping utilized as a method to combat the effects of gendered racism also have the potential to also negatively impact wellness outcomes (Everett et al., 2010; Woods-Giscombé, 2010).

Black women have adopted many coping strategies to counter the negative imagery perpetuated by society (Collins, 2011; Hall 2018; Nelson et al., 2016; Spates et al., 2020; Szymanski 2015). Strategies may include behaviors such as working hard to prove themselves, suppressing emotions and constantly navigating different social worlds (Allen et al., 2019). Some of these adopted coping mechanisms may have further detrimental effects on Black women's health and well-being (Everette et al., 2010; Pierterse et al., 2010; Spates et al., 2020).

To further protect against aspects of gendered racism some researchers have also claimed that Black women adopt shifting identities (Gamst et al., 2020). This may include altering outward appearance, presentation or speech to counteract negative stereotypes (Shorter-Gooden, 2004; Gamest et al., 2020). It is important to note that many of these strategies have potential negative impacts on health and well-being (Shorter-Gooden, 2004). Other examples include aligning with identities such as being independent or self-reliant to counter the "welfare queen" role or containing emotions not to be seen as angry or argumentative (Collins, 2011).

In order to combat aspects of being perceived as the *Angry Black women,* silenced and marginalized, Black women have adopted a variety of coping strategies including being a *Strong Black Woman* in attempts to mitigate the effects of gendered racism. It is important to examine varying aspects of coping as an active stress response to gendered racism. These underlined aspects of coping highlight the mechanisms Black women engage in to mitigate the effects of gendered racism that can also have a negative impact on wellness (Essed, 1991; Everett et al., 2010; Lewis et al., 2019; Syzmanski et al., 2020; Woods-Giscombé, 2010).

Race-related Stress

For the purposes of this study, race-related stress is defined as race-related experiences between individuals or groups that are the result of racism and threaten well-being (Franklin et al., 2006). Black Americans experience more reported incidences of racism and unfair treatment than any other racial or ethnic group (Lewis & Grzanka, 2016). Traditionally, research and assessment of stress as it relates to life experience has been primarily driven by stressors experienced by middle-class White men (Pearlin et al., 2005, Pearlin 1981). Pearlin (1981) conceptualized that stressors should be viewed as an interconnected system that is the result of exposure within social contexts, systems and roles. Pearlin and colleagues (2005) further noted that the effects of institutional racism can result in the exacerbation of other stressors in various life domains. This section highlights various race-related stressors such as racial hypervigilance.

In recent years, there has been a push to measure stressors as they relate to specific groups, including racial minority and other marginalized groups (Williams et al., 2018). Many stressors caused by discrimination directly impact health and wellness outcomes (Lewis & Dyke, 2018; Paradies et al., 2015). Race-related stress can be examined from multiple levels including effects from institutional racism caused by macro-level policy, such as access to housing,

educational inequality and employment opportunities and housing (Williams & Mohammad, 2008). Racism and discrimination have been identified as a direct source of chronic stress with immense effect on physical and mental health (Clark et al., 1999). For instance, stressors that are the result of racism include: discrimination, stigma, stereotypes and historical race-related stress (Carter & Reynolds, 2011; Clark et al., 1999).

Systematic racism is embedded into American society and plays an integral part of daily life (Clark et al., 1999; Carter, 2007, Bryant-Davis & Ocampo, 2005). It is well established in the literature that racism has a profound impact in the lives of minority groups who often suffer from various systems of oppression rooted in racial ideology (Carter, 2007). Early research acknowledged the negative effects of racism on aspects of stress and mental health (Clark et al., 1999). Previous researchers have identified that racial and ethnic minority individuals are impacted by racism on various systematic levels, which include the individual, cultural and institutional levels (Utsey, 1999). Carter (2007) identified the failure of health models that inadequately address the impact of racism on emotional, psychological, and physical domains. He developed the race-based traumatic stress theory in an attempt to highlights the impacts of race-related stressors as an actual form of trauma. Race-based traumatic stress is identified as an individual's response to their experiences with racism at the individual, cultural, and institutional level (Carter, 2007). Certain aspects of race-related stress are identified within the race-based traumatic stress theory. For the purposes of this study this theory was further explored in relation to the impacts of individual race-related stressors, such as racial hypervigilance and microaggressions and their impacts on wellness.

Carter (2007) examined the role of racial discrimination and its negative impact on life events, highlighting the established relationship between racial discrimination and its impact on

negative mental health outcomes. Racial stressors have a profound impact on the holistic well-being of individuals impacted by racism (Carter, 2007). Some physical outcomes of race-related stress include high-blood pressure, heart disease and higher risk for various health outcomes (Carter, 2007). The psychological and emotional effects of racism may include increased anxiety, depression, and other forms of emotional distress (Carter, 2007). Carter suggests that racism experienced through racial discrimination, acts a catalyst and serves as a threat to the psychological, emotional, health and well-being of the individual (Carter, 2007).

The tenants of many race-related stress and trauma models emphasize the detrimental effects of racism and racial discrimination and its impact on the psychological and emotional well-being of racial and ethnic minority populations (Carter, 2007). In this study, I examined the impacts of racism and its impacts on the life experiences of Black women in relation to holistic wellness outcomes.

Racial stressors can be further stratified and examined from a systematic perspective. Franklin, Boyd and Kelly (2006) identified three primary sources of stressors caused by racism. The first source is classified as episodic stress, which derives from discrete and direct experiences of racial discrimination. These may include racial slurs and being passed over for employment. The second source is identified as daily hassles, which may include microaggressions, and subtle or unintentional exclusions. The third type includes chronic strain brought on by institutional racism. These stressors may include limited and unequal access and stereotypes attributed to Black Americans (Franklin et al., 2006). These stressors can ultimately affect access to employment, exposure to community violence, and even harmful environmental exposure in residential areas (Williams & Mohammad, 2008).

Another factor that may contribute to race-related stress is the cultural and societal effects of racism. These include the adoption of negative stereotypes of a minority group by a dominant group and outward acts of discrimination (Carter, 2007; Williams et al., 2018). These effects may lead to psychological distress which has an adverse effect on health and well-being (Landrine et al., 2016). For example, in one study, researchers found that experiences of racial microaggressions were correlated with negative mental health experiences (Pierterse et al., 2012). In addition, researchers found that race-related stress in Black Americans resulted in higher cortisol levels (Richman & Jonassaint, 2008). Furthermore, prolonged exposure to race-related stressors had significant impacts on the physiology of stress responses, which could lead to increased vulnerability to chronic diseases and mental health related issues (Richman & Jonassaint, 2008). These findings are important to understand the implications that race-related stressors play on the health of Black women. Both physical and mental health impact overall wellness and support the examination of racial stressors (Carter, 2007). Black Americans who experience any form of racial discrimination may experience stressors that can have the potential to increase certain health risks and impact overall global wellness and functioning (Richman & Jonassaint, 2008; Thoits, 2010).

Researchers have argued that a sole focus on experienced racism may not be inclusive of the overall impacts of racism (Hill & Hoggard, 2020). Racial hypervigilance is identified as the behaviors one engages in with the anticipation or threat of future race-related events (Williams, 2018). Williams (2018) further explained that hypervigilance is a state of constant psychological arousal that is used to protect against the potential threats of discrimination. These behaviors have also been identified as predictive factors that impact health and well-being as with direct race-related stressors (Williams & Mohammed, 2009). Clark et al. (1999) highlighted in the

biopsychosocial model of racism that the perceived threat of racism is a stressor and has negative impacts on physical and mental health outcomes.

Race-related stressors can be cumulative and compounded (Bryant-Davis & Ocampo, 2005; Williams et al., 2018). These experiences can be due to a variety of issues including, workplace discrimination, hate crimes, or the buildup of smaller incidents over time such as everyday race-related encounters or microaggressions (Franklin et al., 2006; William et al., 2018). Researchers Bryant-Davis and Ocampo (2005) further state that the intentional, vague or direct threat to one's emotional and psychological well-being due to racist events, is a form of abuse that can be characterized as traumatic (Bryant & Ocampo, 2005). It is also important to consider certain stressors that may associated with structural racism that are not directly measured by direct race-related events. These may include income inequality, underemployment, health disparities and housing disparities to name a few (Jackson & Volckens, 1998).

Wellness not only incorporates domains of physical health, but other domains, such as social and emotional functioning. Landrine and colleagues (2016) examined 2118 Black adults living in California and found that Black Americans tend to have a more interpersonal and social view of health that is less tied to physical and biomedical factors. Researchers found that objective health affected by factors of racial discrimination impacted respondents rating their health as “poor”. They also found that those with low-incomes were more likely to identify their health as “poor.” However, researchers found that racial discrimination did not have a significant impact on health while controlling for demographic variables, age, income and education (Landrine, et al., 2016). Other studies found that racism directly impacts physiological responses to stress (Lewis et al., 2017). This impacts immune functioning which indirectly affects cardiovascular and other systems, that negatively affects health outcomes (Thoits, 2010;

Williams, 2018). This information proposes that wellness is a concept that incorporates multiple domains and must be examined from a holistic perspective. Furthermore, research suggests that chronic exposures to environmental and social stressors have a direct relationship with negative biological stress responses, which have the ability to impact health and wellness outcomes (Bravement & Gottileb, 2014).

There is a gap in current counseling literature that examines the impact of race-related stress and its global impact on wellness from a comprehensive perspective in the lives of Black women. In the following section, I further examine the intersection of race-related stress, gendered racism, and its relationship with socioeconomic status.

Socioeconomic Status

Socioeconomic (SES)is defined in the literature as the social standing of a group or individual bases upon combined measures of income, education and occupation (APA, 2007). SES can be viewed as a composite measure consisting of a combination of factors. Occupation and education were not used as a SES indicator, due to the study being conducted during a global pandemic, where employment stability was a concern. For this study, SES was measured utilizing income as the predictor variable. Black women are twice as likely to live in poverty as compared to their White counterparts (CDC, 2017). Research also shows that Black women are often more exposed to stress related events than any other group (Franklin et al., 2006; Szymanski& Steward, 2010). Due to discrimination, sexism and structural inequality, Black women are more impacted by negative economic outcomes that may drive them into low-status, low paying positions, which may increase exposure to more stressful events (Mays et al., 1996). The associated effects of this status may impact factors such as neighborhood choice, which can

expose them to higher crime rates, violence, and increasing the likelihood of assault and further victimization (Aneshensel, 2010).

The is still a significant discrepancy in the wage gap of Black women and White men. In the U.S. Black women approximately 63 cents for every $1 dollar earned by their White male counterparts (Brundage, 2020; U.S. Bureau of Labor Statistics, 2020; O'brien, D., 2019). These statistics remain consistent despite of levels of educational attainment. Even in high salary positions, such as lawyers or doctors, Black women are paid 67 cents to white men within the same occupation level (O'brien, S., 2019). To further highlight the inequity in wages, Black women hold the highest amount of degrees in the U.S. , yet also hold the highest student loan debt ratio of any racial, ethnic or gender group. These statistics highlight student debt as both a racial and gender issue, all which impact SES (Traub et al., 2015; O'brien, D. 2019).

The intersection of socioeconomic status, gender and race also provide unique social perspectives of the impact of gendered racism. Black women often hold a marginal position in society and are exposed to more chronic stressors when compared to male counterparts (Perry et al., 2013). Pearlin and colleagues (2005) examined this assumption and concluded that gender discrimination created problems for Black women based on systematic stratification due to social roles. This, in turn, indirectly increased the risk of mental health problems through exclusion from social opportunities (Pearlin et al., 2005). In their study, they developed the term "stress proliferation" to explain how chronic stressors early in life can directly impact other life domains (Pearlin et al., 2005). Stress proliferation is exacerbated by sexism and racism due to structural and institutional oppression and more widely affects those with multiple marginalized status such as Black women (Pearlin et al., 2005).

This intersection of race and socioeconomic status exacerbates the amount of race-related stress exposure that Black women experience (Norris & Mitchell, 2014). This includes issues related to finances and other life events such as poverty, joblessness and poor health outcomes (Norris & Mitchell, 2014). Literature is also consistent in showing that Black women who reported lower levels of income tend to also report higher incidences of psychological stress (Williams & Collins, 1995; Thoits, 2010). Due to the intersection of race, gender, and SES research suggests that Black women in low SES positions have higher chances of being exposed to racial and gender discrimination have a reduced capacity to cope with these stressors (Perry et al., 2013).

Perry and colleagues (2013) conducted a study examining the impact of gender and race discrimination on the health and well-being of low-income Black women. They found that discrimination was positively associated with various financial and employment stressors, which had an impact on well-being. They also found that Black women with low SES were also more vulnerable to experience levels of individual stressors and reported lower levels of existential well-bring and were more likely to report higher levels of anxiety and other health concerns (Perry et al., 2013).

Due to systematic racism, Black women often hold lower-wage employment status jobs and positions (Mays et al., 1996; Perry et al., 2013). This perpetuates wage disparity which is proven to be an indirect influence of race-related stressors such as discrimination (Mays et al., 1996, Thomas et al., 2008). Black women also experience stressors caused by social disadvantages which can often be chronic and disrupt major life domains (Pearlin et al., 2005). These can include “serious stressors” that Pearlin and colleagues (2005) identified as financial stress, environmental conditions, violence, and racial criminalization.

A qualitative study conducted by Everett and colleagues (2010) further built upon this analysis and concluded that racism and sexism directly impact SES status of Black women. This includes access to available resources, opportunities for growth and self-actualization and the contextual effects of daily life stressors. They also reported that SES and education did not buffer participants from experiencing racism and sexism (Everett et al., 2010). Participants stated that their gender, race, and professionalism did not guarantee career promotion or progression. Everett and colleagues (2010) found that both educational and socioeconomic status did not buffer the women from experiences related to racism and sexism. They also concluded that gendered racism affected socioeconomic status which in turn affects access to resources which all impact stress management and quality of living (Everett et al., 2010).

Summary

Current research on wellness addresses major life components from a holistic framework. Researchers theorized that parts of self are divisible, but cannot be separated from the whole (Adler, 1954). The counseling profession adopted the tenants of holism and wellness in attempts to adequately address the needs of diverse client populations from a global perspective. The framework of the IS-Wel model identifies the ways in which major life domains are all interconnected and have profound impacts on overall wellness and functioning (Myers & Sweeney, 2005). Furthermore, the interconnected aspects of race, gender and socioeconomic status all have the potential to impact Black women's daily living experiences (Everett et al., 2010).

Numerous studies have addressed aspects of wellness in counseling; however, these studies do not consist of racially and ethnically diverse populations (Burck et al., 2014; Lewis & Myers, 2014). Moreover, the lives and experiences of Black women are uniquely nuanced with a

history of structural and institutional barriers that have an immense impact on quality of life (Greer et al., 2009; Jones et al., 2007; Lewis et al., 2017). Black women have a disproportionate exposure to various chronic stressors due to their intersecting identities (Lewis et al., 2017). These stressors may include sexism, racism and gendered racism all which contribute to the overall impact on health and wellness (Crenshaw, 1991; Essed, 1991, Jones et al., 2007; Lewis & Grazanka, 2016). Wellness literature needs to incorporate these unique perspectives to provide insight and add to the growing body of wellness literature. Thus, the purpose of the study is to examine the impact of gendered racism, race-related stressors, and SES on holistic wellness of Black women. In this study, I attempted to close the gap in the literature pertaining to wellness in the lives of Black women.

Chapter III: Research Design

Introduction

The purpose of this quantitative study was to explore the relationship between gendered racism, race-related stress, and socioeconomic status on the overall wellness of Black women. In this chapter, I outline the methodology for the study in six sections. In the first section, I outline the chosen methodology. The second section reviews the sample population and participants third section reviews the research questions and hypothesis. The fourth section provides a review of the procedures that were utilized. Lastly in the fifth section, I provide a description of the instruments used, and the sixth section outlines and discusses the data analysis procedure.

Participants

In this study, I examined wellness within self-identified Black women. The participants included a national purposive sample of Black women. Inclusion criteria was (a) Self-identify as a Black woman (b) over the age of 18. Exclusion criteria includes people who do not identify as Black women ages 18 years or older or who have not had experience with gendered racism or race-related stress. Participants were recruited utilizing multiple methods that are described in the next section. Inclusion criteria was stated at the beginning of recruitment materials so participants could verify if they are eligible to participate in the study.

Research Questions and Hypotheses

In this study, the primary research questions I investigated were : How are exposure to gendered racism, race-race-related stressors, and SES related to the holistic wellness of Black women? The research sub-questions are:

1a. How is race-related stress related to holistic wellness in Black women?

1b. How is gendered racism related to holistic wellness in Black women?

1c. How is SES related to wellness in Black women?

The hypotheses were:

H_0 *:* There is no relationship between the outcome variable of wellness and the linear combination of the predictor variables of gendered racism, race-related stress and SES

H_a There is a relationship between the outcome variable of wellness and the linear combination of the predictor variables of gendered racism, race-related stress and SES

H3: For the individual predictor variables, it was hypothesized that after controlling for all variables in the model, there would be (a) a negative relationship between gendered racism and wellness, (b) a negative relationship between race-related stress and wellness and (c) a negative relationship between SES and wellness.

Procedures

To conduct this study, I sought approval from the Institutional Research Board (IRB). I purchased and utilized the 5F-WEL instrumentation. I also obtained the Gendered Racial Microaggression Scale and IRRS-B free of cost.

Both purposive and snowball sampling were utilized for participant recruitment. Participants were recruited by targeting three primary Instagram and Facebook groups supportive of Black female wellness: Grad girl wellness, Black Mental Wellness, and Black girl in Om. Posts were also made on personal social media pages. Digital posts and flyers were designed that included a short summary of the study, location, time and date for virtual online participation. Second, the recruitment script and flyers were emailed to personal and professional acquaintances who meet inclusion criteria. Third, snowball sampling was utilized as this method was an effective approach to utilize with marginalized or hard to reach populations (Mertens, 2015). I also asked

participants who completed the survey to forward the study recruitment materials to anyone they knew who would qualify to participate.

Qualtrics, a web-based survey platform was utilized to collect participant responses and data. Web-based surveys are effective, but can present with limitations, including low-response rates (Dillman et al., 2014). Strategies outlined by Dillman and colleagues (2014) were utilized, to garner ample amount of participation and survey responses. These included ensuring that the web-based survey was adequately designed for both web and mobile platforms for the sample population and including an incentive (Dillman et al., 2014). Participants were given an opportunity to be enter a randomized raffle following the completion of the survey for a chance to win one four $25 Amazon gift cards. Participants were directed to an outside email not associated with the study survey and a conducted was conducted at the end of data collection.

Participants were instructed to read the informed consent and agree to participate in the study before continuing the survey. The informed consent included information pertaining to the willful participation in the study. Participants were informed that they could end participation at any time. The consent also included names and contact information for all investigators and for the university Institutional Review Board. All data and information was only accessible by the researcher, and there were no identifiers associated with participation to ensure confidentiality. The online survey also included the developed nine-item demographic questionnaire, the 22-item IRRS-B and 74 items from the Five-Factor Wellness Inventory (5F-WEL; Myers & Sweeney, 2005). On average, the survey took study participants approximately 15 minutes to complete. After participants completed the survey, they had an opportunity to submit information for a gift card drawing. The researcher thanked all participants for their participation and collected contact

information using a separate online questionnaire for purposes of administering the Amazon gift card.

Instrumentation

All participants in this study completed the Gendered Racial Microaggression Scale (GRMS), 5F-WEL and the Racial Stressors Index of Race Related Stress-Brief (IRRS-B) assessments. The GRMS measured eight of the predictor variables via four its gendered racism subscales on both the stress appraisal and frequency measures. The IRRS-B measured the fifth predictor variable, exposure to racial stressors. The sixth predictor, SES, was measured utilizing a question on the demographic questionnaire, which asked about income level. Lastly, the 5F-WEL was used to measure the outcome variable of total wellness scores (Myers & Sweeney, 2014).

Demographic Questionnaire

Participants also completed a nine-question demographic questionnaire, in addition to the FFWEL and the IRRS-B. This instrument was a researcher-designed questionnaire to collect participant data pertaining to age, socioeconomic status, ethnicity, marital status, educational level and U.S. region (See Appendix E.). The question on the demographic questionnaire capturing the predictor variable related to SES included income ranges from $0 - $100,00 or more.

Five Factor Wellness Inventory

I purchased and received permission to utilize the adult (Form A2) of the 5F-Wel inventory from its publisher. The Five Factor Wellness Inventory (5F-WEL) measurement is an evidence-based wellness instrument that is most frequently used in counseling literature (Myers et al., 2004). This instrument measures holistic wellness from the theoretical framework based on

the Indivisible Self (IS-WEL) model developed by Myers and Sweeney (2005). The instrument has a total of 91 items with 74 of the items attributing to the total wellness score. The additional items measure an added global context measure. The structure consists of a higher order factor of wellness, total score (TW) and five second order factors Coping Self (CS), Essential Self (ES), Social Self (SS), Creative Self (CrS) and Physical Self (PS). To understand global wellness, the single higher order factor was of importance to this specific study. The first nine items on the 5F-WEL pertain to demographic questions.

There are various versions of the 5F-WEL pertaining to reading level and the adult version was utilized in this study. This assessment is written on a 9th grade reading level and is available in pencil-and-paper format. It was analyzed utilizing structural equation modeling based on a large data set (Hattie et al., 2004). The questions were transcribed to an electronic format for online survey participation. The instrument consists of questions based on a subjective 4-point Likert rating scale addressing attitudinal and behavioral statements. The scale options are: strongly agree, agree, disagree and strongly disagree. Example statements are: “I am happy with how I cope with stress”, “I eat a healthy amount of vitamins, minerals and fiber each day” and “I engage in a leisure activity in which I lose myself and feel like time stands still.”. The total score on the 5F-WEL is computed by the totaling the scores of each item on the scale.

Ecological and environmental perspectives are important aspects of the IS-WEL framework. To account for this perspective there are an additional 19 items that address these contexts in a sense of local, global, institutional and chronometrical. Myers and Sweeney (2014) describe local contexts as family and community systems. Institutional systems are described as social and political frameworks that have implications to impact are daily functioning and well-being. Global contexts consist of factors such as environment, culture and political systems.

Lastly, chronometric contexts consist of personal growth and change. These concepts are important to consider as they all have an impact on a person's well-being and functioning (Meyers & Sweeney, 2014). The possible scores on this instrument range from 25 – 100 with higher scores representing greater wellness outcomes.

Validity and Reliability

The 5F-WEL assessment manual (Thomas & Sweeney, 2014) also addresses information concerning the validity and reliability of the instrumentation. In validating the instrument, Myers and Sweeney (2005) reported the following Cronbach's alpha reliability for the scales to include: Total Wellness, .98. The high reliability coefficients assume that these factors are a reliable measure of wellness. The use of this instrumentation in the literature also suggests that the 5F-WEL is a valid measurement of wellness (Brown et al., 2015).

In addition to reliability measures Hattie et al. (2004) reported validity measures by group comparison procedures. They compared the 5F-WEL to a similar measure the Coping Response Inventory. They reported in findings that the 5F-WEL had adequate construct validity. The study sample was normed with samples from college settings. The norming samples were not very inclusive of non-ethnic and non-student populations. The study expanded the use of this instrumentation to be include minority adult populations that mirror the general public.

The 5F-WEL norming procedures reflect that the instrument appears to be appropriate measure of wellness for minority populations including Black Americans (Myer & Sweeney, 2005b). Study participants were also asked to answer a set of demographic questions in addition to the 5F-WEL assessment. This section included information pertaining to gender, age, SES, education status, and employment status (See Appendix G.)

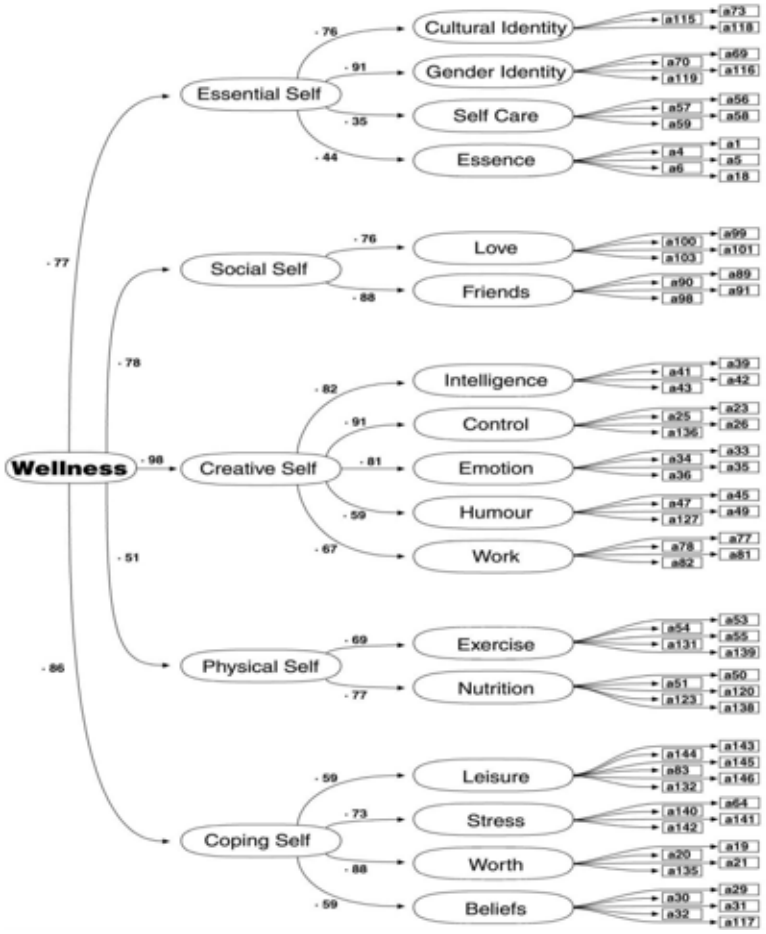

Figure 1. The Five Factor Structural Model (Hattie et al., 2004)

Gendered Racial Microaggression Scale (For Black Women)

The Gendered Racial Microaggression Scale (GRMS) is an intersectional scale that measures aspects of both race, sex and gender of Black women (Lewis & Neville, 2015). The scale is the most current reliable measurement of gendered racism construct for Black women. The measurement assesses Black Women's experiences across four domains (a) Assumptions of Beauty and Sexual Objectification (ABSO), (b) Silenced and Marginalized (SM), (c) Strong Black Woman (SBW) stereotype and d) Angry Black Woman (ABW) stereotype. The scale measures everyday stereotypes that occur verbally, behaviorally and environmentally. The GRMS consists of 26 items with four subscales and utilizes a six-point Likert scale to measure

stress. Each subscale is measured on aspects of stress appraisal (to what extent or how stressful) and frequency (how often). This study examined both of these measures to more accurately assess the relationships between the variables. The stress appraisal rating consists of 0 (not at all stressful) to five (extremely stressful). The scale also assesses frequency with ratings from 0 (never) to five (once a week or more).

The ABSO subscale measured stereotypes Black women face concerning their physical appearances and cultural or behavioral ways of being. There were 10 items on both the stress appraisal and frequency measures. Sample items included “Someone assumed I speak a certain way because I am a Black woman” and “I have received negative comments about my hair when I wear it in a natural hairstyle”.

The SM subscale measured the frequency and extent to which Black women feel silenced or disregarded at school, work or other professional settings. This subscale consisted of seven items on both the stress appraisal and frequency measures. Examples of questions on this subscale included “I have felt unheard in a work, school, or other professional setting” or “ I have felt someone has tried to "put me in my place" in a work, school, or other professional setting.

The SBW subscale measured projected stereotypes of Black women being “independent” and “assertive”. This subscale consisted of five items on the stress appraisal measure and three items on the frequency measure. Sample items on this measure included “ I have been assumed to be a strong Black woman” and “I have been told that I am sassy and straightforward”.

Lastly, the ABW subscale measured stereotypes related to Black women being perceived as hostile, aggressive or other negative connotations related to behavior. This scale consisted of three items on both the stress appraisal and frequency measures. Sample items on this subscale

included “I have been perceived to be an angry Black woman” and “In talking with others someone has told me to calm down”

The GRMS is considered both a valid and reliable instrument. Convergent validity has been supported by significant positive correlations with measures of racial microaggressions and perceived sexist events. The reliability coefficients in each of the four domains range from .74 to .88. The instrument’s Cronbach’s alpha score is .93.(Lewis & Neville, 2015). I utilized all four subscales of this instrument on both the stress appraisal and frequency measures for this study.

Index of Race Related Stress – Brief

The Index of Race-Related Stress IRRS- Brief version is a shorter version of the original IRRS and consists of 22 items. The instrument is designed to measure race-related stress experiences by African American adults resulting from incidents of discrimination and racism. The instrument accounts for frequency and exposure to racist events over the lifetime. The instrument asks about racist events experienced by the participant and their family members (Utsey, 1999). The instrument is a measure of minority group members experience with racism. The instrument’s subscales can be use on an independent basis or collectively as a whole measure (Utsey, 1999). I received permission from author to utilize this instrument.

The IRRS utilizes a four-point Likert-scale to ask about experiences related to racist events and the perceived amount of stress resulting from those incidents. The scores on the scale range from 0 – 22. Higher scores indicate higher experiences of race-related stress from the incident. The scale also has three subscales to include: Cultural Racism, Institutional Racism, and Individual Racism. In this study, given my research question regarding overall holistic wellness, I utilized the global racism scale, which is the total score computed by summing the scores from the three subscales.

The first domain, Cultural racism, is defined when a cultural practice of one group may be perceived as superior over another group and contains ten items. A sample item is, “You notice that when Black people are killed by the police the media informs the public of the Victim’s criminal record or negative information in their background, suggesting they got what they deserved*.”.* The second domain, Institutional Racism, contains six items and describes when policies embedded in an institution are reinforced by racism. An example item includes, “You were the victim of a crime and the police treated you as if you should just accept it as a part of being Black.” Lastly, the Individual Racism subscale also consists of six items that assess racism experienced at the interpersonal level. A sample item states, “You were treated with less respect and courtesy than Whites and other non-Blacks while in a store, restaurant, or other business establishment”.

The IRRS-B asks participants to report the degree of stress a particular incident induced. The possible responses to the items range from 0-4. The corresponding responses include 0 (This never happened to me), 1 (This event happened, but did not bother me), 2 (This event happened and I was slightly upset), 3 (This event happened and I was upset) and 4 (This event happened and I was extremely upset).

Validation of the instrument consisted of a primary component analysis with an orthogonal rotation. Initially, 59 sample items were analyzed on a group of 310 African-American adults from both the community and university settings. Items with loadings greater than .57 were retained. Utsey (1999) reported that the coefficient alpha for each of the identified subscales was adequate. Further validation research found that the cultural, institutional and individual stress subscales adequately measure the latent variable of race-relates stress (Chapman-Hillard et al., 2020). The IRRS-B has been heavily used with in research with Black

populations. Internal consistency and reliability of the instrument was reported with Cronbach alpha levels as follows: Cultural racism =.81, Institutional Racism = .69 and Individual Racism =.78. Other studies produced similar results of Cronbach alpha levels for the three subscales (Greer et al., 2009). (See Appendix F)

Research Design

A non-experimental correlational survey research design was used in this study to examine how gendered racism, racial stressors and SES relate to the dependent variable holistic wellness. A correlation is a statistical technique used to measure and describe a relationship between two variables (Mertens, 2015). Wellness was explored based on the guiding research question examining the extent that the mentioned predictor variables (Gendered racism, Race-related stress and SES) impact total wellness scores utilizing the 5F-WEL.

Data Analysis

SPSS statistical software was used to analyze the data collected in this study. To identify the relationship between the predictor variables (gendered racism subscales, race-related stress, SES) and outcome variable (wellness) a multiple linear regression was utilized. Assumptions were be addressed to determine the best model fit. Prior to conducting the major analysis, noncollinearity, linearity, multivariate and univariate outliers and normality were examined. For the overarching research question, a multiple regression was conducted to examine the relationship between gendered racism, racial stress, SES and wellness.

Data Screening

Prior to conducting the data analysis data were screened for accuracy, missing values, outliers, normality, and multicollinearity (Tabachnick & Fidell, 2013). Furthermore, assumptions for multiple regression were addressed to determine the best model fit. Prior to conducting the

major analysis, noncollinearity, linearity, multivariate and univariate outliers and normality were also examined. This included homoscedasticity of residuals, which were analyzed via scatter plots. Upon completion of the screening process, I conducted a standard multiple linear regression to examine the relationships between each of the eight predictor variables in the GRMS, global racism and the SES categories.

Descriptive Statistics

I utilized descriptive statistics to describe the participants in the study. The descriptors included information about each participant's age, ethnicity, marital status, income, education, and region of the country. Descriptive analysis are presented and included in the results consisting of means, standard deviations, and measures of central tendency in the study. The correlation coefficients were measured and estimated.

Multiple Regression

In this study, a standard multiple regression was utilized for data analysis. Multiple regression is used to explore the relationship between the outcome variable in predictor variables (Mertens, 2015). For this study, the outcome variable was total wellness score and the predictor variables included subscales of the gendered racism construct on levels of frequency and stress appraisal: (a) assumptions of beauty and objectification, (b) silenced and marginalization, (c) strong Black woman stereotype and (d) Angry Black woman stereotype, as well as race-related stress and SES. The predictor variables were entered in the same order to explore the relationship between wellness outcomes.

Summary

In Chapter 3, I outlined the purpose and procedures for this quantitative study and a detailed description of study participants was examined. The guided research questions and

hypotheses were also introduced to serve as a basis for the study. To conclude this chapter, data analysis procedures were discussed. I used a multiple linear regression to further explore the research question. This analysis was supported through previous literature examining wellness outcomes.

CHAPTER IV: RESULTS

The purpose of the study was to examine the relationship between gendered racism, race-related stress, and SES on Black women's holistic wellness. One primary research question with three sub-question guided this study. The overarching research question was: how are exposure to gendered racism, race-related stressors, and SES related to the holistic wellness of Black women? The sub-research questions were as follows: (a) how is race-related stress related to holistic wellness in Black women? (b) how is gendered racism related to holistic wellness in Black women? (c) how is SES related to wellness in Black women? The results from this study are presented in this chapter.

This chapter is divided into two primary sections: descriptive statistics and inferential statistics. The descriptive statistics will give a summary of the demographic variables and their frequency. The section on inferential statistics will provide a summary of the screened data and the statistical analyses of the results from the multiple regression analysis. Lastly, the chapter concludes with a summary of the results.

Data Screening

The Statistical Package for Social Sciences (SPSS) statistical software version 26 was utilized to analyze and screen the data collected in this study. All data were also screened for both univariate and multivariate outliers and assumptions . To detect multivariate outliers, Mahalonobis distance was calculated. To detect normality of the distribution, both skewness and kurtosis of each variable was examined. A visual analysis of the frequency distribution inferred that the majority of variables were fairly normally distributed. An issue of normality was detected for the outcome variable total wellness score. After performing a bootstrap analysis, the skewness of the outcome variable did not appear to have a significant effect on data outcome. In

total there were 511 responses. After screening the missing data, 37 cases were excluded due to incomplete responses in more than 50% of the survey. According to Dillman and colleagues (2014) at least 50% of participant responses should be obtained in order to reduce bias. Little's MCAR deemed that the missing data could be treated as missing completely at random.

To address these missing values, an imputation measure was utilized to measure the maximum likelihood for estimating missing values. The Global racism score had 0.4% missing data scores. All four of the subscales for the appraisal measure also had 0.4% of missing data. For the frequency measure of the subscales, the ABSO scale had 2.5% missing data, SM frequency had 2.3% missing data, the SBW had (2.3%) and the Angry Black woman scale had 2.1% missing data.

The total number of participants for the data set was 471. Lastly, a test was run to examine the multicollinearity of the predictor variables and found that that the values for tolerance were within acceptable range. Factors for variance inflation were also examined and found to be in acceptable range (<5) (Tabachnick & Fidell, 2013).

Power Analysis

The goal of this study was to gather responses from a large national sample of survey participants. A power analysis using G *Power (Faul et al., 2007) utilizing 10 predictors was conducted to analyze statistical power and the sample size requirement of the study to determine the amount of participants needed to conduct correlation analyses. The predictors were: The eight subscales on the GRMS utilizing both stress appraisal and frequency measures, (a) assumptions of beauty and objectification, (b) silenced and marginalization, (c) strong Black woman stereotype, (d) angry Black woman stereotype, race-related stress and (f) SES. The anticipated sample size required was based on an alpha level set at .05. The number of primary

predictor variables entered for a single multiple regression was 10. An estimated medium effect size of .15 was chosen with an alpha level .05 and a power level of .95 (f^2=0.15, alpha=0.05, power=0.95, number of predictors=10). The projected sample size needed for this analysis was 146 participants. The power level for the current sample (N = 471) exceeded the .95 level required for the study.

Description of Participants

The participants in this study included a purposive sample of self-identified Black women from across the United States. Inclusion criteria consisted of identifying as a Black woman and being over the age of 18. Exclusion criteria was anyone who did not self-identify as a Black woman and who was not over the age of 18. In total, 508 self-identified Black women from various ethnic backgrounds completed the survey. There were a total of 37 questionnaires that contained extensive amounts of missing data from incomplete responses and were therefore excluded from the data analysis, leaving the total sample for the study (N = 471). This study was conducted during the global COVID-19 pandemic and data collection was conducted entirely via an online survey platform utilizing Qualtrics survey programming. The participants from this study were recruited utilizing the procedures outlined in Chapter 3, which included: (a) invitation to participate via email, (b) invitation to participate through posts on social media sites, and (c) invitation to participate utilizing the snowball sampling technique.

Descriptive Statistics

Descriptive statistics were utilized to describe the participants in the study. The descriptors included information about each participant's age, ethnicity, sexual orientation, marital status, income status, household size, education, and region of the country. The descriptive statistics for the predictor variables are displayed in below in Table 1. The scores on

the 5F-WEL for this population was a median score of 60, which was a lower average than other observed populations (Lewis & Myers, 2010). There are no previous studies that explored all GRMS subscale scores, however, subscale scores appeared similar to the total scores of previous studies (Moody & Lewis, 2019; Williams & Lewis, 2019). Lastly, there were no found previous studies with similar samples utilizing the global score of the IRRS-B.

Table 1: Descriptive Statistics for Instrumentation

Variable	*M*	*SD*	Range	Minimum	Maximum
5F-WEL	60.31	6.39	37.8	33.11	70.9
GRMS					
ASBO_SA	2.40	.66	4.10	.10	4.20
SM_SA	2.45	.74	4.71	.00	4.71
ABW_SA	2.39	.96	5.00	.00	5.00
SBW_SA	2.43	.78	4.40	.20	4.60
ABSO_Freq	2.43	.60	3.80	.30	4.10
SM_Freq	2.54	.67	4.71	.00	4.71
SBW_Freq	2.43	.99	5.00	.00	5.00
ABW_Freq	2.54	.99	5.00	.00	5.00
IRRS-B	5.62	1.93	3.64	5.28	8.47

Note 5F-WEL = Five Factor Wellness; ABSO_SA = Assumptions of Beauty and Sexual Objectification; Stress Appraisal*;* SM_ SA = Silenced and Marginalized, Stress Appraisal; ABW_SA = Angry Black Woman Stress Appraisal *;*SBW_SA = Strong Black woman, Stress Appraisal; ABSO_Freq = Assumptions of Beauty and Sexual Objectification, Frequency*;* SM_ Freq = Silenced and Marginalized, Frequency; ABW_Freq = Angry Black Woman, Frequency*;* SBW_Freq = Strong Black woman, Freq; IRRS-B = Index of Race-related Stress Brief

Demographics

Demographic data for this study was collected and analyzed. The frequency distribution for the demographic questionnaire consisted of nine items including, age, ethnicity, marital status, sexual orientation, income, education, employment status, household number and location. All demographic frequencies are presented in Table 3 below.

Of the 471 survey participants, seven (1.5%) were ages 18 to 24 years old, 173 (36.7%) were ages 25 to 34, 146 (31%) were ages 35 to 44, 140 (29.7%) were ages 45-54, two (0.4%) were ages 55-64 and three (0.6%) were over the ages of 65.

As shown in the Table 2 below, participants were ethnically diverse. Almost half, 199 (42.3%), reported as being African-American, 130 (27.6%) reported as being Caribbean-American, 133 participants (28.2%) identified heritage from an African Country, four (0.8%) participants identified as Hispanic/Latinx, two (0.4%) as Native American, and three (0.6%) as belonging to a multiracial ethnicity.

The majority of participants in the sample, 344 (73%), identified as heterosexual, 60 (12.7%) identified as lesbian, 31 (6.6%) classified as bisexual, 35 (7.4%) as pansexual and one (0.2%) identified as queer. Half of the final sample consisted of 234 (49.7%) of women who were married, 125 (26.5%) who were never married, 38 (8.1%) of women were separated, 30 (6.4%) of women were widowed and 44 (9.3%) of women were divorced.

The sample had a consistent variability of participants with various educational backgrounds. The majority of the sample reported having a Master's degree, 95 (20.2%), followed by 85 (18%) with at a Bachelor's degree, 82 (17.4%) with trade or technical school training, 74 (15.7%) with some level of college, 65 (13.8%) with an Associate's degree and 65 (13.8%) with a doctoral or professional degree.

As displayed in Table 2, the income data was fairly equally distributed. Nineteen participants (4%) reported an income range between $0 to $24-000, 134 (28.5%) received an income between $25-000 and $49,000, 106 (22.5%) had an income level between $50,000 and $75,000 dollars, 100 (21.2%) of participants made between $75,000 and 99,000 dollars and 112 (23.8%) of the participants reported an income status over $100,000.

The majority of the participants reported being employed by an employer full-time 139 (39.5%), followed by being employed part-time 142 (30.1%). The next largest segment of participants identified as self-employed 132 (28%). Only six participants (1.3%) stated that they were not currently employed and the smallest number of participants reported being retired.

The number of persons residing in participant household was also fairly equally distributed. The majority of participants reported three (*N*=117, 24.8%) or four (*N*=114, 24.2%) people in the household. While the smallest amount of participants reported one (*N*=19, 4%) or six or more people in the household (*N*=1, .2%).

The Geographic location of the participants was equally distributed. The majority of the participants were located in the South, 139 (29.5%), followed by 118 (25.1%) in the Midwest, 112 (23.8%) in the West and 102 (21.7%) in the North.

Table 2: Descriptive Statistics for Demographic Variables

Variable	Frequency	Percent
Age		
18-24	7	1.5%
25-34	173	36.7%
35-44	146	31%
45-54	140	29.7%
55-64	2	0.4%
64 - over	3	0.6%
Ethnicity		

African-American	199	42.3%
Caribbean-American	130	27.6%
African (country)	133	28.2%
Hispanic/Latinx	4	0.8%
Native American	2	0.4%
Multi-racial	3	0.6%
Sexual Orientation		
Heterosexual	344	73%
Lesbian	60	12.7%
Bi-sexual	31	6.6%
Pansexual	35	7.4%
Queer	1	0.2%
Marital Status		
Never Married	125	26.5%
Married	234	49.7%
Separated	38	8.1%
Widowed	30	6.4%
Divorced	44	9.3%
Education		
Some High School, No Diploma	1	0.2%
High school graduate or equivalent (GED	4	0.8%
Trade/Technical Vocational Training	82	17.4%
Some College	74	15.7%
Associate Degree	65	13.8%
Bachelor's Degree	85	18%
Master's Degree	95	20.2%
Doctorate and/or Professional Degree	65	13.8%
Income		
$0 – $24,000	19	4.0%
$25,000 - $49,000	134	28.5%
$50,000 - $74,000	106	22.5%
$75,000 - $99,000	100	21.2%
$100,000 or more	112	23.8%
Employment Status		
Employed, Full-time	186	39.5%
Employed, Part-time	142	30.1%
Self-Employed	132	28%

Retired, not working	3	0.6%
Retired, working	2	0.4%
Not working	6	1.3%
Household Number		
1	19	4.0%
2	113	24%
3	117	24.8%
4	114	24.2%
5	107	22.7%
6 or more	1	0.2%
Region		
North	102	21.7%
Midwest	118	25.1%
South	139	29.5%
West	112	23.8%

Bivariate Correlations

A Pearson's product coefficient analyses was conducted to examine the strength of the relationship between the outcome variable (Total Wellness Score) and the 10 predictor variables: (a) Assumptions of Beauty and Sexual Objectification (ABSO), (b) Silenced and Marginalized, (c) Strong Black Woman stereotype (SBW), and (d) Angry Black Woman stereotype (ABW), as well as race-related stress and socioeconomic stats (SES). The correlations between these variables are listed below in Table 3. The Pearson product correlations indicated significant correlations between the GRMS subscales, the Global racism score of the IRRS-B and the lowest income level category $0 - $24,000 in the demographic questionnaire, and total wellness scores.

All four of the subscales on the stress appraisal measure for the GRMS were significant and positively correlated with total wellness scores. ABSO ($r = .384$, $p < .01$), ABW ($r = .170$, $p < .01$), Silenced and Marginalized ($r = .168$, $p < .01$), and SBW ($r = .114$, $p < .01$). There were only two positively correlated predictors on the GRMS subscale for the frequency measure, ABSO ($r = .333$, $p < .001$), and SBW ($r = .384$, $p < .05$). The predictor variable for Global

racism score was significant and negatively correlated with total wellness score (r = -.183, p < .01). Only two levels of the income variable were statistically significant. The lowest income level $0-$25,000 was negatively correlated with wellness scores (r = -.201, p < .01), and the highest income level $100k or more was positively correlated with wellness scores (r = .088, p < .05). (See Table 3 below)

Table 3: Pearson correlation between predictor variables and outcome variable

Correlations

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Total Wellness	1														
2. ABSO_SA	.386**	1													
3. SilenMarg_SA	.168**	.146**	1												
4. SBW_SA	.114**	.193**	.145**	1											
5. ABW_SA	.170**	.149**	.155**	.198**	1										
6. ABSO_Freq	.333**	.303**	.212**	0.057	.133**	1									
7. SilenMarg_Freq	-0.015	0.062	.133**	0.059	.118**	.080*	1								
8. SBW_Freq	.108*	.109**	-0.025	.083*	0.046	.101*	0.058	1							
9. ABW_Freq	0.072	0.073	0.074	0.015	.146**	0.016	.095*	.097*	1						
10.GlobRac	-.183**	-0.004	.115**	-0.004	0.007	0.042	.081*	-0.076	0.018	1					
11. $0-24k	-.201**	-0.041	0.027	-0.066	-0.008	-0.021	0.006	-.097*	-0.055	.165**	1				
12. $25-49k	0.037	0.062	0.047	.159**	-0.026	-0.018	-.083*	0.032	-0.043	0.07	-.129**	1			
13. $50-75k	-0.032	-0.039	0.007	-0.051	.083*	-0.057	0.017	.081*	0.037	-0.052	-.110**	-.340**	1		
14. $75-99k	-0.003	-0.024	0.003	-0.063	-0.045	-0.018	0.043	-0.059	0.001	-0.036	-.106*	-.327**	-.280**	1	
15. $100k-more	.088**	0.014	-0.071	-0.028	-0.007	.101*	0.027	-0.014	0.033	-0.065	-.115**	-.352**	-.301**	-.290**	1

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Multiple Regression

In order to answer the primary research question regarding whether there is a relationship between gendered racism, race-related stress and SES on holistic wellness, a standard multiple regression was utilized for data analysis. For this study, the outcome variable was the total wellness score and the predictor variables included the subscales of the gendered racism construct on levels of both frequency (how often) and appraisal (to what extent): (a) Assumptions of Beauty and Sexual Objectification (ABSO), (b) Silenced and Marginalized (SM), (c) Strong Black Woman (SBW) stereotype, and (d) Angry Black woman (ABW) stereotype, as well as race-related stress and SES. All of the levels of the income variable were dummy coded due to its categorical nature with the 100,000 or more-category serving as the reference group.

The unstandardized regression coefficients (B) and intercept, the standardized regression coefficients (β), semi-partial correlations (sr_i), t-values and p-values are reported in Table 4. The variance accounted for (R^2) equaled .285 (adjusted R^2 = .264), which was significantly different from zero (F=13.585, p<.01). Three out of the four predictor variables for the GRMS stress appraisal category contributed positively and significantly to total wellness score. They included (a) ABSO [B = 2.62, t = 6.37, p< .001], (b) SM [B=.804, t=2.24, p=.03] and (c) ABW [B = .585 t = 2.10, p=.04]. Only one out of four of the GRMS frequency categories contributed positively and significantly to total wellness scores (ABSO) [B = 2.43, t = 5.20, p< .001]. The Global racism (B = -.575, t = -4.24, p< .001) and the income variable with the categories $0 - $25,000 ($B$ =-5.40, t = -3.89, p <.001) were negative predictors of total wellness scores

These findings suggest that increased stress levels of gendered microaggressions related to the stress appraisal of ABSO, silenced and marginalized and ABW increase total wellness

scores for the study participants. Furthermore, findings indicate that increased global racial stress and belonging to a lower socioeconomic group compared to the high socioeconomic group decreased total wellness scores for the study participants.

Table 4: Multiple Regression Evaluating Predictors of Total Wellness Scores

Variable	B	SE	β	sr_i	t-value	p-value
(Constant)	45.894	1.851			24.79	<.001
ABSO_SA	2.629	.412	.254	.267	6.374	<.000
SM_SA	.804	.359	.107	.118	2.240	.025
SBW_SA	.012	.339	.018	.021	.036	.971
ABW_SA	.585	.278	.118	.131	2.107	.035
ABSO_Freq	2.436	.468	.215	.227	5.205	<.001
SilenMarg_Freq	-.566	.427	-.075	-.085	-1.325	.188
SBW_Freq	.269	.273	.037	.042	.986	.325
ABW_Freq	.088	.266	.023	.026	.332	.740
GlobRac	-.575	.136	-.129	-.146	-4.242	<.000
$0-25	-5.403	1.387	-.166	-.177	-3.895	<.000
$25-49	-.393	.715	-.026	-.024	-.550	.582
$50-75k	-1.145	.750	-.079	-.075	-1.333	.183
$75-99k	-.534	.756	-.038	-.036	-.707	.480

Summary

The purpose of the study was to examine the relationship between gendered racism, race-related stress, and SES on Black women's Holistic Wellness. This chapter describes the results of the study. First, descriptive statistics of the data and bivariate correlations were described.

Second, description of participants was presented. Lastly, I provided and explained the results from the multiple regression. Together these results provide important insight into the relationship between aspects of racism and SES on wellness outcomes of Black women.

In conclusion, the results of the multiple regression analyses indicated that certain aspects of gendered racism, race-related stress and SES were identified as significant predictors of total wellness scores in this sample of Black women. The three subscales of the GRMS ABSO, SM, and ABW were the only significant individual predictors of total wellness scores on the stress appraisal level. The ABSO subscale was the only significant individual predictor of total wellness scores on the f. Both scores on the Global racism scale of the IRRS-B and SES were predictors of total wellness scores. The results in this chapter indicate there was a significant relationship between aspects of the predictor variables examined in this study and their relationships with the total wellness scores. The interpretation of the results in this study are discussed in the following chapter.

CHAPTER V: DISCUSSION

The purpose of this research study was to examine the relationship between gendered racism, race-related stress, and socioeconomic status (SES) on Black women's holistic wellness. This chapter includes an overview of the research and a discussion of the results. Study implications of findings and limitations are also examined. Lastly, recommendations for future research in the areas of application and training, along with concluding remarks are presented.

Overview of the Study

Numerous studies have addressed aspects of wellness in counseling (Myers et al., 2000; Myers et al., 2004; Myers & Mobley, 2004); however, these studies often do not consist of racially and ethnically diverse populations (Lemon & Watson, 2011; Myers et al., 2004). The IS-WEL model attempts to address the impacts of racism, sexism and systems of oppression from a contextual integrated holistic perspective (Myers et al., 2000). Moreover, other researchers have further highlighted the importance of examining aspects of racism and sexism on health and wellness, not as separate constructs, but as an integrated phenomenon, to more accurately reflective the oppressive experiences of Black women (Crenshaw, 1991; Essed, 1991). The purpose of this study was to examine the relationship between gendered racism, race-related stress and SES in the lives of Black women and its impact on their holistic wellness. There is a lack of empirical research that focuses on these unique experiences of Black women as it relates to wellness (Spates et al., 2020, Lewis et al., 2012, Thomas et al., 2008). Therefore, these findings are exploratory in nature and attempt to fill the gap in the current literature.

Research on wellness addresses major life components from a holistic framework (Myers et al., 2000). Researchers theorized that parts of self are divisible, but cannot be separated from the whole (Adler, 1954; Myers, 1992; Myers et al., 2000). The counseling profession adopted the

tenants of holism and wellness in attempts to adequately address the needs of diverse client populations from a global perspective (Myers et al., 2000). The framework of the IS-WEL model of wellness identifies the ways in which major life domains are all interconnected and have profound impacts on overall wellness and functioning (Myers et al., 2000). The theory of intersectionality further highlights these domains and the nuances of intersected identities and argues that they cannot be viewed individually, but must be considered as a simultaneous phenomenon (Crenshaw, 1991).

In this study, the results of the multiple regression analysis indicated multiple significant linear relationships between three aspects of the Gendered Racism Microaggression Scale (GRMS), Index of Race-related Stress Brief (IRRS-B), and SES on the total wellness outcomes of Black women who participated. As predicted, gendered racism, race-related stress and SES were all associated with some level of difference in total wellness scores. Therefore, the null hypothesis was rejected and the alternative hypothesis was supported. The results of the Pearson's correlation indicated both positive and negative correlations, thus partially supporting the hypothesis stating negative correlations would be found between all of the predictor variables.

Discussion of Demographic Data

Despite previous wellness research consisting of mostly white college-aged student participants (Brown et al., 2015; Myers and Mobley, 2004), the sample in this study ($N = 471$) consisted of a diverse population of Black women varying in ages, ethnicities, SES status, levels of education, and sexual orientations. Most of the participants identified as African-American (42.6%), whereas other participants were from African nations (28.2%), and some participants were Caribbean-American women (27.6%). This diversity in ethnicities supports literature

stating that Black women are diverse and studies should be more inclusive of Black women from varying ethnic backgrounds (Allen et al., 2016; Lewis et al., 2017; Woods-Giscombé, 2010).

The sample of participants' ages ranged from 25-34 (36.7%), 35-44 (31.0%), and 45-54 (29.7%), and the majority of the sample were either employed full-time (39.5%), part-time (30.1%) or self-employed (28%). Previous research has highlighted that the workplace is often a primary source of stress for Black women (Dickens & Chavez, 2018; Mays et al., 1996; Spates et al., 2020). The high levels of employment within this sample may have contributed to the experiences and overall reported levels of gendered racism, race-related stress and higher SES status. In addition, the majority of the sample consisted of heterosexual women (74%), which follows the sample trends of previous research examining the role of gendered racism and Black women (Lewis et al., 2012; Lewis et al., 2017; Spates et al., 2020). Lastly, the participants in the sample represented each of the four regions (North, Midwest, South and West), equally accounting for approximately 25% of the sample per region.

Given the frequency and characteristics of the sample, it appears that the majority of the study participant profile were married heterosexual African-American middle-aged women from across the United States. The study and sample population adds to the current wellness literature due to its reflection of an inclusive and diverse subset of the population. Overall, the variability of the participants in this sample allows for the exploration of various impacts of gendered racism, race-related stress and SES as Black women from diverse demographics may have varied experiences.

Multiple Regression

In order to properly address the primary research question, I ran a multiple regression analysis to explore the relationship between gendered racism, race-related stress, SES and Black

women's wellness. This analysis was utilized to answer the primary research question: How are exposure to gendered racism, race-race-related stressors, and SES related to the holistic wellness of Black women? The multiple regression revealed intriguing results. The Assumptions of Beauty and Sexual Objectification (ABSO), Silenced and Marginalized (SM) and Angry Black Woman (ABW) subscales on the stress appraisal measure and the ABSO subscale on the frequency measure predicted a portion of the variance in wellness outcomes within this population. Interestingly, the SM and ABW subscales on the frequency measure and Strong Black Woman (SBW) on both the stress appraisal and frequency measure did not contribute to the model. Experiencing greater levels of gendered racism, race-related stress and SES were found significant in association with wellness scores. A summary of the analyses is provided in the following section, followed by an in-depth review of each of the findings.

Gendered Racism

Gendered racism is a construct that addresses both racism and sexism and connects the oppressed experiences of women who belong to both racial and gender subordinate groups in society (Essed, 1991). Black women's experiences with overlapping identities have the ability to negatively impact health and wellbeing (Shorter-Gooden, 2004; Syzmanski & Stewart, 2010; Thomas et al., 2008). In this study, I used the GRMS (Lewis & Neville, 2015) to measure participants' reported experiences with gendered racism. This scale measured gendered racism on four subscales (Assumptions of Beauty and Sexual Objectification, Silenced and Marginalized, Strong Black woman and Angry Black Woman) on a measure of stress appraisal (to what extent) and frequency (how often).

Three of the subscales on the GRMS stress appraisal measure (ABSO, SM and ABW) were found to be statistically significant in relation to total wellness scores. Higher scores on

these measures predicted a higher total wellness outcome. The significant findings in the stress appraisal scales may infer that appraisal may be more predictive of total wellness scores than the frequency. In turn, the extent to which the Black women in this study experienced gendered microaggressions had a greater impact than the frequency of these events. Odafe and colleagues (2017) previously stated that most literature examining the effects of race-related stressors impacted by gender only utilize measures accounting for frequency of events. They further stated that measurements that also allow participants to appraise their level of distress caused by racism and discrimination would better quantify the construct (Odafe et al., 2017). The GRMS measure accounted for this gap by measuring both frequency and stress appraisal and the results from this study also support this assumption, due to the number of significant findings found within the stress appraisal measure.

The ABSO subscale accounted for the largest significant predicted value in the model in both the stress appraisal and frequency measures. This finding revealed that when faced with stereotypes concerning their physical appearance, cultural behaviors and mannerisms, participants were more likely to have higher total wellness scores, and higher scores on this subscale predicted wellness scores by approximately two points. This finding indicates that participants appeared to have positive associations with their physical appearance despite perceived negative stereotypes. An explanation of this finding may be attributed to the contribution of active coping by study participants. This finding aligns and is consistent with the qualitative research conducted by Lewis and Colleagues (2012), which highlighted that Black women who experience gendered racism may engage in various forms of coping and protective strategies to help mitigate and cope with gendered racial stressors, all which impacted their wellbeing. More specifically, the study identified that Black women engage in methods of

coping through resistance. For example, they may resist Eurocentric standards of beauty by wearing their hair in a natural style or controlling their body image. Black women may adopt these resistance strategies concerning messages related to body type or appearance in order to reject European standards of beauty (Lewis et al., 2012). This resistance may also include maintaining larger body sizes to resist Eurocentric standards. In turn, this strategy may lead Black women to regain a sense of agency and pride in their appearance, thus increasing cultural identity (Lewis et al., 2012).

The ABW stress appraisal subscales were also statistically significant in relation to total wellness. Black women are often subject to negative stereotypes and imaging in society and culture that portrays them as aggressive, hostile, or mean (Hill-Collins, 2011; Shorter-Gooden, 2004). These portrayals could be attributed to underlying historical and cultural factors that have traditionally oppressed Black Women (Thomas et al., 2009). As supported by the literature, the women in this study may have engaged in behaviors to suppress their anger, in order to combat negative stereotypes associated with anger emotion expression, like exhibiting aggression or being difficult (Lewis & Neville, 2015). The results did not indicate that these behaviors are associated with negative wellness outcomes, but instead suggest that they may help to buffer against aspects of gendered racism. However, it is also important to examine how engagement in these behaviors may also potentially mitigate negative wellness outcomes as indicated by participant's responses.

The SM subscale was statistically significant and the smallest predicted measure of wellness scores. Black women are often given messages to conceal their emotions and subjected to silence or inhibit their levels of self-expression to avoid conflict, or to hide their "authentic self" (Abrams et al., 2019). In turn, Black women often internalize these messages as a coping

mechanism to self-preserve and help mitigate against the effects of gendered racism (Abrams et al., 2019). Silencing behaviors may include inhibiting expression of self in order to avoid conflict and maintain relationships (Abrams et al., 2019). Acts of self-preservation could explain the increased association with wellness scores among participants in this study. These behaviors have the potential to be beneficial, such as actively evading stressful events, but they also could have harmful effects on well-being. The participants in this study appeared to experience higher levels of events where they felt invisible or silenced, however the levels of stress caused by these events improved total wellness outcomes. This result continues to supporting the argument that behaviors such as self-preservation may be beneficial in buffering against gendered racial microaggressions. Further exploration of the Coping self-domain as part of the total wellness score could provide a better contextual analysis to better support this finding.

Surprisingly, the SM, ABW and SBW subscales on the frequency measures did not produce significant results in relation to total wellness scores. The SBW subscale was the only subscale that did not have significant findings on both the stress appraisal and frequency measure. However, in the initial validation of the instrument Black women found this measure to be the least stressful in comparison with all other subscales (Lewis & Neville, 2015). Again, the number of non-significant findings on the frequency measure may indicate that the frequency of experienced gendered racial microaggressions do not have the same impact as the level of distress caused by the microaggressions. The non-significant findings for the SBW stress appraisal subscale in relationship to wellness scores may be due to a number of factors including factors of resiliency and strength that have often been associated with Black womanhood (Abrams et al., 2019). The lack of significant findings within this measure may highlight that exhibiting behaviors of strength in the face of adversity may either serve as a buffering factor or

could be detrimental to wellness (Abrams et al., 2019; Spates et al., 2020). The non-significant results may also reflect the mixed literature concerning the effects of the SBW role. Some researchers denoted it as having positive effects by providing Black women with protection against daily life stressors, due to resilient behaviors, whereas others have linked it to higher levels of stress and negative physical and mental health outcomes (Donavan & West, 2015; Woods-Giscombé, 2010).

Overall, the findings related to gendered racism in this study align with mixed findings in previous literature that state protective behaviors such as exhibiting a sense of strength and resilience could either serve as a buffer or have negative effects on health and wellness outcomes of Black women (Lewis & Neville, 2015; Shorter-Gooden,2004; Jones & Norwood, 2017; Thomas et al., 2008; Williams & Lewis, 2019). Interestingly, the participant results from the GRMS do not support the research stating that aspects of gendered racism have direct negative impacts on psychological health (Syzmanski & Stewart, 2010, Thomas et al., 2008), however it is important to note that wellness as a construct encompasses multiple domains and does not focus on a singular aspect of health or well-being. It is also possible that gendered racism examined as an overall construct is significant in relationship to total wellness, however unique contributions to the individual subscales provided a more in-depth examination of how Black women experience gendered racial microaggressions.

Race-Related Stress

The results from the current study indicated that aspects of race-related stress on the combined cultural, institutional and individual level were all negatively associated with total wellness scores of participants. Results captured the relationships of race-related stress and wellness from a broader context explored through the IRRS-B global measure. The findings were

significant and indicated that increased global scores were also a predictor for lower total wellness scores for study participants. The results from the IRRS-B substantiate the findings of previous research stating that stressors caused by acts of racism and discrimination directly impact health and wellness outcomes and may contribute to further health disparities (Clark et al., 1999; Pearlin, 1981; Williams et al., 2018). This finding also supports the work of other studies linking higher exposure to racial stressors to negative impacts on psychological health and well-being (Carter, 2007; Clark et al., 2007; Jones & DeFour, 2007; Utsey, 1999). Results indicated that participant's exposure to race-related stress could produce negative health outcomes such as anxiety. The impact of race-related stress must also be considered in relation to gender of the study participants. The impact of race-related stress is often examined in isolation and often not considering from an intersectional framework (Clark et al., 1999; Carter, 2007; Perry et al., 2012). Thus, research on race-related stress often fails to address the unique way in which Black women experience and perceive race-related events. However, the results from this study further support the literature by adding an intersectional lens to race-related stress as a construct.

The impacts of race-related stress from a gendered perspective were examined in this study. Researchers have stated that Black women may be more susceptible to the influences of race-related stress due to their intersecting identities that form multiple levels of oppression (Carter & Reynolds, 2011; Greer, 2011). The results of these intersections were explored in the previous section, however, there is consistent evidence in the literature supporting the foundational relationship between specific aspects of racism and psychological distress, all which impact well-being of Black women (Carter, 2007; Pieterse et al., 2013). Participants in this study identified stressors in the IRRS-B, which included discrimination, stigma, stereotypes

and historical race-related stress and trauma (Franklin et al., 2006; Lewis & Dyke, 2018; Paradies et al., 2015; Utsey, 1999). The accumulation of racial stressors was associated with poorer states of well-being and lower quality of life satisfaction, which were corroborated by the study results (Williams et al., 2018; Woods-Giscombé, 2010). This study supports evidence from foundational and previous observations that view racial stressors as an interconnected phenomenon that are influenced by various social stressors structures and contexts (Pearlin,1981). Within this study it is possible the participants scores on the IRRS-B were impacted by aspects related to gender, which could have compounded their overall scores on the measure.

SES

In the literature, SES is considered a composite construct that can be measured by examining various aspects, which includes income, educational status and employment (APA, 2007). Although these aspects were captured in the demographic data for this study, I examined SES through a single indicator for income, due to the potential impact of COVID-19 on employment and education status. The association of SES and predicted wellness outcomes was a significant finding within the sample. However, significance was only indicated on the lowest SES category, and all other categories were non-significant. This finding provided the largest significant predictive measure of all variables in relation to total wellness scores. The results indicated that Black women belonging to the lowest SES category had an overall lower predicted total wellness score by five points.

Participants who reported lower income status ($0 - $24,000) were also correlated with lower overall wellness scores. Consistent with the literature, Black women from low SES may face multiple disadvantages and are exposed to higher levels of stress, leaving them with fewer

avenues for coping with adverse individual and social stressors impacting overall wellness (Perry et al., 2013; Paradies et al.,2006; Thoits, 2010). Furthermore, the results from this study reflect those of Perry et al. (2013) who also found that Black women who experienced higher levels of gender and racial discrimination were more likely to report lower levels of existential well-being. This research supports the results and may indicate that participants in this study belonging to the lowest income category have been exposed to higher rates of both race-related stress and gendered racism, which put them at a greater risk to experience negative health wellness outcomes.

These results are consistent with previous literature highlighting the impacts of sociocultural factors, such as social determinants of health and wellness (Braveman & Gottileb, 2014; Pieterse et al., 2013). Research indicates that factors such as income, wealth, and educational obtainment level all are often the foundation and predictors of various behavioral, health and wellness outcomes (Bravemen & Gottlieb, 2014; Carter, 2007; Williams & Mohommad, 2008). Notably, the lowest SES category represented the smallest number of participants in this study (*n = 19*). Caution must be applied when interpreting these results, as this smaller sample in this category may have influenced the significant findings. These results further support the idea that low SES continues to be a predictive factor in affecting overall health and wellness outcomes. Despite this small size, results still convey a considerable relationship between lower SES and overall wellness scores.

It is important to note that all other income levels did not make a significant contribution to the model. This finding supports the notion that higher incomes do not necessarily mitigate the adverse effects of racism impacting psychological well-being, which effects wellness status. This assumption is supported by previously reviewed literature (Greer et al., 2009; Lewis et al., 2016).

These non-significant results also reflect those of Everette et al. (2010), who also found that SES and education did not buffer participants from experiencing racism and sexism. Furthermore, research has stated that Black women experiences daily stressors related to race and gender regardless of SES (Giscombé & Lobel, 2008). This argument is evident in the lived experiences of Black women. For example, the CDC has identified that Black mothers are three times more likely to die from complications related to childbirth than their White counterparts (CDC, 2021). More astonishing, these deaths are often preventable. Although multiple factors may contribute to this finding, higher SES status does not mitigate the effects of mortality rate (CDC, 2021). This example is one of many that demonstrates the ways in which Black women are often invalidated or ignored regardless of their SES status.

Bivariate Correlation

In addition to the multiple regression a Pearson's correlation was conducted to answer the sub research questions (a) How is race-related stress related to holistic wellness in Black women? (b) How is gendered racism related to holistic wellness in Black women? (c) How is SES related to wellness in Black women? The hypothesis stated that there would be a negative relationship between all of the predictor variables (gendered racism, race-related stress, SES) and total wellness scores. Contrary to expectation, the hypothesis related to the correlation associations was only proven partially true. Only two of the correlations were negatively associated with wellness, and interestingly, positive correlations were found between the GRMS subscales, the highest income category ($100,000 or more) and total wellness scores. The other significant relationships identified by the correlation included the negative association between incidents of race-related stress and the lowest SES category on wellness outcomes. The only two variables with non-significant correlations were the GRMS subscale frequency measures (SM

and ABW). In total, these associations slightly vary from the results of the multiple regression and are discussed further in the following section.

The four subscales on the stress appraisal measure (ABSO, SM, SBW, ABW) were all positively correlated with wellness scores. The ABSO and SBW frequency subscales were also positively associated with wellness scores. These results indicate that participants with higher reported gendered racial microaggressions in these areas had an overall association with higher wellness scores. Similar to the results found within the multiple regression analysis, these results support evidence from previous literature, which suggested that displaying images of strength were protective for Black women and buffered them from the detrimental effects of racial discrimination on health and wellness outcomes (Allen et al., 2019). However, a study by Thomas and colleagues (2008) found that even in the presence of coping mechanisms, gendered racisms had a pervasive negative effect on the psychological well-being of Black women. Other researchers align with this assessment and have stated that greater frequency of gendered racism is significantly associated with higher rates of psychological distress in Black women (Lewis & Neville, 2015; Lewis et al., 2017; Thomas et al., 2008). Although this data is not consistent with the findings of this study, it is important to note that wellness is a comprehensive measure. This study did not examine the unique contributions of each wellness domain, but instead focused on wellness from a holistic perspective. It is possible that participants scored higher in areas such as coping, cultural and gender identity but lower in areas related to emotional well-being, work, control and other aspects of wellness.

Furthermore, other unexamined contextual factors could account for the buffering of stressors caused by gendered racism and race-related stress, thus resulting in higher wellness scores in study participants. These could include the reliance on social supports, internalizing

racial events and the utilization of spiritual practices and beliefs, which have been supported by other research (Car et al., 2014; Greer, 2011; Hall, 2018; Spates et al., 2020). Previous literature provides support for this notion and states Black women who experience higher levels of gendered racial microaggressions are more likely to engage in practices to help mitigate the effects of these stressors (Hall, 2018; Thomas et al., 2008). For example, Norris and Mitchell (2014) highlighted the impact of social support as an effective buffer against stressors in Black women. This idea is further supported in works by Seawell and colleagues (2014), who argued that Black women often engage in various forms of social coping, which may support and minimize the effects of race-related stress related to gender and other stressors. These findings could account for the positive association found between the subscales of the GRMS and total wellness scores of participants. It is likely that the women in this study engaged in various levels of coping to help mediate the effects of gendered racism and race-related stress, all which have been shown to impact psychological health and well-being (Car et al., 2014; Clark et al., 1999).

There was also a positive correlation found between the highest income level ($100,000 and higher) or more and wellness outcomes. This particular finding suggests that access to more income may have given participants access to more resources, which may have been utilized to combat the negative impacts of gendered racism and race-related stress. Contrary to the results of the multiple regression, higher SES status, as indicated by the highest income category, were associated with higher total wellness outcomes. This finding further reflects the mixed literature concerning SES status as it differs from the findings in the multiple regression that showed no significant indicators of high SES categories in relation to wellness scores.

Results also indicated negative correlations between race-related stress and SES in association with wellness scores. Participants reporting higher levels of race-related stress and

the lowest SES measure were associated with lower overall wellness scores. These findings were expected and were also supported by previous literature (Bravemen & Gottlieb, 2014; Thoits, 2010). Research has shown that health related behaviors are often associated and influenced by income status (Bravemean & Gottlieb, 2014; Cole, 2003; Landrine et al., 2016). Thus, participants in this study belonging to the lowest SES may have had limited access to resources that may improve wellness outcomes. Resources for participants may have included access and utilization of social supports, which were highlighted as key factors that mitigate the impact of negative wellness outcomes.

Lastly, it is also important to examine aspects of non-significant correlations. The absence of significant correlations for the SM, and ABW GRMS subscale scores on the frequency measure was unanticipated due to empirical support from previous wellness research addressing the negative effects of gendered racism on health and wellness outcomes of Black women including distress, anxiety and depression (Beauboeuf- Lafontant, 2009; Lewis et al., 2012; Lewis et al., 2017; Jones & Norwood, 2017). Like in the multiple regression analysis, these results again suggest that the frequency of events may not be as significant to the level of stress induced by a gendered racist event with study participants.

Study Contributions

This study provides many meaningful contributions to the literature through significant and non-significant findings as it relates to the wellness of Black women. Previous research on gendered racism and race-related stress has been published, however the majority of research focuses on singular dimensions of mental or physical health (Perry et al; 2013; Lewis et al., 2017). There is an identified gap in the literature pertaining to holistic wellness research as it relates to Black women. I attempted to address this gap by examining the relationship with

gendered racism, race-related, and SES in order to highlight their impact on wellness from a holistic perspective. This study contributes to the literature by uncovering the connections between these constructs experienced by the Black women who participated in this study. It also adds to the current wellness literature by including a large sample Black women, who are often historically underrepresented in the research.

This study was grounded in the theory of intersectionality and the IS-WEL model for wellness (Crenshaw, 1991; Myers et al., 2000). These theories combined provided a framework to help better understand the intersectional aspects of both gender and race that impact the overall wellness and functioning of Black women. Findings highlighted how intersectional aspects of gender and racial identity have the ability to impact the overall wellness of Black women. Previous research and present findings identify that there is a relationship between experienced gendered racial microaggressions and health and wellness outcomes. This study further explored the intricacies of gendered racial microaggressions and utilized all of the subscales on both the frequency and stress appraisal measure of the GRMS. Many qualitative studies have explored the effects of GRMs, but this study attempted to further understand this phenomenon through quantitative measures. The results were intriguing and indicated positive associations with higher levels of gendered racial microaggressions and wellness outcomes. There are many factors that can account for these positive associations including the various domains within the total wellness measures. For example, Black women could be engaging in multiple levels of coping that could increase wellness scores (Lewis et al., 2012; Spates et al., 2020; Thomas et al., 2008). Results also showed that Black women were more likely to be impacted by the severity of the gendered racial microaggressions (GRMs) over the frequency of the event. This finding suggests that GRMs have the ability to negatively impact Black women

despite of the number of occurrences. Despite non-significant results in all of the GRMS subscales and the positive associations with wellness scores, the results both significant and non-significant provide valuable information and make significant contributions to the literature.

Furthermore, multiple factors play a role in impacting the health and well-being of Black women, including aspects related to socioeconomic status (Shorter-Gooden, 2004; Woods-Giscombé, 2010). Previous studies evaluating the impact of gendered racism observed inconsistent results on whether SES served as a mitigating factor (Thomas et al., 2008; Greer et al., 2009). Some researchers argue that SES directly impacts wellness outcomes through increased psychological distress (Carter et al., 2007; Williams et al., 2018). In this study, results indicated that SES was a contributing factor when study participants belonged to the lowest SES category. In contrast, all other categories did not contribute to wellness outcomes. However, the results of the Pearson's correlation indicated that the highest income category increased wellness scores. These findings further add to the mixed literature concerning the role of income as an indicator of SES depending on income level and its relationship to the wellness of Black women.

Lastly, this study was the first to attempt to explore aspects of wellness from a holistic framework. Additionally, an inclusive sample of participants from across the U.S. provided a unique perspective from a diverse group of Black women. This study was also the first to examine the identified constructs related to gendered racism, race-related stress and wellness from participants across the U.S. Previous studies only examined regional samples of participants (Lewis et al., 2012, Lewis et al., 2016). Results also highlight the negative correlations with race-related stress, SES and wellness outcomes, which have the potential to negatively impact multiple wellness domains. Previous studies have only examined certain aspects of race-related stress in relation to wellness, such as the impacts on emotional or

psychological health as it relates to Black women (Greer et al., 2008; Williams et al., 2018). This combination of findings provides support for the argument that aspects of gendered racism, overall race-related stress and factors surrounding SES all have the ability to impact total wellness outcomes. Outcomes also contribute to the mixed literature by highlighting that the effects of gendered racism are context specific, thus producing positive results. Findings provide further contributions to the literature on these constructs by providing a unique perspective on its perceived relationship with holistic wellness.

Limitations

Although the results in this study contribute to the current literature, there were a number of limitations to the study. Some limitations include the make-up of study sample, self-report method, length of survey, study methods, and the social and emotional stress related to the pandemic and sociopolitical climate.

The scope of the current investigation was limited in terms of its generalizability to one ethnic and gender group. Therefore, results cannot be generalized to other racial ethnic or marginalized groups who do not identify as Black women, including other minoritized women of different races, and other Black women due to purposive sampling. Also, the majority of the sample consisted of Black women primarily representing a middle-class status. This analysis was based on the level of reported income and higher levels of education reported by participants. This finding could potentially limit the generalizability of Black women from varying SES backgrounds, or women with differing levels of education.

Another identified limitation was the sole use of electronic surveys. This approach was influenced by the COVID-19 pandemic and limited opportunity for in-person interaction. This recruitment approach required that participants have access to internet via a mobile device or

computer. Due to SES being a major variable in this study, this approach could have impacted accessibility for participants from lower SES backgrounds, thus limiting diversity and variability in social class. This was also in part due to the use of social media as the primary recruitment methods. Participants were also primarily recruited from groups where wellness was a focus. This may have limited access to the survey from women who do not use social media or who did not have access to the internet.

Furthermore, the study relied on the use of self-report measures. Participants' responses may have been biased due to an uncontrolled social desirability factor (Mertens, 2015). This may have influenced responses to questions regarding wellness practices in particular. There is a possibility that respondents did not answer truthfully to the questions based upon efforts to respond more favorable to survey question items. For example, participants may have felt compelled to indicate higher or lower levels of aspects of gendered racism, race-related stress or wellness in their lives. Also, it is possible that participants may have not truthfully responded to the SES measure.

There are also important considerations regarding the missing data. Missing responses from the survey could have been attributed to the length of the survey. The survey consisted of 132 questions and participants' early exit of study survey prior to completion contributed to the missing responses. In addition, missing data was treated to be missing completely at random. Multiple imputation was utilized as a preferred method to handle missing data (Tabachnick & Fidell, 2013). However, the imputed data set can result in different unbiased estimates each time the imputation is analyzed. Therefore, results from an unimputed data sets may results in scores and results that vary from the current study (Tabachnick & Fidell, 2013)

Lastly, this study was conducted during a global pandemic in which there were periods of cultural and social unrest. These elements could have influenced the level of reflection and response to survey questions directly related to gendered racism, race-related issues and even reports of disrupted income status. In spite of its limitations, the results of this study remain important and further add to our understanding of the relationship between aspects of racism as it relates to gender and wellness outcomes in the lives of Black women.

Implications of Results

This study revealed a relationship amongst the variables of gendered racism, race-related stress, SES and wellness of Black women. The study indicated that some aspects of gendered racism and higher SES status contribute positively to the wellness of these women. In contrast, it also revealed that race-related stress and lower SES negatively correlate with aspects of wellness in Black women. The results of this study add to the wellness literature and reflect a diverse sample of Black women who are historically underrepresented in the research. The results can help generate a greater understanding of the nuances and intersections that Black women encounter through daily lived experiences. This research has the potential to inform counseling practice by contributing to culturally competent evidence-based interventions, counselor education teaching and training centered on wellness outcomes, and future research centered on gendered racism and race-related stress.

Black Women

This study aimed to highlight the nuanced experiences of Black women and explore their relationships with wellness. It is important to consider that the results in this study differ from results in previous studies concerning the impact of gendered racial microaggressions on the wellness of Black women. The results indicate that participants scored lower on the subscales

than participants from previous studies utilizing the GRMS, indicating they may have encountered fewer microaggressions than previous study participants (Lewis et al., 2015). A number of contextual factors that were not examined in the current study could explain these intriguing findings. Possible reasons include increased engagement in mental health services due to the COVID-19 pandemic and the use of community and social supports. Highlighting experiences of Black women throughout the pandemic add an additional contextual layer to the intersectional framework utilized to explore their experiences.

Furthermore, study results suggest that experiencing higher levels of gender racial microaggressions produces higher overall wellness outcomes. However, individual sub scales on the wellness scale such as aspects of coping and social support should be further examined to identify possible moderating effects. The results of this study do not posit that experiencing more gendered racial microaggressions increases total wellness. Further examination is needed to identify the mediating causes that affect the relationship between gendered racial microaggressions and total wellness scores. Black women in particular may be turning to mental health services in the light of the many hardships brought on by the pandemic in conjunction with cultural uprisings in the U.S. after the shooting death of George Floyd in 2020. The pandemic has also allowed many people to reexamine and prioritize their mental health and well-being (North, 2021).

Walton and colleagues (2021) examined the mental health needs of Black women during COVID-19 and stated that Black women are currently experiencing hardships on multiple fronts due to impacts of the pandemic including, financially, mentally and physically. They also state that culturally competent mental health services specifically targeting the needs of Black women are needed, due to the assault to multiple life domains brought on by the pandemic (Walton et al.,

2021). This includes the addition of culturally competent therapists who are aware of and understand the specific needs of clients from various historically oppressed groups. One of the largest impacted life domains has been work and employment (Jones, 2021). Black women account for a large percentage of frontline workers and have been the most impacted by job loss due to the pandemic (Jones, 2021). Over the past year the job market has exacerbated the mental and physical strain on Black women, which may lead to living with unprecedented amounts of stress. The impacts of stress from work has historically and negatively impacted Black women across all SES demographics.

The effect and impact of demanding work environments on wellness is experienced by Black women across various work domains. For example, the 2021 Summer Olympics highlighted this phenomenon when world renowned professional Black female athletes Naomi Osaka and Simone Biles chose to elevate their mental health and wellness needs ahead of their respective sports performance (North, 2021). The expectations of success for Black female athletes has historically been more demanding. Biles stated that her mind and body were not in sync, which was the basis of her withdrawal from the 2021 Olympics out of safety concerns. Biles also made the declaration that physical health is mental health (North, 2021). Both athletes were met with backlash and criticism by some and support and validation from others, for speaking out on the importance of prioritizing aspects of mental health. On the national stage, the change in how people view and approach their mental health is currently primarily being driven by young Black women as highlighted by the experiences of these Black female athletes. These examples support the notion that SES may not be a mitigating factor against the effects of race-related stress and gendered racism. Black woman are also exhibiting and exercising other acts of self-care in the workplace arena.

Moreover, a recent poll found that 97% of Black people are not ready or prepared to return back to pre-pandemic office settings due to issues related to racial microaggressions, discrimination and hostile working environments (Bun, 2021). Instead, Black workers are choosing not to return citing self-preservation and mental health as primary reasons (Bun, 2021). For many Black women, the aforementioned resistance of not returning to toxic work environment is an act of self-care and Black women have found strength in resistance. These statements support the argument that wellness must be approached from a holistic perspective. This finding may also explain higher wellness scores from participants who worked from home over the past year.

Implications from study results imply that Black women ought to explore systems of support and other coping mechanisms to increase overall life satisfaction health and well-being. Black women's experiences are valid, and the results from this study imply that further support is needed to further advocate for their health and well-being. Furthermore, training specifically pertaining to CACREP standards should be culturally responsive to the needs of diverse populations by explicitly integrating standards that work to eradicate social injustice and systems of oppression (Walton et al., 2021). Lastly, findings from this study were salient, as they emphasize the importance of recognizing the unique challenges faced by Black women. This support can be cultivated by creating space in the literature, workplace, and communities by further examining and validating Black women's lived experiences. High participation rates infer that study variables targeting the unique lived experiences of Black women were relevant and meaningful for participants. Further research is needed to further validate and examine their socio-cultural experiences for increased awareness and understanding. Black women need

continued support to aid in mitigating the effects of historical oppression resulting in increased daily life stressors in the forms of gendered racism and race-related stress.

Counseling Advocacy

As recently as 2021, structural racism has been publicly declared a national health emergency by the Centers for Disease Control (CDC, 2021). Public health leaders have further acknowledged that structural barriers have life-long negative impacts on the mental and physical health of marginalized populations (Wamsley, 2021). Though the deleterious effects of racism have been well documented (Carter 2007; Williams & Mohammed, 2008; Williams et al., 2013), further examination is needed to explore the impacts of these systems and their different effects on groups with multiple marginalizations, such as Black women. Furthermore, the National Institute of Health and other government programing have launched special task forces to help end the cycle of structural racism that contributes to health disparities and low quality of life in marginalized populations (Wamsley, 2021). Much of the current research examines the racial health disparities with little focus on intersectional aspects of racial and gender health disparities. This study adds to the trajectory of current public health trends in research examining the effects of racism and discrimination, while promoting further awareness and emphasis on its relationship with aspects of health and well-being for Black women.

This study highlights the nuanced experiences Black women encounter related to their race and gender and its impacts their wellness. Specifically, results show that aspects related to socioeconomic status and racial stressors have the ability to negatively impact wellness. Although results also indicate that Black women's experiences related to their assumptions toward beauty standards, feelings of being silenced and marginalized or being labeled as an angry Black woman, had a positive correlation with wellness, it is important to note that these

experiences are unique to study participants. The absence of significant findings related to some GRMS subscales does not indicate that these experiences are not present in the lives of Black women or do not have adverse impacts on wellness. For this reason, it is important that counselors continue to advocate for students, clients and the counseling profession as a whole to alleviate stressors caused by systems of oppression that perpetuate gendered racism, discrimination and negative health and wellness outcomes.

Counseling Practice

Findings also have a number of important implications for counselors working with Black women. Black women face an overwhelming amount of challenges that impact multiple facets of their health and well-being including issues related to sexism and racism (Greer et al., 2009; Syzmanski & Lewis, 2016). Wellness is identified in the literature as a multidimensional framework that focuses on an integrated approach to well-being (Myers et al., 2000; WHO, 1989). It is important that counselors understand and are aware of the integrated aspects of wellness and the unique intersectional life experiences that Black women face when encountering aspects of racism and discrimination that may go beyond aspects of mental and emotional health. Developing interventions based on the results of this study, such as the negative correlations between wellness race-related stress and SES, is essential. Additionally, positive predictors found within the GRMS and positive correlations related to wellness may inform counselors of specific cultural implications that may help further mitigate the impacts of these constructs. For example, counselors can normalize help-seeking behaviors and discuss reliance on behaviors exhibiting strength in the face of adversity.

The information from the results in this also study provide counselors with an increased awareness and understanding of Black women's experiences as it relates to their interconnected

identities. Based on these findings, counselors can create interventions targeted at affirming cultural images of beauty within Black women, as well as addressing assumptions related to their display of emotions or being labeled as "Angry." They can also create spaces to affirm Black women's voices to help mitigate the impacts of feeling silenced or marginalized. These approaches could enhance counselor awareness of specific interpersonal stereotypes that many Black women face and may not otherwise be highlighted within treatment.

Very often, traditional counseling practices may fail to adequately meet the needs of Black women by failing to address the impacts of race and its intersections with gender in session (Hemmings & Evan, 2018). Traditional practices may also primarily focus on symptom reduction at the individual level instead of addressing integrated historical and sociocultural factors that may attribute to symptomology. The Strong Black Woman Role often reflects Black women's resiliency and strength (Collins, 2000), however factors such as historical oppression are not often examined as the root cause behind these behaviors. Due to the non-significant multiple regression findings of the SBW subscale in this study, it is inconclusive whether the adoption of this role is either harmful or helpful. Understanding the intricacies and the way in which Black women have had to historically utilize this role may aid counselors in better understanding and validating their lived experiences.

The results of this study can aid in the development of specific counseling intervention techniques targeting aspects of gendered racism, such as addressing various levels of coping. Support and engagement at various levels could aid in providing Black women with coping strategies and outlets to better address these issues. Furthermore, it is critical that counselors engage in work from an intersectional framework that holistically examines the historical and current role that systematic, cultural and institutional oppression play in Black women's lives

(Settles, 2006; Thomas et al., 2008; Woods-Giscombé, 2010). Due to the gendered racism, race-related stress and SES relating to the wellness of Black women, addressing these areas could further improve overall wellness outcomes.

Lastly, counselors and clients may benefit from identifying culturally competent coping strategies that specifically align with the needs of this particular population; for example, interventions focused on the utilization of coping as a form of empowerment and self-care to achieve wellness. This assessment is further supported in the literature by Williams and Lewis (2019) who found that coping has the potential to either increase or decrease mediated the effects of gendered racial microaggressions depending on the style of coping. Adopting a holistic intersectional framework could allow counselors to better improve counseling outcomes for Black women.

Counselor Education

In addition to counselors, the implications of this study also have relevance for counselor educators. Counselor educators are tasked with developing culturally competent students who are equipped to advocate on behalf of all clients (CACREP, 2016). As a result, counselor education programs and students should engage in training that highlights and critically examines the influences of oppressive social structures and their impacts on historically disadvantaged populations (CACREP, 2016). Special attention should be focused on also examining the way aspects of identity intersect. This can be accomplished through focus on wellness counseling. Wellness is rooted in the foundational framework of counseling and is an integrated model of biological, psychological, and social relationship dimensions (Myers et al., 2000). The ACA code of ethics states that, “Counseling is a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career

goals." (ACA, 2014, p. 3). This code further establishes wellness as major tenet of the counseling profession. Thus, programs should prepare counselors to assess and view clients from a holistic perspective ensuring that all aspects are taken into account when formulating interventions, including examining intersecting aspects of sexism, and racism within historically marginalized populations. This objective can be accomplished by introducing students to culturally specific assessments like the GRMS that attempt to address the impacts of Black women's intersectional identities in conjunction with a wellness measure. Thus, transforming the idea of wellness, so that it is inclusive to all populations including Black women.

Additionally, counselor education programs may often fail to adequately train counselors to meet the unique needs and challenges of minoritized groups with multiple marginalizations (Hemmings & Evans, 2018). Hemmings and Evans (2018**)** found that in a sample of majority White counselors, 70% reported working with clients who had reported some level of race-based stress or trauma, yet only 18% had received training on how to effectively treat race-based stress and more than 80% of the participants had not. Furthermore, most of the participants had received training in the form of continuing education and not within their counselor education program. The study participants stated that the most prominent factor for not bringing up race in session was due to fear addressing topics surrounding race in the counseling relationship (Hemmings & Evans, 2018). Counselor education programs ought to include course content and activities specifically related to addressing issues of race in session.

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) 2016 standards specifically outline that programming must address aspects related to advocacy and the need to address institutional and social barriers that impede access, equity, and success for clients. The practice of broaching could be infused into technique courses to better

equip students with the necessary tools, in order to adequately address race and other issues in session. This approach will allow students to form more healthy relationships with clients from diverse backgrounds. Lastly, in order for counselor educators themselves to be more competent in these areas, participation in professional development training geared at addressing aspects of intersectionality is needed. Such training could aid counselor educators to better assist students address issues of race in stystematic oppression experienced by women who hold multiple marginalized statuses. Counselors can contribute and help mitigate the effects of these constructs by promoting continued education opportunities and training related to the health and wellness of Black women. Counselor educators and counseling supervisors could also promote the need to implement wellness frameworks and approaches as a part of programming and professional development (CACREP, 2016).

The main findings of the study, both non-significant and significant, provide insight into varying aspects of gendered racism, race-related stress and SES. These findings should be examined in the context of potential limitations, which may impact future research related to this topic.

Recommendations for Future Research

Research can be instrumental and intentional in creating effective strategies and interventions to better support marginalized groups, specifically Black women. This study provided a preliminary analysis of the relationship between gendered racism, race-related stress and SES and its impact on wellness outcomes. However, future research is needed to further explore gendered racial experiences and to understand the nuanced challenges facing this population and their impacts on various aspects of wellness, health and well-being. The effects of aspects of gendered racism, race-related stress and SES have the potential to directly impact

attitudes, behaviors related to wellness. These factors can ultimately affect life trajectories, the quality of life and well-being in the lives of Black women. It is important to note that as a concept, wellness is not only the absence of infirmity, but focus is also placed on optimal living (Myers et al., 2000). Therefore, research should not only be focused on mitigating effects of stressors, but also focused on improving quality of life. Ideas for future research as it relates to research, practice and counselor education are explained in the following sections.

Wellness Research

Though in this study, I examined the relationships between the identified phenomenon, further research should be undertaken to examine the differences between groups and their effects on wellness outcomes. Although there was not a developed hypothesis examining the demographic variables in this study, an examination of the wellness differences between Black women from varying SES backgrounds, education levels, and sexual orientations could provide a further in-depth analysis. For instance, Black women from sexual minority groups are often void in the literature (Lewis et al., 2016) and may experiences more stress, increasing their potential for negative health and wellness outcomes. A more comprehensive examination of Black women who identify as sexual minorities could provide further understanding and add to intersectional research of women from multiple disadvantaged groups as it pertains to their health and wellness. This line of inquiry would provide more contextual information regarding variability between groups of Black women and identify if they alter the relationship between aspects of wellness.

Previous research on the stress process of Black women also indicated that factors such as age and marital status could potentially impact measures of stress (Geronimus, 2001). Future research might explore differences between these factors. In addition, it would be beneficial for

researchers to examine aspects that might moderate stressful life events and how they influence psychological functioning. Such research could provide clinicians with a greater understanding of the unique experiences of Black women. This research can also provide a basis for creating targeted interventions and approaches for working with this traditionally marginalized population.

Additionally, I utilized a quantitative approach in this study to measure and analyze the impacts of gendered racism, race-related stress and SES on wellness. However, quantitative analysis may not provide a fully comprehensive framework that captures the nuances and contextual factors that may influence the lived experiences of study participants (Ravitch & Carl, 2016). One recommendation for future research is to engage in qualitative or mixed methods research exploring the lived experiences of Black women. A greater focus on contextual factors, such as environment and personal experiences, could provide thick descriptions and findings that account for more than quantitative data alone. Qualitative research could provide a better understanding of these constructs with consideration given to contextual factors not captured through quantitative methods. Furthermore, examining subscales of the total wellness measure could also provide additional quantitative context.

In this study, I explored wellness from a holistic aspect and examined total wellness scores. However, the wellness measurement consists of 17 separate subscales within the five primary domains. A natural progression of this work is to analyze wellness factors utilizing the second factor wellness domains, which consists of the Creative Self, Coping Self, Social Self, Essential Self and Physical Self (Myers & Sweeney, 2014). The instrument utilized in this study (5F-Wel) consisted of subscales that further measured aspects of wellness in specific domains. Future researchers could further examine the impacts of racism on individual aspects of wellness

outside of the total wellness score, such as coping, stress management and cultural and gender identity. Future research can further explore the unique contributions of gendered racial microaggressions, race-related stress and SES to specific domains, as each wellness domain holds significant importance. For example, the Essential Self domain consists of elements of spirituality, self-care, gender identity and cultural identity. These elements could be utilized to predict instances of gendered racism and aid in targeting specific interventions to help mitigate their effects.

Furthermore, a great deal of existing wellness research related to Black women and the impacts of gendered racism stress the importance and utilization of coping strategies (Greer et al., 2009; Hill & Hoggard, 2018; Spates et al., 2020). Other studies support the idea that positive support and socialization amongst Black women help buffer against the detrimental effects of race-related stress (Hall, 2018; Thomas et al., 2008). Earlier in this chapter, I proposed that increased wellness scores on the gendered racism scales were directly influenced by the coping mechanisms enlisted by Black women. However, further research is needed to examine the effectiveness or mediating effects of current coping styles and their relation to well-being, as coping was not specifically measured in this specific study. Further examination can also include the relationship between gendered racism and race-related stress on the Essential Self domain on the 5F-Wel, which includes coping.

Cultural and gender identity have also been identified as potential buffering agents against gendered racism that affects wellness outcomes (Thomas et al., 2011). Research focused on assessing the potential moderating effects of these agents could provide a framework for targeted interventions that are focused on Black identity development and Black womanhood. A study by Jones & Defour (2007) supports this assumption, as they found that strong racial

identity attitudes amongst Black women moderated the association between race-related stress and mental health outcomes. To date, no research exists examining the role of the integration of gendered racial identity development and its relationship on wellness outcomes.

Historically, racism operates as an integrated aspect of American society through a tiered level system (Carter, 2007; Utsey, 1999). In counseling, racism may often be addressed on the individual level. However, systematic racism and results of race-related stress are structural constructs that permeate various sociocultural levels (Carter, 2007). Though I examined race-related stress utilizing the global measure, it is also important to consider examining the impact of racism from tiered levels, in order to strategically formulate interventions. This approach could provide researchers with a more contextual framework to address these issues. Further exploration utilizing the individual, cultural and institutional subscales of the IRRS-B could provide better contextual information to adequately address the impact of these experiences.

Research on Practice

It is imperative that research is also translatable to practice. Research on counseling practice with a focus on mitigating the effects of the intersections of sexism, racism, and class could improve the quality of client progress outcomes. Possible target research areas include examining aspects related to gender and cultural identity, which not only impacts issues related to psychological functioning, but other lesser explored constructs such as the impacts of employment (job satisfaction), physical fitness, stress management or spirituality. Research focused on developing evidence-based intervention and prevention strategies and techniques based on these findings can provide practitioners with more culturally competent methods targeted at serving this specific population. One consideration is to apply culturally specific coping strategies, such as interventions focused on promoting healthy body image or addressing

the impacts of food and nutrition, on wellness outcomes. These examples and other manners of healing could aid Black women in dealing with everyday gendered microaggressions and other forms of racism and discrimination. Another example may include interventions that incorporate the use of spirituality practices. The integration and utilization of spirituality amongst Black women is well documented in the literature as both a coping mechanism and a self-healing tool; however, some literature also found no support of its mediating role in coping with gendered racism (Spates et al., 2020; Lewis et al., 2017). Further research could explore these findings.

Further research is also needed regarding the impacts of gendered racism and sexism on younger child and adolescent populations. Black women are exposed to these experiences and start to receive cultural messages concerning their identity at early ages (Collins, 2000; Harris-Perry 2011; Spates et al., 2020). This element could impact the social development of Black girls. Research highlighting the experiences of girls could provide great insight into the developmental aspects of gendered racism and how it may have long-term life time effects on well-being. This idea also has implications for school counselors. School counselors are in the prime position to create groups and programming specifically targeted at developing healthy sociocultural identity models for Black girls.

In conclusion, research focused on targeted coping mechanisms, evidenced-based prevention and intervention methods, training and practice would all contribute to a better understanding of how sexism, racism and class interplay and affects Black women. Furthermore, this study highlights the importance of empowerment and advocacy through research, by highlighting the needs of marginalized groups that are not otherwise explored. These practice implications could better equip counselors to address race-related issues in the lives of clients, in training and through research to improve client outcomes.

Research on Advocacy

There is a need to develop policy and interventions that target alleviating and mitigating the effects of gendered racism faced by Black women at the institutional level, which includes geared towards counselor education. This begins with programming focused on training counselors to advocate on behalf of all clients, including those most impacted by systems of oppression. Results indicate that oppression in the forms of cultural and historical systems impact the way in which Black women are viewed and experience harmful interactions in their everyday lives. Training to address these issues could include examining interventions that address specific cultural stereotypes and other gendered racial microaggressions that Black women may face. Research focused on identifying the effectiveness of social justice and culturally competent counseling training could provide insight on how programs are addressing these issues.

Very little research focuses on the intersection of Black women's marginalized identities and their impacts on all aspects of wellness. It is important that future research focuses on examining these issues impacting Black women through an intersectional framework to adequately provide culturally responsive training and intervention to combat these systems from a holistic perspective.

Concluding Remarks

In this study, I explored the relationships between gendered racism, race-related stress, SES and wellness outcomes of Black women. The results revealed that there were significant relationships between some of the identified predictor variables on the gendered racism scale, the race-related stress measure, SES, and the outcome variable total wellness scores. Wellness literature in counseling has primarily centered around non-ethnically diverse student populations

(Myers et al., 2000; Myers & Mobley, 2004). This study added to the current literature by examining Black women as members of multiple marginalized populations. The results from this study further adds to the wellness counseling literature and provides better representation from diverse populations concerning issues of race and gender.

Though most wellness literature addresses aspects of racism and discrimination solely in relation to its impacts on physical and mental well-being, this study is the first comprehensive investigation examining intersections of gender and race from a holistic perspective utilizing a counseling framework for wellness. The results of the investigation showed that three of the gendered racism subscales on the stress appraisal measure, ABSO, SM and ABW, and one of the gendered racism subscales on the frequency measure, the ABSO, significantly contributed to the model. The SM, SBW and ABW frequency subscales made no significant contributions to the model. The Global racism scores measured by the IRRS-B also made a contribution in predicting total wellness scores. Lastly, the finding that had the highest predictive factor of wellness scores to emerge from the study was the relationship between the lowest income level and wellness outcomes. This result supported previous research that indicated the effects of low-income status on the health and wellbeing of Black women (Mays et al., 1996; Perry et al., 2013; Thoits, 2010).

The findings of this research provide insights for the role and impact of the intersections of race and gender and highlight the necessity for practitioners and researchers to understand the complex roles of Black women in society. It further provides understanding of how their intersecting identities and experiences relate to their health and well-being. Overall, this study filled in the gap in the literature by adding a diverse lens to the expanding field of health and wellness literature and strengthened the understanding of how intersectionality plays an important role when addressing issues experienced by Black women. The current sociopolitical

and cultural climate emphasizes the relevance of this research and the critical need for additional research to further examine the complex nature of sexism, racism and discrimination in society and its impacts on marginalized populations.

It is important for researchers, practitioners, and educators to critically consider and examine the impact and role of systems of oppression on all life domains. These domains are integrated and function together and should be taken into account holistically. Researchers and practitioners must also actively consider the historical contexts related to issues such as systematic oppression, socioeconomic inequality, and access to resources that permeate our society. These issues have a direct impact on Black women's lives, and may generate emotional toll and labor that are detrimental effects on quality of life and well-being. Counselors and counselor educators are at the forefront of the fight to advocate for inclusive training, education and practice that supports the needs of all clients, but specifically those who have been the most marginalized by society.

Black women are underrepresented in most empirical research, yet often they are most affected by oppressive systems that have the ability to negatively impact health and wellness outcomes (Thoits, 2010, Woods-Giscobomé 2010). As author and activist Audre Lorde stated, "I am a Black feminist. I mean I recognize that my power and my primary source of oppression come as a result of my Blackness as well as my womaness, and therefore my struggles on both of these fronts are inseparable" (Lorde, n.d.). Counselors have a duty and responsibility to utilize their agency and advocacy efforts to better focus on intersections that impact Black women. Highlighting the intersections of race and gender stress the need for the continuation of imperative research that attempts to improve the health, wellness, and quality of life of Black women.

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APPENDIX A: INFORMED CONSENT

UNC CHARLOTTE
Department of Counseling
9201 University City Boulevard, Charlotte, NC 28223-0001

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Title of the Project: Shades of Wellness: An examination of the relationship between gendered racism, race-related stress and holistic wellness and its impact on the lives of Black women.

Principal Investigator: Brittany Prioleau LCMHC NCC CMHIMP
Faculty Advisor: Dr. Clare Merlin-Knoblich Ph.D.

You are invited to participate in a study. Participation is voluntary and you may choose not to take part in the study. You may start participating and change your mind and stop participation at any time.

PARTICIPATION

The purpose of the study is to explore the relationship between gendered racism, race-related stress, and holistic wellness in the lives of Black women. This study will require volunteers to participate in a survey questionnaire via a secure virtual platform.

- You are eligible to participate in this study if you self-identify as a Black/African American Woman and you are 18 or older.
- You are asked to participate in an online survey asking a series of questions about your experience with Race-related stress and its impacts on holistic wellness.
- The survey will take approximately 10- 15 minutes to complete.
- No identifiable information will be associated with your survey responses.
- There are no foreseeable risks involved in participating in this study.
- Your participation will contribute to a greater understanding of Black women and the relationship between race-related stress and holistic wellness.

CONFIDENTIALITY

Your privacy will be protected and confidentiality will be maintained to the extent possible. Your responses will be treated as confidential and will not be linked to your identity. All survey responses will be collected anonymously. We may use survey data for future research studies and we might share the non-identifiable survey data with other researchers for future research studies without additional consent from you.

BENEFITS

Participation in this study provides participants the opportunity to reflect upon their experiences with race-related stress and responses could contribute to specialized treatment and intervention approaches.

CONTACT
If you have further questions or concerns about your rights as a participant in this study, contact the Office of Research Protections and Integrity at (704) 687-1871 or uncc-irb@uncc.edu. If you have questions concerning the study, contact the principal investigator, Brittany Prioleau, by email at bpriole3@uncc.edu or faculty advisor Dr. Clare Merlin-Knoblich at cmerlin1@uncc.edu.

POTENTIAL RISKS
Psychological risks related to your participation in this interview are unlikely or minimal. These risks include memories or emotions that may be evoked when you answer questions related to sensitive topics related to race-related stressors. Please be reminded that you are free to skip any question or withdraw from participation at any time. If you are feeling significant emotional discomfort you are encouraged to contact the mental health resources listed below.

If you experience any discomfort as a result of participating in this study, please contact/use the following resources:

SAMHSA Treatment Referral Helpline: 1-877-SAMHSA7 (877-726-4727). Get general information on mental health and locate treatment services in your area.

National Suicide Prevention Lifeline: 800-273-TALK (800-273-8255). Trained crisis workers are available to talk 24 hours a day, 7 days a week. These centers provide crisis counseling and mental health referrals.

Link To The Racism Recovery Action Plan:http://www.bc.edu/content/dam/files/schools/lsoe_sites/isprc/pdf/racialtraumaisrealManuscript.pdf

CONSENT

By continuing you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You must consent to participation before engaging in the survey. If you have any questions about the study after you agree to this document, you can contact the study team using the information provided above.

You may print a copy of this form. If you are 18 years of age or older, have read and understand the information provided and freely consent to participate in the study, you may proceed to the survey. Click "I Agree", Next.

APPENDIX B: EMAIL RECRUITMENT SCRIT

Email Recruitment Script

Email for 1st Contact
Dear Participant,

We are excited to provide you with the opportunity to contribute to the growing field of Wellness as it relates to Black women. This study is being spearheaded by Brittany Prioleau, a doctoral candidate at UNC Charlotte, with the support of Dr. Clare Merlin-Knoblich as her faculty advisor.

The purpose of this dissertation study is to explore the relationship between genderd racism, race-related stress and holistic wellness in the lives of Black Women. Not only will the results of this survey benefit the counseling profession, but it also has the potential to strengthen the mental health field to better inform understanding and treatment of diverse populations. Data collected will only be used for research purposes. The survey will take approximately 10-15 minutes to complete. Upon successful completion, you will have a chance to enter a drawing to win a $25 Amazon Gift Card.

If you have questions concerning the study, contact the principal investigator, Brittany Prioleau, by email at bpriole3@uncc.edu or her faculty advisor, Dr. Clare Merlin-Knoblich by email at claremerlin@uncc.edu.

You are eligible to participate in this study if you:

- **(a)** Identify as a Black Woman
- **(b)** 18 years or older
- **(c)** Have experiences with race-related stress

Listed below is the link to the survey
{Enter survey link}

This study has been approved by the UNC Charlotte IRB (uncc-irb@uncc.edu), IRB #

Thank you for considering to participate and please feel free to share with other eligible participants.

Sincerely,
Brittany Prioleau & Dr. Merlin-Knoblich

Email for 2nd Contact

Dear Participant,

Earlier this week we send an email to you asking for your participation in the race-related stress and wellness survey.

We hope that providing you with a link to the survey website makes it easy for you to respond. To complete the survey, simply click on this link:

Your input will make a valuable contribution to research in racial stress and wellness.

Your response is voluntary and we appreciate your considering our request. This study has been approved by the UNC Charlotte IRB (uncc-irb@uncc.edu), IRB# .

Sincerely,
Brittany Prioleau & Dr. Merlin-Knoblich

APPENDIX C: SOCIAL MEDIA SCRIPT

Social Media Recruitment Script

Greetings, my name is Brittany Prioleau and I am a current doctoral candidate in the Counselor Education and Supervision program at UNC Charlotte. I am currently conducting a dissertation study to explore the experiences of Black women in the United States experiencing gendered racism, race-related stress and its relationship with their holistic wellness.

Results of this study have the potential to help better inform the mental health field as it relates to mitigating the effects of race-related stress in the lives of Black/African American women

You may be eligible for this research study if you are:

- 18 years or older
- Identify as a Black/African-American Woman
- Have had experiences related to race-related stress

Please know the survey will take approximately 10-15 minutes, and your participation would be greatly appreciated. Upon successful completion, you will have a chance to enter a drawing to win a $25 Amazon Gift Card. If you are interested in participating please follow the link to the survey or contact me at Brittany Prioleau- bpriole3@uncc.edu for more information. Thank you for considering to participate and please feel free to share with other eligible participants.

APPENDIX D: RECRUTIMENT FLYER

Shades of Wellness

(

UNC CHARLOTTE

We are conducting a study examining the relationship between race-related stress and holistic wellness in the lives of Black women

Participants Needed

Participation in this study will add to the growing body of literature related to Black women and wellness. Your participation is valued greatly appreciated.

Qualifications

- 18 years or older
- Identify as a Black woman
- Experienced issues related to Race-related stress

Participation

Participation is voluntary and you will be eligible for a chance to enter a raffle to receive a **$25 Amazon gift card** upon successful completion of the survey

To participate in the survey please follow the link

For more information contact Brittany Prioleau at bpriole3@uncc.edu

APENDIX E: DEMOGRAPHIC QUESTIONNAIRE

Instructions: Please indicate your answer for the following demographic questions line.

1. What is your age in years?

18-24	_____
25-34	_____
35-44	_____
45-54	_____
55-64	_____
65-74	_____
75- Older	_____

2. How do you best self-identify your ethnicity?

African-American	_____
Caribbean	_____
African (country)	_____
Hispanic/Latinx	_____
Native American	_____
Multi-Racial	_____
Other	_____

4. What is your Marital Status

Never Married	_____
Married	_____
Widowed	_____
Divorced	_____

4. Highest level of completed education

Some High school, No diploma	_____
High School graduate or equivalent (GED)	_____
Trade/Technical/Vocational training	_____
Some College	_____
Associate Degree	_____
Bachelor's Degree	_____
Master's Degree	_____
Doctorate and/ or Professional Degree	_____

5. Income level

$0 – $24,999
$25,000-49,999
$50,00- 74,999

$75,000-$99, 999
$100,00 more

6. In which region of the country do you live?

1) Northeast _____
2) Midwest _____
3) South _____
4) West _____

APPENDIX F: GENDERED RACIAL MICROAGRESSION SCALE

Gendered Racial Microaggressions Scale

Directions. Please think about your experiences **as a Black woman**. Please read each item and think of how often each event has happened to you **in your lifetime**. In addition, please rate how stressful each experience was for you. Stressful can include feeling upset, bothered, offended, or annoyed by the event.

Frequency

0	***1***	***2***	***3***	***4***	***5***
Never	Less than once a year	A few times a year	About once a month	A few times a month	Once a week or more

Appraisal

0	***1***	***2***	***3***	***4***	***5***
This has never happened to me	Not at all Stressful	Slightly stressful	Moderately Stressful	Very stressful	Extremely stressful

Based on my experiences as a Black woman…

Item	**Frequency**	**Appraisal**
1. Someone accused me of being angry when I was speaking in a calm manner.		
2. Someone assumed that I did not have much to contribute to the conversation.		
3. I have been told that I am too independent.		
4. Someone has made me feel unattractive because I am a Black woman.		
5. In talking with others, someone has told me to calm down.		
6. My comments have been ignored in a discussion in a work, school, or other professional setting.		
7. I have been told that I am too assertive.		
8. Someone has made a sexually inappropriate comment about my butt, hips, or thighs.		
9. I have been perceived to be an "angry black woman."		
10. Someone has challenged my authority in a work, school, or other professional setting.		
11. Someone made a negative comment to me about my skin color/skin tone.		
12. Someone made me feel exotic as a Black woman.		
13. Someone has imitated the way they think Black women speak in front of me (for example, "g-i-r-l-f-r-i-e-n-d").		
14. I have been disrespected by people in a work, school, or other professional setting.		

15. Someone made me feel unattractive because of the size of my butt, hips, or thighs.		
16. I have been assumed to be a strong Black woman.		
17. Someone has assumed that I should have a certain body type because I am a Black woman.		
18. I have felt unheard in a work, school, or other professional setting.		
19. I have received negative comments about my hair when I wear it in a natural hairstyle.		
20. I have been told that I am sassy and straightforward.		
21. Someone objectified me based on my physical features as a Black woman.		
22. I have felt someone has tried to "put me in my place" in a work, school, or other professional setting.		
23. Someone assumed I speak a certain way because I am a Black woman.		
24. I have felt excluded from networking opportunities by White co-workers.		
25. I have received negative comments about the size of my facial features.		
26. Someone perceived me to be sexually promiscuous (sexually loose).		

APPENDIX G: INDEX OF RACE RELATED STRESS BRIEF

IRRS-B

Instructions

This survey questionnaire is intended to sample some of the experiences that Black people have in this country because of their "blackness." There are many experiences that a Black person can have in this country because of his/her race. Some events happen just once, some more often, while others may happen frequently. Below you will find listed some of these experiences; for which you are to indicate those that have happened to you or someone very close to you (i.e. a family member or loved one). It is important to note that a person can be affected by those events that happen to people close to them; this is why you are asked to consider such events as applying to your experiences when you complete this questionnaire. **Please circle the number on the scale (0 to 4) that indicates the reaction you had to the event at the time it happened. Do not leave any items blank**. If an event has happened more than once refer to the first time it happened. **If an event did not happen circle 0 and go on to the next item.**

0 = This never happened to me.
1 = This event happened, but did not bother me.
2 = This event happened & I was slightly upset.
3 = This event happened & I was upset.
4 = This event happened & I was extremely upset.

1.	You notice that crimes committed by White people tend to be romanticized, whereas the same crime committed by a Black person is portrayed as savagery, and the Black person who committed it, as an animal.	0	1	2	3	4
2.	Sales people/clerks did not say thank you or show other forms of courtesy and respect (i.e. put your things in a bag) when you shopped at some White/non-Black owned businesses.	0	1	2	3	4
3.	You notice that when Black people are killed by the police the media informs the public of the Victim's criminal record or negative information in their background, suggesting they got what they deserved.	0	1	2	3	4
4.	You have been threatened with physical violence by an individual or group of White/non-Blacks	0	1	2	3	4
5.	You have observed that White kids who commit violent crimes are portrayed as "boys being boys", while Black kids who commit similar crimes are wild animals.	0	1	2	3	4
6.	You seldom hear or read anything positive about Black people on radio, T.V., newspapers or in history books.	0	1	2	3	4
7.	While shopping at a store the sales clerk assumed that you couldn't afford certain items (i.e. you were directed toward the items on sale).	0	1	2	3	4
8.	You were the victim of a crime and the police treated you as if you should just accept it as part of being Black.	0	1	2	3	4
9.	You were treated with less respect and courtesy than Whites and other non-Blacks while in a	0	1	2	3	4

store, restaurant, or other business establishment.

10. You were passed over for an important project although you were more qualified and competent than the White/non-Black person given the task. 0 1 2 3 4

11. Whites/non-Blacks have stared at you as if you didn't belong in the same place with them; whether it was a restaurant, theater, or other place of business. 0 1 2 3 4

12. You have observed the police treat White/non-Blacks with more respect and dignity than they do Blacks. 0 1 2 3 4

0 = This never happened to me.
1 = This event happened, but did not bother me.
2 = This event happened & I was slightly upset.
3 = This event happened & I was upset.
4 = This event happened & I was <u>extremely</u> upset.

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13. You have been subjected to racist jokes by Whites/non-Blacks in positions of authority and you did not protest for fear they might have held it against you. 0 1 2 3 4

14. While shopping at a store, or when attempting to make a purchase you were ignored as if you were not a serious customer or didn't have any money. 0 1 2 3 4

15. You have observed situations where other Blacks were treated harshly or unfairly by Whites/non-Blacks due to their race. 0 1 2 3 4

16. You have heard reports of White people/non-Blacks who have committed crimes, and in an effort to cover up their deeds falsely reported that a Black man was responsible for the crime. 0 1 2 3 4

17. You notice that the media plays up those stories that cast Blacks in negative ways (child abusers, rapists, muggers, etc. [or as savages] Wild Man of 96th St., Wolf Pack, etc.), usually accompanied by a large picture of a Black person looking angry or disturbed. 0 1 2 3 4

18. You have heard racist remarks or comments about Black people spoken with impunity by White public officials or other influential White people. 0 1 2 3 4

19. You have been given more work, or the most undesirable jobs at your place of employment while the White/non-Black of equal or less seniority and credentials is given less work, and more desirable tasks. 0 1 2 3 4

20. You have heard or seen other Black people express the desire to be White or to have White physical characteristics because they disliked being Black or thought it was ugly. 0 1 2 3 4

21. White people or other non-Blacks have treated you as if you were unintelligent and needed things explained to you slowly or numerous times. 0 1 2 3 4

22. You were refused an apartment or other housing; you suspect it was because you are Black. 0 1 2 3 4

APPENDIX H: FIVE FACTOR WELLNESS INVENTORY

Five Factor Wel Inventory
Form A2

The purpose of this inventory is to help you make healthy lifestyle choices. The items are statements that describe you. Answer each item in a way that is true for you **most of the time. Think about how you most often see yourself, feel or behave.** Answer all the items. Do not spend too much time on any one item. Your honest answers will make your scores more useful.

Name: _____	Gender: _____
Highest grade completed: _____	Birth Date: _____
ID #: _____	

Mark only one answer for each item using this scale:

Strongly Agree	If it is true for you most or all of the time
Agree	If it is true for you some of the time
Disagree	If it is usually not true for you
Strongly Disagree	If it is almost or never true for you

EXAMPLE

	Strongly Agree	Agree	Disagree	Strongly Disagree
I like meeting new people.	A	✕	C	D

A. Strongly Agree **B. Agree** **C. Disagree** **D. Strongly Disagree**

1.	I engage in a leisure activity in which I lose myself and feel like time stands still.	A	B	C	D
2.	I am satisfied with how I cope with stress.	A	B	C	D
3.	I eat a healthy amount of vitamins, minerals and fiber each day.	A	B	C	D
4.	I often see humor even when doing a serious task.	A	B	C	D
5.	I am satisfied with the quality and quantity of foods in my diet.	A	B	C	D
6.	Being a male/female is a source of satisfaction and pride to me.	A	B	C	D
7.	When I have a problem, I study my choices and possible outcomes before acting.	A	B	C	D
8.	I do not drink alcohol or drink less than two drinks per day.	A	B	C	D
9.	I get some form of exercise for 20 minutes at least three times a week.	A	B	C	D
10.	I value myself as a unique person.	A	B	C	D
11.	I have friends who would do most anything for me if I were in need.	A	B	C	D
12.	I feel like I need to keep other people happy.	A	B	C	D
13.	I can express both my good and bad feelings appropriately.	A	B	C	D
14.	I eat a healthy diet.	A	B	C	D
15.	I do not use tobacco.	A	B	C	D
16.	My cultural background enhances the quality of my life.	A	B	C	D
17.	I have a lot of control over conditions affecting the work or schoolwork I do.	A	B	C	D
18.	I am able to manage my stress.	A	B	C	D
19.	I regularly get enough sleep.	A	B	C	D
20.	I can take charge and manage a situation when it is appropriate.	A	B	C	D
21.	I can laugh at myself.	A	B	C	D
22.	Being male/female has a positive effect on my life.	A	B	C	D
23.	My free time activities are an important part of my life.	A	B	C	D
24.	My work or schoolwork allows me to use my abilities and skills.	A	B	C	D
25.	I have friends and/or relatives who would provide help for me if I were in need.	A	B	C	D
26.	I have at least one close relationship that is secure and lasting.	A	B	C	D
27.	I seek ways to stimulate my thinking and increase my learning.	A	B	C	D
28.	I am often unhappy because my expectations are not met.	A	B	C	D
29.	I look forward to the work or schoolwork I do each day.	A	B	C	D
30.	I usually achieve the goals I set for myself.	A	B	C	D

A. Strongly Agree **B. Agree** **C. Disagree** **D. Strongly Disagree**

31.	I have sources of support with respect to my race, color, or culture.	A	B	C	D
32.	I can find creative solutions to hard problems.	A	B	C	D
33.	I think I am an active person.	A	B	C	D
34.	I take part in leisure activities that satisfy me.	A	B	C	D
35.	Prayer or spiritual study is a regular part of my life.	A	B	C	D
36.	I accept how I look even though I am not perfect.	A	B	C	D
37.	I take part in organized religious or spiritual practices.	A	B	C	D
38.	I am usually aware of how I feel about things.	A	B	C	D
39.	I jump to conclusions that affect me negatively, and that turn out to be untrue.	A	B	C	D
40.	I can show my feelings at any time.	A	B	C	D
41.	I make time for leisure activities that I enjoy.	A	B	C	D
42.	Others say I have a good sense of humor.	A	B	C	D
43.	I make it a point to seek the views of others in a variety of ways.	A	B	C	D
44.	I believe that I am a worthwhile person.	A	B	C	D
45.	I feel support from others for being a male/female.	A	B	C	D
46.	It is important for me to be liked or loved by everyone I meet.	A	B	C	D
47.	I have at least one person who is interested in my growth and well-being.	A	B	C	D
48.	I am good at using my imagination, knowledge, and skills to solve problems.	A	B	C	D
49.	I can start and keep relationships that are satisfying to me.	A	B	C	D
50.	I can cope with the thoughts that cause me stress.	A	B	C	D
51.	I have spiritual beliefs that guide me in my daily life.	A	B	C	D
52.	I have at least one person with whom I am close emotionally.	A	B	C	D
53.	I am physically active most of the time.	A	B	C	D
54.	I use humor to gain new insights on the problems in my life.	A	B	C	D
55.	I can put my work or schoolwork aside for leisure without feeling guilty.	A	B	C	D
56.	I have to do all things well in order to feel worthwhile.	A	B	C	D
57.	I feel a positive identity with others of my gender.	A	B	C	D
58.	I am appreciated by those around me at work or school.	A	B	C	D
59.	I plan ahead to achieve the goals in my life.	A	B	C	D
60.	I like myself even though I am not perfect.	A	B	C	D
61.	I am satisfied with my free time activities.	A	B	C	D
62.	I do some form of stretching activity at least three times a week.	A	B	C	D
63.	I eat at least three meals a day including breakfast.	A	B	C	D
64.	I do not use illegal drugs.	A	B	C	D

65.	I believe in God or a spiritual being greater than myself.	A	B	C	D
66.	I can experience a full range of emotions, both positive and negative.	A	B	C	D
67.	I view change as an opportunity for growth.	A	B	C	D
68.	I eat fruits, vegetables and whole grains daily.	A	B	C	D
69.	My spiritual growth is essential to me.	A	B	C	D
70.	When I need information, I have friends whom I can ask for help.	A	B	C	D
71.	I am proud of my cultural heritage.	A	B	C	D
72.	It is important for me to be physically fit.	A	B	C	D
73.	I have at least one person in whom I can confide my thoughts and feelings.	A	B	C	D
74.	I am satisfied with my life.	A	B	C	D
75.	I have enough money to do the things I need to do.	A	B	C	D
76	I feel safe in my home.	A	B	C	D
77.	I feel safe in my workplace or school.	A	B	C	D
78.	I feel safe in my neighborhood.	A	B	C	D
79.	I feel safe in my daily life.	A	B	C	D
80.	I am afraid that I or my family will be hurt by terrorists.	A	B	C	D
81.	I am optimistic about the future.	A	B	C	D
82.	My government helps me be more well.	A	B	C	D
83.	My education has helped me be more well.	A	B	C	D
84.	My religion helps my well-being.	A	B	C	D
85.	I know I can get a suitable job when I need one.	A	B	C	D
86.	I watch TV less than two hours each day.	A	B	C	D
87.	World peace is important to my well-being.	A	B	C	D
88.	Other cultures add to my well-being.	A	B	C	D
89.	I look forward to growing older	A	B	C	D
90.	I like to plan the changes in my life.	A	B	C	D
91.	Changes in life are normal.	A	B	C	D

92. What is your current marital status?
    A. Married
    B. Single
    C. Separated
    D. Divorced
    E. Widowed
    F. Prefer not to answer

93. What is your current employment status?
    A. Employed full time
    B. Employed part time
    C. Retired, not working
    D. Retired, working part time
    E. Not working
    F. Prefer not to answer

94. Are you currently a student?
    A. Yes, in High School
    B. Yes, an Undergraduate Degree
    C. Yes, a Graduate Degree
    D. Yes, taking Courses for fun
    E. No, not currently a student
    F. Prefer not to answer

95. What is the highest level of education you have completed?
    A. Less than High School
    B. High School Graduate
    C. Tech/Trade School, A.A. Degree
    D. Bachelor's Degree
    E. Advance Degree

96. If you have an advanced degree, please specify your highest degree.
    A. Not applicable
    B. Masters Degree
    C. Specialist Degree
    D. Professional Degree (DDS, JD, MD)
    E. Doctoral Degree (Ph.D. Ed.D)
    F. Prefer not to answer

97. What is your biological gender?
    A. Male
    B. Female

98. What is the primary cultural background with which you most closely identify?
    A. Native American
    B. Asian or Pacific Islander
    C. African American
    D. Caucasian
    E. Hispanic/Latino/Latina
    F. Prefer not to answer