THE RIGHT TO BE ANGRY: BLACK WOMEN'S

STRESS APPRAISALS, ANGER EXPERIENCES AND

EXPRESSIONS IN THE CONTEXT OF GENDERED

RACISM

By

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I would like to dedicate this work to the two Black women in my life. First, in loving memory of my grandmother, Clara P. Miller. You taught me the true definition of strength, grace, and beauty. Watching you raise a family on your own and caring for a community of children you embraced as your own has taught me the value of community and the necessity in leading with love. Secondly, to my mother, Katherine H. Miller. You continue to teach me how to walk in my divine power and to use my voice unapologetically. I honor the sacrifices you both have made that have afforded me the opportunity to do what no one in our family has done before. I thank you with all of my being.

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RACISM

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Abstract: The purpose of this study was to explore the relationship of aspects of gendered racism with stress appraisals and anger experience and expression among Black and African American women. A total of 229 participants completed an online survey that included a demographic questionnaire, the Gendered Racial Microaggressions Scale (GRMS; Lewis & Neville, 2015) and the State Trait Anger Expression Inventory-II (STAXI-2; Spielberger, 1999). It was hypothesized that four aspects of gendered racism would predict stress associated with gendered racism as well as chronic anger, anger suppression, and anger control efforts among Black and African American women. Results indicated that the four aspects of gendered racism, including Assumptions of Beauty and Sexual Objectification, Silenced and Marginalized, Strong Black Woman and Angry Black Woman, when considered together, significantly predicted stress associated with gendered racism (Stress Appraisals) as well as aspects of anger experience, (i.e., Trait Anger), anger expression (i.e., Anger Expression-In and -Out), and anger control efforts (i.e., Anger Control-In and -Out). The Assumptions of Beauty and Sexual Objectification as well as the Silenced and Marginalized aspects of gendered racism were the significant individual predictors of Stress Appraisals of gendered racism. The Angry Black Woman subscale of gendered racism was the only significant individual predictor of Trait Anger, Anger Expression-Out, Anger Control-In, and Anger Control-Out. The Silenced and Marginalized, Strong Black Woman and Angry Black Woman aspects of gendered racism were the significant individual predictors of Anger Expression-In (anger suppression) for this sample of women. The implications of this study were considered and included recommendations for counseling services and advocacy work with Black and African American women.

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CHAPTER I

INTRODUCTION

Intersectionality and Gendered Racism

Many researchers argue that Black and African American women[1] consistently

and simultaneously navigate the social, political, economic, and educational restrictions

associated with their marginalized racial and gender status (Bryant-Davis, 2013; Collins,

1989; Walley-Jean, 2009). The interplay of race and gender creates a unique set of social

demands for Black and African American women that ultimately impact their

psychological functioning (Moradi & Subich, 2003). However, most scholars tend to

examine Black and African American women's racial and gender experiences separately

(Moradi & Subich, 2003). This separation of race and gender forces Black and African

American women to not only make the impossible choice between their race and gender,

but also leads to intersectional invisibility, gendered racism, and increased susceptibility

to stress and anger for these women.

Crenshaw (1991) coined the term *intersectionality* and defined it as the

simultaneous yet indistinguishable influence of race and gender, including racism and

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[1] Throughout the document I will use the phrase "Black and African American women" to acknowledge the different ways in which members of this group within the United Sates chose to identify their race (i.e., some preferring to only use the term "Black" and others preferring to only use the term "African American").

sexism, which are so interconnected that it is difficult to tease the two apart (Thomas, Witherspoon, & Speight, 2008). Ultimately, Black and African American women experience oppression and discrimination qualitatively differently from Black and African American men and White women, in that Black and African American women do not fit perfectly into any one of their marginalized social groups (i.e., race or gender alone) and, as a result, experience gendered racism (Thomas, Dovidio, &West, 2014).

The consistent impossibility to occupy the norm paired with the expectation of not being the norm presents Black and African American women with a stressful social existence. This stress often proliferates in the face of gendered racism. Gendered racism is defined as the distinct form of oppression manifested in stereotypes of Black and African American women as being angry, emasculatingly independent, and/or hypersexualized (Thomas, Witherspoon, & Speight, 2008). The chronic exposure of Black and African American women to gendered racism as well as typical daily hassles, increases their susceptibility to stress, psychological distress, depression, anxiety, and even possibly anger (Carr et al., 2014; Fields et al., 1998; Stevens-Watkins et al., 2014; Szymanski & Stewart, 2010; Thomas, Witherspoon, & Speight, 2008; Walley-Jean, 2009; Woods-Giscombé & Lobel, 2008). However, researchers have primarily focused on stress, psychological distress, depression, and anxiety as the negative mental health outcomes Black and African American women face due to gendered racism. Little is known about the relationship of gendered racism and stress as well as the experience and expression of anger as potential negative outcomes of gendered racism for Black and African American women which represents a gap in the research literature that was explored in the present study.

Only a couple of researchers have explored anger experiences for Black and African American women. Walley-Jean (2009) found that Black and African American women often conceal their true reactions to anger-inducing situations to avoid reinforcing negative stereotypes. Similarly, Thomas, Witherspoon, and Speight (2008) found that when confronted with stressful experiences of gendered racism, Black women typically coped by avoiding, detaching, and minimizing those events. Such extensive measures taken to conceal anger can result in increased internalizing disorders, dissociation, suicidal ideation, and an internal rage that constantly stands the risk of being exposed in an unhealthy and explosive nature when triggered (Fields et al., 1998).

While these psychological conceptualizations provide a lens through which to understand the anger processes of Black and African American women, these conceptualizations provide no insight into why these specific patterns of anger expression have developed and persisted among Black African American women. The focus of the present study was to illuminate Black and African American women's anger experience and expression in the context of Black feminist conceptualizations of anger as a lived experience, a method of resistance, and as a stereotype used by dominant social forces to suppress said resistance.

Black feminist scholars contend that society's greatest failure in understanding the plight of Black and African American women stems from its insistence that Black and African American women choose either their race or gender as their predominant identity (Crenshaw, 1991; Hooks, 2000). Ignoring intersectionality threatens to obscure society's ability to recognize and understand the unique forms of oppression confronted and resulting mental health outcomes Black and African American women chronically face. This historical

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oversight of intersectionality stems from the social proclivity to categorize and/or group similarities while disregarding differences among various marginalized groups.

Stress Associated with Gendered Racism

The stressors associated with gendered racism heighten Black and African American women's susceptibility to psychological distress. Psychologists define stress as the interplay between environmental threats/demands, individual appraisals of those threats/demands, and the individual's resulting response (Woods-Giscombé & Lobel, 2008). More specifically, an individual encounters an environmental threat or demand and deems themselves incapable of overcoming the threat or demand due to a lack of tangible and/or psychological resources; thus, the inability to meet the environmental demands precipitates stress (Lazarus & Folkman, 1984; Woods-Giscombé & Lobel, 2008). Stress tends to elicit a distress response in the form of psychological and physiological symptoms within the individual (Woods-Giscombé & Lobel, 2008). Researchers argue that stress is often associated with anxiety, depression, hypertension, heart disease, and suicidal ideation for people in general (Carr et al., 2014; Perry, Pullen, & Oser, 2012; Perry, Harp, & Oser, 2013; Stevens-Watkins et al., 2014; Szymanski & Lewis, 2016; Szymanski & Stewart, 2010; Thomas, Dovidio, & West, 2014; Woods-Giscombé & Lobel, 2008).

The connection between stress and distress intensifies with the consideration of racism and sexism as concurrent sources of stress for Black and African American women. However, researchers who examine stress among marginalized populations frequently generalize minority stress across marginalized groups as opposed to examining the intragroup differences. As a result, models such as the minority stress model (Meyers, 1995), the biopsychological model of stress (Clark et al., 1999), and some multicultural perspectives

of stress (Slavin et al., 1991) fail to provide an inclusive understanding of the blended impact of race and gender in the stress-appraisal and distress processes for Black and African American women.

Recently, researchers have examined stress, psychological distress, depression, and coping among Black and African women by considering the simultaneous influence of gender and race on their mental health. However, these researchers still fail to investigate racism and sexism as interconnected influences on Black and African American women's mental health outcomes (Carr et al., 2014; Szymanski & Stewart, 201; Thomas, Witherspoon, & Speight 2008; Woods-Giscombé & Lobel, 2008). Nevertheless, Lewis and Neville (2015) conducted a study examining gendered racial microaggressions as a measure of the blended nature of gendered racism and their stress associated with these microaggressions. They found that Black and African American women's experiences of gendered racial microaggressions were associated with heightened stress (Lewis & Neville, 2015). While this is the first study of its kind to explore the relationship between gendered racism and stress among Black and African American women, the relationship between gendered racism and anger among Black and African American women has not been examined to date, which is one of the foci of the present study.

Anger for Black and African American Women

Frustration-aggression hypothesis. Many researchers to date have explored anger in the context of aggression. Most notably, the Frustration-Aggression Hypothesis, as initially proposed by Dollard and colleagues (1939) and later reformulated by Berkowitz (1989), contended that aggression functions as a by-product of frustration. For example, when an individual fails to achieve a goal due to the interference of some circumstance, the

individual first experiences frustration and ultimately aggression (Berkowitz, 1989).

Berkowitz (1989) called for a reformulation of the frustration-aggression hypothesis that

would include the idea that frustration only leads to aggression under some conditions. He

suggested that the blockage of goal attainment merely predisposes one to frustration; one

only experiences that frustration to the extent that the goal blockage yields the experience of

some negative emotion (Berkowitz, 1989). This revised framework adds affectional cues as

the moderating factor in the frustration-aggression hypothesis and confirms what Albert

Bandura (1978) originally argued regarding the social learning analysis of aggression:

environmental cues, whether internal (affects) or external (social context), ultimately shape

the extent to which individuals respond with aggression in the face of some frustrating event.

Anger and aggression, as explained in the development of the Frustration-Aggression

Hypothesis, provides a theoretical paradigm in examining the anger experiences and

expressions of Black and African American women. The blocked goal attainment aspects of

the model speak to the social exclusion these women face due to their marginalized racial

and gender identity. However, the Frustration-Aggression Hypothesis only provides one

dimension of anger expression (i.e., aggression). This framework for understanding anger

experience and expression fails to consider the various ways individuals express anger in

day-to-day occurrences.

Anger experience, expression, and control. Spielberger (1999) regarded anger as a

rather complex emotional state that is best understood across multiple dimensions (Siegel,

1986). He identified two types of anger experiences, including trait anger (chronic experience

of anger) and state anger (situational experience of anger), two types of anger expressions

including anger expression-in (anger suppression) and anger expression-out (aggression), and

two types of anger control efforts including anger control-in (i.e., calming down internally) and anger control-out (i.e., attempts to avoid showing anger). Each mode denotes specific behavioral patterns and subsequent physical and psychological outcomes (Orth & Wieland, 2006).

While Berkowitz (1989) suggested that environmental cues are critical determinates of anger expression (i.e., aggression), Spielberger (1999) gives a more in-depth analysis of the various ways anger experience and anger expression manifests. Yet, neither researcher considers the cultural socialization that impacts anger expression. More research is needed to understand the experience and expression of anger for Black and African American women. The social messages associated with race and gender as they relate to anger experience and expression are also necessary to explore in understanding Black and African American women's anger. More importantly, the messages associated with the ways in which this group is oppressed will provide insight into the presenting concerns and observed pattern of anger expression among Black and African American women (Deffenbacher et al., 1996).

Black feminist views on anger. Racism, racial discrimination, and stereotype threat serve as integral determinants in the behaviors and cognitions of Black and African American people (Franklin & Boyd-Franklin, 2000; Thomas, Hammond, & Kohn-Wood, 2015). Thus, these individuals learn from a very young age to adjust their emotionality and identity to avoid the negative outcomes of their social marginalization. Walley-Jean (2009) contended that Black and African American women tend to control their anger to navigate racial and gendered messages regarding emotionality. Black and African American women consistently confront the *Angry Black Woman* (ABW) stereotype. The stereotype paints these women as an overly emotional tyrant who is unjustifiably ungrateful (Collins, 2000; Harris-

Perry, 2011). Subsequently, Black and African American women may opt to hide their true emotional response to anger-inducing situations, out of fear of reinforcing the ABW stereotype (Brown Givens & Monahan, 2005; Brown, White-Johnson, & Griffin-Fennell, 2013; Collins, 1989; Fields et al., 1998; Walley-Jean, 2009).

Messages received about the diminished value of their emotional experiences results in self-silencing. Researchers define self-silencing as "the concealment of one's true feelings from others" to maintain one's expected role (Fields et al., 1998; Hooks, 1989; Tan & Carfagnini, 2008, p. 6). In turn, such forms of externalized and internalized oppression, specifically regarding anger expression, can increase Black and African American women's risk for internalizing mental health disorders and suicidality (Fields et al., 1998; Martin et al., 2011; Sellers et al., 2003; Tan & Carfagnini, 2008; Thomas & Gonzalez-Prendes, 2005). Ultimately, researchers suggested that Black and African American women are more likely to become angry due to their marginalized statuses and the controlling images associated with those respective statuses (Collins, 2000; Fields et al., 1998; Harris-Perry, 2011; Walley-Jean, 2009). Consequently, this group's likelihood of negative physical and mental health outcomes as well as the use of avoidant/detachment coping strategies significantly increase, more so than their White counterparts (Harris-Perry, 2011; Szymanski & Lewis, 2016; Thomas, Witherspoon, & Speight, 2008).

Purposes of the Present Study

In summary, no research to date has been conducted to explore Black and African American women's anger experiences and expression in the context of gendered racism. Only one group of researchers explored gendered racism using a scale that specifically assessed gendered racial microaggressions among Black women; they examined the

relationship between gendered racism and stress for Black and African American women (Lewis & Neville, 2015). Previously, most researchers in this area of study tended to focus on racism and sexism as two independent phenomena that combine and doubly impacted Black and African American women's mental health (Carr et al., 2014; Moradi & Subich, 2003; Stevens-Watkins et al., 2014; Szymanski & Lewis, 2016; Szymanski & Stewart, 2010; Thomas, Witherspoon, & Speight, 2008; Thomas, Dovidio, & West, 2014; Woods-Giscombé & Lobel, 2008). However, these researchers fail to account for the unique intersectionality of racism and sexism in a way that cannot be teased apart and viewed as independent occurrences for this population. Moreover, current research on anger experience and expression has been conducted with samples that predominantly include white or Caucasian men and women and not People of Color. The lack of racially diverse representativeness in these previous study samples affects the generalizability and/or applicability of these study findings for racially diverse individuals.

Thus, the purposes of the current study were to explore: 1) the relationship between aspects of gendered racism and stress for Black and African American women, and 2) the relationship between gendered racism and the anger experience and expression of Black and African American women. The study's research questions and hypotheses are as follows:

> ***Research Question 1.*** *What is the linear relationship of the frequency with which Black and African American women experience gendered racism with their overall stress appraisal of gendered racism?*
>
> *Hypothesis.* It was hypothesized that the increased frequency with which Black and African American women experience gendered racism in the areas of Assumptions of Beauty and Sexual Objectification, Silenced and Marginalized,

Strong Black Woman, and Angry Black Woman would predict their overall Stress Appraisals of gendered racism. When considered together, these four subscales of gendered racism were expected to significantly and positively predict the overall stress appraisal of gendered racism among Black and African American women in this sample.

Research Question 2. *What is the linear relationship of the frequency with which Black and African American women experience gendered racism with Trait Anger (anger experience)?*

Hypothesis. It was hypothesized that the increased frequency with which Black and African American women experience gendered racism in the areas of Assumptions of Beauty and Sexual Objectification, Silenced and Marginalized, Strong Black Woman, and Angry Black Woman would predict their Trait Anger (anger experience). When considered together, these four subscales of gendered racism were expected to significantly and positively predict the Trait Anger among Black and African American women in this sample.

Research Question 3. *What is the linear relationship of the frequency with which Black and African American women experience gendered racism with Anger Expression-In and Anger Expression-Out (anger expression)?*

Hypothesis. It was hypothesized that the increased frequency with which Black and African American women experience gendered racism including Assumptions of Beauty and Sexual Objectification, Silenced and Marginalized, Strong Black Woman, and Angry Black Woman would predict their level of Anger Expression-In and Anger Expression-Out. When considered together, these

four subscales of gendered racism were expected to significantly and negatively predict Anger Expression-Out (aggression) and these scales were expected to significantly and positively predict Anger Expression-In (suppression) among Black and African American women in this sample.

Research Question 4. *What is the linear relationship of the frequency with which Black and African American women experience gendered racism with Anger Control-In and Anger Control-Out (anger control efforts)?*

Hypothesis. It was hypothesized that the increased frequency with which Black and African American women experience gendered racism including Assumptions of Beauty and Sexual Objectification, Silenced and Marginalized, Strong Black Woman, and Angry Black Woman would predict Anger Control-In and Anger Control-Out (anger control efforts). When considered together, these four subscales of gendered racism were expected to significantly and positively predict Anger Control-In (i.e., internal efforts to calm down and cool off) and Anger Control-Out (i.e., outward efforts to manage one's anger, e.g., watch what one says) among Black and African American women in this sample.

CHAPTER II

METHODOLOGY

Participants

An a priori power analysis was initially conducted before data collection using the

G*Power 3.1 statistical power calculator. A sample size of 129 participants was

determined an appropriate sample size in order to have sufficient statistical power for the

study analyses.

Three hundred sixty-two women initially accessed the online survey for the study.

Of those 362 women, 133 were not included in the study due to significant missing data

(more than 10% missing; n = 122) or did not provide informed consent for participation

(n = 10) or did not meet demographic criteria for participation (n = 1).

The final study sample included a total of 229 women. Two hundred and five of

those women (90%) identified as Black or African American, non-Hispanic, and 24

(10%) were biracial (e.g., indicating at least one parent as Black or African American).

On average, participants were 31 years old (SD = 12.4), with ages ranging from 18 to 72.

Regarding sexual/affectional orientation, 203 participants (88.6%) identified as

heterosexual or straight, 13 (6%) as bisexual, 4 (2%) as pansexual, 2 (.9%) as asexual, 2

(.9%) as queer, 3 (1%) as questioning (unsure/don't know), 1 (.4%) as

biromantic/greysexual, and 1 (.4%) as abstinent. Moreover, 92 participants indicated that

they were not currently enrolled in an academic institution such as a college or university,

while 137 indicated that they were. Of those 137 participants, 74 identified as undergraduate students, 62 as graduate students, and 1 as a non-traditional student. Finally, 111 participants reported their occupational status as employed full-time, 77 as employed part-time, and 41 as unemployed. The average current household income for the sample was between $30,000 and $49,999 annually. See Table 1 for the demographics of this sample.

Participants were recruited using a snowball method that included (a) the process of emailing diversity officers in higher education nationwide about the study, and (b) the process of emailing various listservs committed to Black/African American women including the National Organization for Women (NOW), the National Council of Negro Women, the American Association of University Women, and the Oklahoma chapters of Historically Black Sororities about the purposes of the study. Participants were also recruited by posting announcements about the study via social media outlets including Facebook and Twitter and via word-of-mouth.

Participants were given the opportunity to enter a drawing for one of five electronic $20 Amazon gift cards as an incentive for participating in this study.

Measures

Participants completed an online survey which included a demographics questionnaire, the Gendered Racial Microaggressions Scale (Lewis & Neville, 2015), and the State-Trait Anger Expression Inventory-II (Spielberger, 1999).

Demographics questionnaire. Participants were asked to report their age, gender/gender identity, race/ethnicity, sexual/affectional orientation, year in school/college if relevant, occupational status (employed or not), religious/spiritual

affiliation, annual current household income, and partner status. Participants were also asked three questions about their views of race and gender intersectionality to collect some qualitative data regarding gendered racism (Appendix C). If participants indicated that they were younger than 18-years-old, the individual was directed to a thank you screen and not permitted to continue with the rest of the survey.

Gendered Racial Microaggressions Scale (GRMS; Lewis & Neville, 2015). The GRMS is a 26-item questionnaire. Participants were asked to respond to each item by providing a frequency of gendered racial rating and a stress appraisal rating. The frequency rating gauged how frequently the participant encountered each gendered racism microaggression, using a 6-point Likert type scale, with 0 representing a response of "Never" and 5 representing a response of "Once a week or more." Higher scores indicated more gendered racism. The stress appraisal rating gauged the amount of stress (i.e., just how stressful) each microaggression encounter was to the participants, using a 6-point Likert type scale, with 0 representing a response of "This has never happened to me" and 5 representing a response of "Very stressful." Higher scores indicated more stress associated with gendered racism.

The overall frequency score was calculated by adding all of the frequency ratings except for items 12, 17, and 20 and then dividing that total by 23. The overall stress appraisal score was calculated by adding all of the stress appraisal ratings except for item 26 and then dividing that total by 25.

The GRMS consists of four subscales including Assumptions of Beauty and Sexual Objectification, Silenced and Marginalized, Strong Black Woman, and Angry

Black Woman. The Assumptions of Beauty and Sexual Objectification subscale measured Black and African American women's experiences with encountering stereotypes associated with both their physical appearance and behavioral patterns. Examples of items on this subscale included, "Someone has made me feel unattractive because I am a Black woman" and "Someone has made a sexually inappropriate comment about my butt, hips, or thighs." This subscale consisted of 11 items.

The Silenced and Marginalized subscale measured the extent to which Black and African American women feel powerless, unheard, and invisible at work, school, or other professional settings. Examples of items on this subscale included, "I have been disrespected by people at work, school, or other professional setting" and "I have felt someone has tried to "put me in my place" in a work, school, or professional setting." This subscale consisted of 7 items.

The Strong Black Woman subscale measured Black and African American women's encounters with expectations of being assertive, strong, and independent. Examples of items on this subscale included, "I have been told that I am too independent." and "I have been assumed to be a strong Black woman." This subscale consisted of 5 items.

The Angry Black Woman subscale measured the extent to which Black and African American women have been assumed to be angry or aggressive in their interactions. Examples from this subscale included, "Someone accused me of being angry when I was speaking in a calm manner" and "In talking with others, someone has told me to calm down." This subscale consisted of 3 items.

Participants were also rendered overall frequency and stress appraisal scores for each of the subscales. The frequency score for the Assumptions of Beauty and Sexual Objectification subscale was calculated by adding the frequency ratings for the items that comprise the subscale except for item 17 and dividing that total by 10. For the Silenced and Marginalization subscale, the frequency score was calculated by adding the frequency ratings for the seven items that comprise the subscale and then dividing that total by seven. For the Strong Black Woman subscale, the frequency score was calculated by adding all the frequency ratings for the items that comprise that subscale except for items 12 and 20 and then dividing that total by three. Finally, for the Angry Black Woman subscale, the frequency score was calculated by adding the frequency ratings for the three items that comprise the subscale and dividing the total by three.

Internal consistency reliabilities for the overall frequency gendered racism score was .92 and for the overall stress appraisal score was .93 for the normative sample (Lewis & Neville, 2015). The subscale internal consistency reliabilities for frequency scores were strong with a Cronbach alpha of .85 for Assumptions of Beauty and Sexual objectification, .88 for Silenced and Marginalized, .74 for the Strong Black Woman, and .79 for the Angry Black Woman subscales (Lewis & Neville, 2015). Similarly, subscale internal consistency reliabilities for stress appraisal scores were strong with a Cronbach alpha of .87 for Assumptions of Beauty and Sexual Objectification, .88 for Silenced and Marginalized, .74 for the Strong Black Woman, and .75 for the Angry Black Woman subscales (Lewis & Neville, 2015). Internal consistency reliabilities for the overall frequency and stress and subscales frequency and stress scores were calculated for the participants in the present study.

The internal consistency reliability estimate for the overall Stress Appraisal scale for the current study sample was .92. The internal consistency reliability estimates for the Gendered Racial Microaggressions Scale (Lewis & Neville, 2015) frequency subscales for the current study sample were as follows: .83 for Assumptions of Beauty and Sexual Objectification, .86 for SM, .74 for Strong Black Woman, and .76 for Angry Black Woman.

During the initial construction and validation of the GRMS, Lewis and Neville (2015) conducted an Exploratory Factor Analysis (EFA) and a Confirmatory Factor Analysis (CFA) with two different samples of participants. The researchers found that a four-factor solution analysis best fit the data; those are—as mentioned above—the Assumptions of Beauty and Sexual Objectification, Silenced and Marginalized, Strong Black Woman, and Angry Black Woman subscales (Lewis & Neville, 2015).

To assess the convergent validity of the GRMS, participants in the study also completed measures of perceived discrimination (i.e., racial microaggressions and sexism) and mental health outcomes to determine its convergent validity (Lewis & Neville, 2015). The GRMS frequency subscales were significantly and positively correlated with measures of sexism (Schedule of Sexist Events; Klonoff & Landrine, 1995), racial microaggressions (Racial and Ethnic Microaggressions Scale; Nadal, 2011), and psychological distress (Mental Health Inventory 5; Veit & Ware, 1983).

The State-Trait Anger Expression Inventory-2 (STAXI-2; Spielberger, 1999). The STAXI-II is a 57-item, three-part questionnaire. This measure consists of six scales that examine an individual's anger experience (i.e., the State Anger and Trait Anger

subscales), anger expression (i.e., the Anger-In and Anger-Out subscales), and anger control style (i.e., the Anger Control-In and Anger Control-Out subscales).

Part one of the questionnaire measured anger experience in terms of state anger. Participants rated the 15-items of the State Anger subscale on a 4-point Likert type Scale (1= not at all; 4 = very much so). Examples of items on this part of the questionnaire included "I am furious." and "I feel like pounding somebody." Scores for this scale were calculated by adding the participant ratings for items 1 through 15. Higher scores reflected the participant's increased feelings of anger at the time of completing the questionnaire. State anger was not be specifically explored in the present study.

Part two of the questionnaire measured anger experience in terms of trait anger. Participants rated the 10 items of the Trait Anger subscale on a 4-point Likert Scale (1 = almost never; 4 = almost always). Examples of items on this part of the questionnaire included, "I am quickly tempered" and "When I get mad, I always say nasty things." Scores for this scale were calculated by adding the participant ratings for items 16 through 25. Scores reflected the participant's general, over a period of time, feelings of anger. Higher scores indicated more chronic anger.

Part three of the questionnaire measured anger expression (i.e., Anger-In and Anger-Out) and anger control efforts (Anger Control-In and Anger Control-Out). Participants rated each of the eight items associated with each of the four subscales of anger expression and anger control efforts, using a 4-point Likert type scale (1 = almost never; 4 = almost always). Examples of items on this portion of the questionnaire included, "I withdraw from people" (e.g., Anger-In), "I do things like slam doors" (e.g., Anger-Out), "I try to soothe my angry feelings" (e.g., Anger Control-In) and "I keep my

cool" (e.g., Anger Control-Out). Scores for each of the subscales were calculated by adding participant ratings for the 8 items that correspond with each subscale. Scores range from 8 to 32 on each subscale. Higher scores for Anger-In indicated an increased tendency to suppress anger and higher scores for Anger-Out indicated increased tendency to express anger in the form of physical or verbal aggression. Moreover, higher scores for Anger Control-In reflected more efforts to control anger by self-soothing methods. Higher scores for Anger Control-Out reflected more efforts to control the outward expression of anger.

The STAXI-2 rendered sufficient estimates of reliability. Cronbach alphas for State and Trait anger range from .73 to .94. Cronbach alphas for the anger expression scales also ranged from .73 to .94 (Spielberger, 1999). One researcher examining negative self-schemas, personality, and anger found sound internal consistency for Trait Anger (.84), Anger-Out (.74), Anger –In (.77), Anger Control-Out (.82) and Anger Control-In (.90) (Woods, 2005).

The internal consistency reliability estimates for the STAXI-2 (Spielberger, 1999) subscales for the current study sample were as follows: .79 for Trait Anger, .82 for Anger Expression-In, .69 for Anger Expression-Out, .85 for Anger Control-In, and .79 for Anger Control-Out.

Spielberger (1999) used principle components analysis to develop the factor structure of the STAXI-2. This analysis resulted in the subscales described above (Spielberger, 1999). Convergent validity was shown to be strong regarding the relationship between STAXI-II scores and preexisting measures of negative affect such as the Cognitive Emotion Regulation Questionnaire (CERQ), the Buss-Durkee Hostility

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Inventory (BDHI), and the Minnesota Multiphasic Personality Inventory (MMPI; Labbé et al., 2007; Martin & Dahlen, 2005; Spielberger, 1999).

Procedures

The study was administered online using the Qualtrics survey generator. The Demographics Page, GRMS, and STAXI-2 was used for this study to gauge participants' level of gendered racism and stress associated with those experiences as well as anger experience and expression. Participants received an email with the link to the survey coupled with a short recruitment script with a description of the study, participation criteria, and study incentives (Appendix D). Qualtrics organized and collected survey responses from the study participants.

Once the survey link was accessed, participants were directed to a screen displaying an informed consent (Appendix D). This form included the contact information of the primary investigator (PI) and the PI's advisor. Participants were informed of their right to end their participation at any time and informed that the study would take approximately 15 minutes to complete. If participants voluntarily ended their participation before completing the survey, they were not considered for the participation incentive. Once the participant indicated consent and that they were at least 18 years of age, the participant was directed to a website to complete the on-line survey (Appendix D). After completing the survey, participants were presented with a page that included a debriefing statement with mental health resources if interested (Appendix D). At the end of the debriefing statement, participants had the opportunity to click a "continue" button, which directed them to a page with instructions on how to enter the drawing for one of five electronic $20 Amazon gift cards as incentive for their participation. The participants

were instructed to send a separate email directly to the PI stating, "I would like to enter the drawing." Participants were informed that their email addresses would not be linked to their responses in any way and that winners of the drawing would be notified within four months.

CHAPTER III

RESULTS

Descriptive Statistics

Means, standard deviations, and scores ranges for the main study variables were

calculated. The mean score for Assumptions of Beauty and Sexual Objectification

subscale of GRMS was 2.45 with a standard deviation of .84, with scores ranging from 1

to 5. The mean score for the Silenced and Marginalized subscale was 2.96 with a

standard deviation of 1.07, with scores ranging from 1 to 6. The mean score for the

Strong Black Woman subscale was 3.15 with a standard deviation of 1.25, with scores

ranging from 1 to 6. The mean score for the Angry Black Woman subscale was 2.99 with

a standard deviation of 1.15, with scores ranging from 1 to 6.

The mean score for Stress Appraisal associated with gendered racism was 3.16

with a standard deviation of .94, with scores ranging from 1.24 to 5.48. The mean scores

and standard deviations for the GRMS subscales for the current study were comparable to

those reported in the original validation study of the Gendered Racial Microaggressions

Scale (Lewis & Neville, 2015.

Regarding the STAXI-2 subscales, the mean score for Trait Anger was 16.59 with

a standard deviation of 4.28, with scores ranging from 10 to 38. The mean score for

Anger Expression-In was 18.37 with a standard deviation of 5.04, with scores ranging

from 8 to 30. The mean score for Anger Expression-Out was 13.61 with a standard

deviation of 3.28, with scores ranging from 8 to 24. The mean score for Anger Control-In was 24.38 with a standard deviation of 4.94, with scores ranging from 10 to 32. Finally, the mean score for Anger Control-Out was 25.54 with a standard deviation of 4.44, with scores ranging from 14 to 32. The mean scores and standard deviations for the STAXI-2 subscales in the current study were comparable to those of the original validation study for the State Trait Anger Expression Inventory-II (Spielberger, 1999).

Correlational Findings

Pearson correlational analyses were conducted to explore the bivariate relationships between and among Stress Appraisal, Trait Anger, Anger Expression-In, Anger Expression-Out, Anger Control-In, Anger Control-Out, and all four subscales of the GRMS including the Assumptions of Beauty and Sexual Objectification, Silenced and Marginalized, Strong Black Woman, Angry Black Woman subscales for this sample of Black/African American women. Each of the four aspects of gendered racism, as measured by the Gendered Racial Microaggressions Scale (Lewis & Neville, 2015), was significantly and positively related to one another as initially indicated in the scale development and validation article of Lewis and Neville (2015). Each of the State Trait Anger Expression Inventory-II (Spielberger, 19999) subscales were also significantly intercorrelated. Please refer to Table 2 for the correlation matrix.

The Assumptions of Beauty and Sexual Objectification subscale showed a significant strong and positive relationship to Stress Appraisal ($r = .75$, $p < .01$) and a significant moderate and positive relationship to Trait Anger ($r = .33$, $p < .01$), Anger Expression-In ($r = .34$, $p < .01$) and Anger Expression-Out ($r = .36$, $p < .01$). Assumptions of Beauty and Sexual Objectification also showed a significant negative, yet weak,

relationship to Anger Control-Out ($r = -.18$, $p < .01$) and no significant relationship to Anger Control-In ($r = -.06$, $p = .374$). Encountering stereotypes associated with Black women's physical appearance was associated with more stress, chronic anger, anger suppression, aggression, and the tendency to use internal methods of self-soothing when angry. However, encounters with stereotypes associated with Black women's physical appearance was not related to outward efforts of anger control.

The Silenced and Marginalized subscale showed a significant strong and positive relationship to Stress Appraisal ($r = .75$, $p < .01$) and a significant moderate and positive relationship to Trait Anger ($r = .34$, $p < .01$), Anger Expression-In ($r = .40$, $p < .01$), Anger Expression-Out ($r = .22$, $p < .01$). However, there was no significant relationship with Anger Control-In ($r = -.01$, $p = .911$) and Anger Control-Out ($r = -.10$, $p = .158$). Encountering situations and/or social interactions that left Black women feeling invisible, disregarded, and silenced was associated with experiences of stress, chronic anger, anger suppression and aggression, but was not associated with anger control efforts for the women in this study.

The Strong Black Woman subscale showed a significant moderate and positive relationship to Stress Appraisal ($r = .52$, $p < .01$) and a significant positive, yet weak, relationship to Trait Anger ($r = .23$, $p < .01$) and a significant moderate and positive relationship to Anger Expression-Out ($r = .33$, $p < .01$). No significant relationship was found between the Strong Black Woman subscale and Anger Expression-In ($r = .07$, $p = .287$), Anger Control-In ($r = .04$, $p = .577$), and Anger Control-Out ($r = -.13$, $p = .062$). Facing expectations of exponential strength and resilience was associated with more

stress, chronic anger, and anger aggression, but was not associated with anger suppression nor anger control efforts.

The Angry Black Woman subscale showed a significant moderate and positive relationship with Stress Appraisal ($r = .55$, $p < .01$), Trait Anger ($r = .44$, $p < .01$), Anger Expression-Out ($r = .47$, $p < .01$) as well as a significant moderate and positive relationship with Anger Expression-In ($r = .33$, $p < .01$). Moreover, the Angry Black Woman subscale showed a significant negative, yet weak, relationship with Anger Control-In ($r = -.19$, $p < .01$) and a significant moderate and negative relationship with Anger Control-Out ($r = -.29$, $p < .01$). Encountering social perceptions and stereotypes of being angry, aggressive, and emasculating was related to more stress, chronic anger, anger suppression, and aggression. However, encountering these social perceptions and stereotypes was also related to a decrease in efforts to control one's anger.

Multiple Regression Findings

Research Question 1. *What is the linear relationship of the frequency with which Black and African American women experience gendered racism with their overall stress appraisal of gendered racism?*

To answer this research question, a multiple regression was calculated to predict participants' Stress Appraisals of gendered racism based on the frequency with which they experienced the four aspects of gendered racism—Assumptions of Beauty and Sexual Objectification, Silenced and Marginalized, Strong Black Woman, and Angry Black Woman. The results indicated that the four aspects of gendered racism, when considered together, significantly predicted Stress Appraisal, explaining 69.5% of the variance, $F(4, 209) = 119.32$, $p < .05$. While the Assumptions of Beauty and Sexual

Objectification (B = .503, t = 8.37, $p < .05$) and Silenced and Marginalized (B = .382, t = 8.27, $p < .05$) subscales contributed significantly to the model, the Strong Black Woman (B = .030, t = .822, $p = .412$) and Angry Black Woman (B = .015, t = .367, $p = .714$) subscales did not. The final predictive model was:

Stress Appraisal = .650 + (.503*ABSO) + (.382*SM) + (.030*SBW) + (.015*ABW)

Research Question 2. *What is the linear relationship of the frequency with which Black and African American women experience gendered racism with Trait Anger (anger experience)?*

To answer this research question, a multiple regression was conducted to predict participants' level of Trait Anger based on the frequency with which they experience the four aspects of gendered racism—Assumptions of Beauty and Sexual Objectification, Silenced and Marginalized, Strong Black Woman, and Angry Black Woman. The outcome variable, Trait Anger, did not pass the normality test (W = .920, $p < .05$) and as a result, adjusted R_2 was interpreted. The results of the regression indicated that the model explained 20.4% of the variance and the four aspects of gendered racism when considered together significantly predicted Trait Anger, F (4, 208) = 14.56, $p < .05$. While the Angry Black Woman subscale contributed significantly to the model (B = 1.40, t = 4.62, $p < .05$), the Assumptions of Beauty and Sexual Objectification (B = .229, t = .522, $p = .602$), Silenced and Marginalized (B = .628, t = 1.88, $p = .062$) and Strong Black Woman (B = -.303, t = -1.14, $p = .255$) subscales did not. The final predictive model was:

Trait Anger = 10.84 + (.229*ABSO) + (.628*SM) + (-.303*SBW) + (1.40*ABW)

Research Question 3. *What is the linear relationship of the frequency with which Black and African American women experience gendered racism with Anger-In and Anger-Out (anger expression)?*

To answer this research question, two multiple regression analyses were conducted to predict participants' Anger Expression (i.e., Anger Expression-In and Anger Expression-Out) based on the frequency with which they experienced the four aspects of gendered racism—Assumptions of Beauty and Sexual Objectification, Silenced and Marginalized, Strong Black Woman, and Angry Black Woman. First, Anger Expression-In did not pass the normality test (W = .980, $p<.05$) and as a result, adjusted R_2 was interpreted. The results of the regression indicated that the model explained 23.4% of the variance and the four aspects of gendered racism when considered together significantly predicted Anger Expression-In, $F (4, 209) = 17.22, p < .05$. Although the Silenced and Marginalized (B = 1.74, t = 4.49, $p<.05$), Strong Black Woman (B = -1.328, t = -4.30, $p<.05$) and Angry Black Woman (B = 1.053, t = 2.99, $p<.05$) subscales contributed significantly to the model, the Assumptions of Beauty and Sexual Objectification (B = .745, t = 1.48, $p= .141$) subscale did not. The final predictive model was:

Anger Expression-In = 12.31 + (.745*ABSO) + (1.74*SM) + (-1.328*SBW) + (1.053*ABW)

Secondly, Anger Expression-Out did not pass the normality test (W = .952, $p<.05$) and as a result, adjusted R_2 was interpreted. The results of the regression indicated that the model explained 23.1% of the variance and the four aspects of gendered racism when considered together significantly predicted Anger Expression-Out, $F (4, 210) = 17.08, p < .05$. Although the Angry Black Woman (B = 1.10, t = 4.81, $p<.05$) subscale contributed

significantly to the model, the Assumptions of Beauty and Sexual Objectification (B = .617, t = 1.88, p= .061), Silenced and Marginalized (B = -.447, t = -1.77, p=.078) and Strong Black Woman (B = .291, t = 1.46, p=.147) subscales did not. The final predictive model was:

Anger Expression-Out = 9.15 + (.617*ABSO) + (-.447*SM) + (.291*SBW) + (1.10*ABW)

Research Question 4. *What is the linear relationship of the frequency with which Black and African American women experience gendered racism with Anger Control-In and Anger Control-Out (anger control efforts)?*

To answer this research question, two multiple regression analyses were carried out to predict participants' Anger Control Efforts (i.e., Anger Control-In and Anger Control-Out) based on the frequency with which they experience the four aspects of gendered racism—Assumptions of Beauty and Sexual Objectification, Silenced and Marginalized, Strong Black Woman, and Angry Black Woman. Anger Control-In did not pass the normality test (W = .970, p<.05) and as a result, adjusted R_2 was interpreted. The results of the regression indicated that the model only explained 4.9% of the variance and the four aspects of gendered racism when considered together significantly predicted Anger Control-In, F (4, 208) = 3.75, p < .05. Although the Angry Black Woman (B = -1.370, t = -3.54, p<.05) subscale contributed significantly to the model, the Assumptions of Beauty and Sexual Objectification (B = -.021, t = -.038, p= .969), Silenced and Marginalized (B =.426, t = .995, p=.321) and Strong Black Woman (B = .636, t = 1.87, p=.062) subscales did not. The final predictive model was:

Anger Control-In = 25.44 + (-.021*ABSO) + (.426*SM) + (.636*SBW) + (-1.370*ABW)

Finally, Anger Control-Out did not pass the normality test (W=.956, $p<.05$) and because of this, adjusted R^2 was interpreted. The results of the regression indicated that the model only explained 7.6% of the variance and the four aspects of gendered racism when considered together significantly predicted Anger Control-Out, $F (4, 209) = 5.351$, $p < .05$. Although the Angry Black Woman (B = -1.246, t = -3.61, $p<.05$) subscale contributed significantly to the model, the Assumptions of Beauty and Sexual Objectification (B = -.318, t = -.646, $p= .519$), Silenced and Marginalized (B =.446, t = 1.17, $p=.243$) and Strong Black Woman (B = .054, t = .180, $p=.857$) subscales did not. The final predictive model was:

Anger Control-Out = 28.63 + (-.318*ABSO) + (.446*SM) + (.054*SBW) + (-.318*ABW)

Overall, the results of the multiple regression analyses indicated that each of the four aspects of gendered racism (i.e., Assumptions of Beauty and Sexual Objectification, Silenced and Marginalized, Strong Black Woman, and Angry Black Woman) when considered together function as significant predictors of stress associated with gendered racism, chronic stress, anger experience, anger expression, and anger control efforts among this sample of Black/African American women. Assumptions of Beauty and Sexual Objectification and Silenced and Marginalized aspects of gendered racism were the significant individual predictors of Stress Appraisals of gendered racism. The Angry Black Woman subscale of gendered racism was the only significant individual predictor of Trait Anger, Anger Expression-Out, Anger Control-In, and Anger Control-Out. The

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Silenced and Marginalized, Strong Black Woman and Angry Black Woman aspects of

gendered racism were the significant individual predictors of Anger Expression-In (anger

suppression) for this sample of women.

CHAPTER IV

DISCUSSION

Aspects of gendered racism were found to be significantly related to and predictive of stress appraisals as well as anger experience and expression among Black and African American women in this sample. Correlational analyses revealed significant bivariate relationships among the key study variables. Assumptions of Beauty and Sexual Objectification was related to Stress Appraisal, Trait Anger, Anger Expression-In, and Anger Expression-Out such that increased encounters with stereotypes related to the women's physical appearance tended to result in an increase in experiences of stress and the chronic experience of anger. Regarding anger suppression and aggression, participants tended to report increased experiences of both the more they encountered stereotypes related to their physical appearance. This aspect of the results is particularly important. First, previous researchers have argued that the racial and gendered socialization of Black and African American women significantly heightens this population's tendency to suppress their anger in the face of anger-inducing situations (Walley-Jean, 2009). These socialization processes also contribute to Black and African American women's tendency to employ coping strategies of avoidance and detachment in the face of stressful and anger-inducing circumstances (Thomas, Witherspoon, & Speight, 2008). The results of the present study indicated that Black and African

American women also outwardly express their anger, thus offering a valuable contribution to current literature.

Assumptions of Beauty and Sexual Objectification and anger control efforts in the current sample revealed that when faced with stereotypes related to their physical appearance, this sample was less likely to attempt to mask their anger or to control the outward expression of their anger. The results also revealed no significant relationship between Assumptions of Beauty and Sexual Objectification and Anger Control-In, thus suggesting that Black and African American women tended not to concern themselves with internal mechanisms of calming down in relation to such stereotypes of beauty and sexual objectification. These results are important in that they counter previous researchers' assertions that Black and African American women engage in extensive measures to suppress and mask their anger. This sample of Black and African American women do not seem to be concerned with controlling their anger. The current political climate in the United States as it relates to issues of race and gender is marked by the growing of social movements of marginalized groups speaking out and protesting against the injustices they face. The moral intuition perspective of emotions as articulated by Rozin and colleagues (1999) as well as Keltner and Lerner (2010) holds certain negative emotions such as anger as an indication of gross infringements upon rights, justice, and equitable living. As a result, the current findings potentially reflect Black and African American women's position within the current political climate and their empowerment to speak up and out against the gendered racism they encounter daily.

Perceptions of being Silenced and Marginalized as Black and African women was significantly and positively related to Stress Appraisal, Trait Anger, Anger Expression-In,

and Anger Expression-Out. This suggests that feeling invisible, powerless, and disrespected was associated with more stress, chronic anger, as well as anger suppression and aggression. However, perceptions of being Silenced and Marginalized was not associated with any aspect of anger control efforts. Moreover, being expected to show disproportionate amounts of strength and independence via encounters of the Strong Black Woman stereotype was related to more stress, chronic anger, and anger aggression. However, there was no relationship between the Strong Black Woman subscale of gendered racism and Anger Expression-In, Anger Control-In, and Anger Control-Out. These results reflect the preexisting literature regarding the study of the Strong Black Woman stereotype. West, Donovan, and Daniel (2016) argued that encountering and later internalizing social expectations of being strong, independent, and assertive aids in the successful coping of Black and African American women up to a certain point. Nevertheless, the perpetual reliance on the internalization of this stereotype simply compounds the negative effects associated with Black and African American women's daily experiences of stress, anger, and frustration associated with their unique social positionality (Harris-Perry, 2011; Sellers & Shelton, 2013; West, Donovan, & Daniel, 2016; Woods-Giscombé & Black, 2010). The frequency with which participants experienced gendered racism related to the Strong Black Woman stereotype was related to more stress, chronic anger, and anger aggression. This finding speaks to the exacerbating effects of living up to social expectations of strength for Black and African American women.

Encounters with the Angry Black Woman stereotype of gendered racism was significantly related to stress and all of the anger scales (i.e., Trait Anger, Anger

Expression-In, Anger Expression-Out, Anger Control-In and Anger Control-Out).

Participants revealed that the more they were expected to disproportionately experience

and express anger, the more they also reported feelings of stress, chronic anger, anger

suppression, and aggression. Conversely, there was a negative relationship between the

frequency with which participants encountered the Angry Black Woman stereotype and

their anger control efforts such that increased encounters of the Angry Black Woman

stereotype tended to relate to a significant decrease in attempts to control one's anger.

These results are best understood in the context of the Frustration-Aggression Hypothesis

(FAH). The FAH proposes that anger aggression functions as the result of blocked goal

attainment (Dollard et al., 1939; Berkowitz, 1989). Researcher Wendy Ashley (2014), in

her examination of the Angry Black Woman stereotype, argues that indiscriminately

labeling Black and African American women as angry contributes to heightened social

misrepresentation and misunderstanding of these women's emotional experiences and

behaviors. The case of misrepresentation and misunderstanding, in the context of the

FAH, operates as the blocked goal attainment. Ashley (2014) further explains that

constant awareness of the erroneous ways in which they are perceived, Black and African

American women become increasingly susceptible to aggression. The preceding

frustration, as outline in the FAH, may be attributed to the sense of powerlessness Black

and African American women feel associated with an inability to control and ultimately

influence the negative social discourse in which their social existence is embedded

(Ashley, 2014; Berkowitz, 1989; Collins, 1989; Thomas & Gonzalez-Prendes, 2009).

   A series of multiple regression analyses revealed intriguing findings regarding the

linear relationship of the four aspects of gendered racism with anger experience, anger

expression, and anger control efforts. First, of great significance was the distribution of the anger-related outcome variables (i.e., Trait Anger, Anger Expression-In, Anger Expression-Out, Anger Control-In, and Anger Control-Out). Results of the Shapiro-Wilks test of normality revealed that these aforementioned variables were not normally distributed. While this did not impact analyses due to the robust nature of the F-test, this lack of normality is critical for two important reasons. First, the lack of normality among the anger-related outcome variables might reflect how the STAXI-2 was originally normed. This also reflects the unique experiences of Black and African American women with anger. While Black and African American women significantly report the chronic experience of anger, their Trait Anger scores suggest a lower intensity of this chronic anger experience than was initially hypothesized. Researchers Sellers and Shelton (2013) as well as Sellers, Caldwell, Schmeelk-Cone, and Zimmerman (2003) proposed that repeated encounters of marginalization, discrimination, and prejudice normalizes anger-inducing situations.

The Angry Black Woman subscale of the Gendered Racial Microaggressions Scale (GRMS; Lewis & Neville, 2015) was significantly and consistently related to the chronic experience of anger (Trait Anger), Anger Expression, and Anger Control Efforts. As previously discussed, perceptions of the behavioral expectation of being angry can influence one's anger. The frustration associated with an inability to rectify the negative perceptions of what it means to exist in their bodies, as outlined by the FAH, results in increased experiences of anger and anger aggression (Ashley, 2014; Berkowitz, 1989; Collins, 1989; Thomas & Gonzalez-Prendes, 2009).

Moreover, the Angry Black Woman stereotype, along with the Strong Black Woman stereotype, serves as a pervasive social image of Black womanhood (Ashley, 2014; Collins, 2000; Lewis & Neville, 2015; Walley-Jean, 2009). The widespread nature of this particular stereotype for Black and African American women makes it a commonplace gendered racial microaggression. This means that perpetually encountering social expectations about one's negative emotionality (i.e., anger) increases the likelihood that any negative mental health outcomes such as stress, anger experience, anger expression, and anger control efforts will be attributed to that social expectation, as was reflected in the current findings.

With Anger Expression-In, Assumptions of Beauty and Sexual Objectification did not significantly contribute to the model; however, Silenced and Marginalized, Strong Black Woman, and Angry Black Woman did contribute to the model. Each of the subscales of the GRMS that significantly contributed to Anger Expression-In are all expectations about Black and African American women's behavior. Specifically, these gendered stereotypes articulate expectations that Black and African American women are too masculine in their comportment (i.e., Strong Black woman and Angry Black Woman) or not thought to be significant contributors in their respective social domains. Thus, in an attempt to counter the former or the internalization of the latter, these women tend to suppress their anger. This result aligns with previous researchers' assertions regarding the oppressive nature of social images in the context of Black and African American women's emotionality (Collins, 2000; Fields et al., 1998; Harris-Perry, 2011; Szymanski & Lewis, 2016; Thomas, Witherspoon, & Speight, 2008; Walley-Jean, 2009).

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Finally, Anger control efforts were not correlated to stress. In this sample of Black and African American women, controlling anger does not pose a significant concern. This, instead, seems to shed light on challenges with feeling anger and expressing anger. The lack of endorsement of anger control efforts, most importantly, points to a leading argument of the current study as well as that of preexisting literature on black feminist conceptualizations of anger: the experience and expression of anger possesses the potential to liberate and heal Black and African American women (Ashley, 2014; Cooper, 2018; Fischer & Roseman, 2007; Lorde, 1997). As anger functions as a negative emotional response to some threat experienced in the individual's environment, Black and African American women stand to benefit more from experiencing and expressing rather than controlling their anger (Cooper, 2018; Fischer & Roseman, 2007; Lorde, 1997; Spielberger & Reheiser, 2010; Tan & Carfagnini, 2008). Particularly for Black and African American women, their anger experience and expression hold the great potential to illuminate the angering, stressful, and psychologically distressing effects of existing within the intersections of Blackness and womanness.

Strengths and Limitations of the Study

Several strengths were identified for the current study. First, the study sample included over 200 participants who identified as both Black/African American and woman. In their investigation of quantitative research as a plausible research method to promote social justice, Cokley and Awad (2013) argue that conducting research involving individuals from marginalized populations often times pose great challenges as marginalized groups are often difficult to recruit for research studies. As a result, research tends to not reflect the experiences and perspectives of this population, thus decreasing

the generalizability of many research results to a significant portion of people in society (Cokley & Awad, 2013). The large sample size of the current study of Black and African American women not only serves as an answer to the problem of the inclusivity of marginalized populations in social science research, but also contributes to the social knowledge base of a population's lived realities who has historically been excluded from the preexisting literature aimed at understanding people's lives, emotional experiences, and social processes.

Secondly, the racial and gender identity of the primary investigator (i.e., as a Black woman) positively aided in the recruitment success of Black and African American women. Of researchers conducting research on social minority populations, Cokley and Awad (2013) suggest that, "Being members of marginalized groups undoubtedly helps foster a trust in research involving marginalized populations" (Cokley & Awad, 2013, p. 33). Traditionally, a mistrust of science and associated medical fields has persisted among communities of color (Cokley & Awad, 2013; Corbie-Smith, Thomas, & George, 2002; Moreno-John et al., 2004). Social minority populations have experienced great betrayal, misrepresentation, and exploitation in past research studies with the Tuskegee Syphilis Experiments serving as a leading example of the mistreatment sustained by social minorities in scientific studies (Cokley & Awad, 2013; Corbie-Smith, Thomas, & George, 2002; Sue & Sue, 1972). However, the inclusion of individuals who are members of the target participant demographic helps to alleviate potential participants' mistrust (Cokley & Awad, 2013). Having someone who identifies as a member of the same communities as the participants establishes a valuable knowledge source among the research team who possesses insights into those communities that can help guide the

ethical and community-specific execution of each phase of the research process. Ultimately the visible representation of social minority participants among the research team contributes to participants' sense of validation and even safety. Not only does visibility of the research team help increase trust among potential participants, but also garners the capacity to develop awareness of significant phenomena among the lived experiences of a social minority community that would otherwise be obscured due to one's lack of access and membership within that community.

Mainstream knowledge apparati often times fail to include proficient information and understandings regarding the plights of social minority groups. The demographic makeup of the knowledge producers as, historically, heterosexual, white, and cis-gender, also serves as the main contributing factor to this failure. In her assessment of the academic necessity of Black Feminist Thought, Patricia Hill-Collins (1986) asserts that individuals from marginalized groups possess a double-consciousness in which they navigate two social worlds at once. This dual navigation makes the individual privy to social processes and phenomena that cannot be accessed by any means other than occupying the social margins (Collins, 1986). This is especially the case for individuals who possess multiple marginalized identities such as Black and African American women. Collins (1986) contends that current theories and academic disciplines use distorted information and images concerning Black and African American women to support a body of literature examining and evaluating the plight of these women. However, Black and African American women academics can use their personal experiences and the experiences of the many other women like them to correct these distorted images and knowledge by redefining what it means to be a Black and African American woman, a possessor of

multiple marginalized identities, in a mainstream society (Collins, 1986). The primary investigator of the current study occupied a unique social position from which she initially utilized her own experiences with gendered racism, anger, and stress to empirically investigate the questions: *Are Black women angry? If so, why?* She, in line with Collins' (1986) assertions, allowed her personal experiences to inform the ultimate design and execution of a study that shed light on the legitimately angering and stressful ways in which chronic encounters with gendered racism impact Black and African American women. The results of the current study stand to correct the distorted images of Black and African American women as angry without cause and instead call into question the deleterious effects of continued social bigotry.

Finally, the incorporation of study variables and concepts meaningful to the lived realities of one's target participant pool stands to increase individuals' voluntary participation in research (Patel, Doku, & Tennakoon, 2003). This is particularly true for the recruitment of social minority groups (Cokley & Awad, 2013). The current study included key variables, such as gendered racism and mental health, which are of chief concern to Black and African American women given today's social and political climates. Participants' excitement regarding a study that sought to ultimately challenge and insightfully inform the *Angry Black Woman* stereotype was reflected in the participants' response to the snowball method of recruitment. Participants enthusiastically networked and shared the study's call for participants both through personal and professional networks of Black and African American women that comprised Black and African American women ranging in age from 18 to 72 as well as sexual/affectional orientation, educational level, socioeconomic status, intimate partner status, current

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annual household income, and religious/spiritual affiliation. Ultimately having a study that included a diverse group of 229 Black women to examine study variables that, to date, has had minimal to no attention in the psychological research field was a great strength.

Despite the strengths of the current study, some limitations were identified. The four aspects of gendered racism and stress appraisal were measured using the Gendered Racial Microaggressions Scale (Lewis & Neville, 2015). Bivariate correlational and multiple regression analyses illuminated a strong correlational and linear relationship between the four aspects of gendered racism and stress appraisal. Such strong relationships between the aforementioned variables could be due in part to the fact that each variable is part of the same instrument. Using a separate instrument to measure stress appraisal might render different results.

A significant number of participants were excluded from the final data analyses. These participants failed to complete portions of the STAXI-2 and/or the GRMS. The presentation of these measures in the online survey, if the survey was completed on a mobile device, could be difficult to see, thus resulting in participants' failure to complete. First, the STAXI-2 consists of three separate parts. While each part measures different aspects of anger (i.e., anger experience, anger expression, and anger control efforts), the questions are similarly worded throughout each part. Because of this, the questions might appear to be redundant to participants and result in participants skipping questions. Secondly, the GRMS measures the frequency with participants encounter gendered racism. This instrument also measures participants' stress appraisals of their experiences with gendered racism. The instrument presents each of the 26 questions with the

frequency and stress appraisal ratings side-by-side. If participants do not look carefully, it could be easy for participants to only see and complete the frequency ratings while neglecting the stress appraisal ratings for each question. Future studies should consider presenting the frequency and stress appraisal ratings separately in hopes of encouraging participants to fully complete the GRMS.

Recommendations for Counseling Services and Advocacy Work with Black/African American Women

Medical and mental health professionals must listen to the unspoken pain of Black and African American women as articulated in their anger experiences and expression as well as their accounts of daily stress. In January 2018, *Vogue Magazine* conducted an interview with tennis superstar, Serena Williams (Haskell, 2018). In that interview Williams details the harrowing experience of sustaining small blood clots days after giving birth by cesarean section to her first child (Haskell, 2018). Of great significance is the portion of the interview in which Williams tells of how her requests for medical testing to detect a possible blood clot—which Williams admits to having blood clots in the past and being familiar with the associated symptoms—initially went unfulfilled until, after her persistent insistence, doctors ordered a CT scan (Haskell, 2018). The results of the test in fact revealed several small blood clots, to which Williams quips, "I told you, I need a CT scan and a heparin drip...Listen to Dr. Williams!" (Haskell, 2018, para 11)

The story of Serena Williams' hospital experience after giving birth serves as but one instance in an arsenal of stories in which Black and African American women describe feeling silenced, ignored, and invalidated in their interactions with healthcare professionals. Researchers Hoffman and colleagues (2016) conducted a study

investigating the role of racial bias in medical practitioners' assessment and treatment of pain in both Black and white patient populations. These researchers found that medical professionals tended to hold beliefs that endorse biological differences between Black and white patients that ultimately led to these professionals' low ratings in the assessment of Black patients' pain reports, thus impacting the course of treatment provided to that group of patients (Hoffman et al., 2016). Taken together, there exists an overarching theme of public unbelief and ignoring of the lived realities of social minorities. Such disregards by medical professionals pose significant concerns in the context of specific mental health services in the form of counseling with Black and African American women.

Failure to listen to, validate, and seek to understand the lived experiences of Black and African American women in counseling can lead to the transformation of the therapeutic space as a microcosm of oppression (Sue & Sue, 2016). Often times, this failure reflects clinicians' cultural encapsulation, which refers to their unawareness of the cultural, social, and unique experiences of their clients due to the preoccupation of the clinician with their respective cultural, social, and psychological experiences of the world (Sue & Sue, 2016). Feeling invalidated in the therapeutic space ruptures the therapeutic alliance between a clinician and a client as feelings of trust significantly decrease (Cokely & Awad, 2013; Díaz-Martinez, Interian, & Waters, 2010; Sue & Sue, 2016). If the client does not fully trust the mental health professional, then he/she/they may not openly communicate with them, thus hindering the progression of the therapeutic process and ultimately discontinuing services. A study that incorporated a meta-analysis of more than 10 studies examined the relationship between therapeutic alliance and psychotherapy

dropout rates and found that clients who reported stronger therapeutic alliances were less likely to discontinue services (Sharf, Primavera, Diener, 2010). Thus, the results of the present study in light of the aforementioned research regarding social minorities' experiences with healthcare providers lead to two main recommendations when working with Black and African American women in counseling given their experiences of gendered racism, stress, and anger.

First, mental health professionals must not pathologize Black and African American women's anger experiences and expressions. Diaz-Martinez, Interian, and Waters (2010, p.313) proclaimed that the "nonpathological stance toward [Black and African American] women provides an environment that helps to heal from past traumas, advances personal transformation, and encourages social change…" Creating a space that makes Black and African American women feel reprimanded for their anger through practices that imply moral inferiority or health deficits and an insistence on change for the sake of social acceptance both a) perpetuates social images of subjugation that marginalize and oppress this population and b) contributes to their internalized oppression. Furthermore, mental health professionals must consider the impact of using assessments when working with Black and African American women on presenting concerns related to gendered racism, stress, and anger.

The incorporation of assessment and testing of Black and African American women must be done with great intentionality given the historical tendency of mental health and medical practices to perpetuate the oppression and marginalization of social minority groups (Cokley & Awad, 2013; Corbie-Smith, Thomas, & George, 2002; Moreno-John et al., 2004). Presenting instruments such as the Gendered Racial

Microaggressions Scale (Lewis & Neville, 2015) and the State Trait Anger Expressions-Inventory-II (Spielberger, 1999) to the client as part of the intake and initial assessment components of the therapeutic process—especially before the client has had the opportunity to fully articulate their lived experiences with gendered racism, stress, and anger—can be viewed by the client as a microaggression and as presumptuous in nature. These instruments, however, can be beneficial to the client later in the therapeutic process. As Black and African American women advance in their respective professional and academic trajectories, feelings of isolation, loneliness, and alienation increase (Ingram, 2013; Ortiz & Roscigno, 2009). Black and African American women's experiences of gendered racism, stress, and anger in these instances may appear to the Black/African American woman as a unique, singular occurrence only impacting her. Providing the Gendered Racial Microaggressions Scale (Lewis & Neville, 2015) and the State Trait Anger Expressions-Inventory-II (Spielberger, 1999) to the client could help normalize clients' daily experiences with gendered racism, stress, and anger. Mental health professionals must critically consider Black and African American women's social positionality and the possible intersections of various oppressive experiences these women encounter. Pathology does not lie within the Black and African American woman, but in the collective consciousness, dehumanizing practices, and heteronormative values of the larger society.

Secondly, mental health professionals must intentionally and consistently self-reflect on their personal biases and the impact that their identity has on the therapeutic space. The client's worldview must occupy the point of focus for the clinician when engaging in the therapeutic process with Black and African American women. This

entails attending to the various socialization processes that have contributed to how the client perceives herself, her experiences, and the world around her (Ratts et al., 2016). This is achieved by the clinician continuing to approach client interactions with open curiosity: encouraging Black and African American women to take on the role of expert in the context of their lived experiences. This compels the clinician to assume the role of learner. This learning manifests in the questions the clinician asks the client in session, taking advantage of opportunities to receive continued education training and acquire knowledge about the social experiences of Black and African American women (Ratts et al., 2016). Taking seriously the learning process as it relates to Black and African American women's lived realities diminishes the clinician's susceptibility to cultural encapsulation (Sue & Sue, 2016). The inability to see beyond one's own cultural milieu and interpreting the experiential reality of the client from her own cultural and experiential lenses can lead to microinvalidation (i.e., the intentional or unintentional dismissal or minimization of the experiences of marginalized individuals; Sue & Sue, 2016). Thus, consistently attending to one's own attitudes, beliefs and values, and identity status, making room for Black and African American women to relay their worldview, and promoting the strengthening of the therapeutic relationship will increase and foster a welcoming therapeutic space equipped to hold the voices of Black and African American women.

Essentially when working with a population of women who have historically been erased from the social discourse, it is imperative that mental health professionals do what is necessary for Black and African American women to fully occupy the therapeutic space. This includes allowing Black and African American women to define their

personal life narratives for themselves and tell their stories in a manner they deem necessary. Such a therapeutic space comes from clinicians taking the time to listen and empower these women to speak freely. Many times in an effort to function as allies and sources of support for clients from marginalized backgrounds, clinicians—at some point in their careers—opt to self-disclose their own experiences with discrimination, oppression, and marginalization. This is understandable in the context of traditional efforts to show acceptance of others by highlighting all the ways in which individuals share some commonalities in experience. However, not acknowledging and honoring all the ways individuals differ via this bias to emphasize similarities further silences Black and African American women and their efforts to articulate the idiosyncrasies in their existence at the intersection of racial and gender marginalization. Also, the mental health professional must allow the client to initiate discussions of gendered racism and the associated stress and anger on their own within the therapeutic space. This promotes the client's use of their self-directed power to define for themselves the focus of therapy. In colloquial terms, mental health professionals must get out of the way (i.e., self-reflect and work to eliminate bias and listen earnestly) and stand beside Black and African American women on their self-defined paths towards healing and empowerment.

CHAPTER V

CONCLUSION AND FUTURE CONSIDERATIONS

Understanding the mental health impact of possessing multiple marginalized identities is important for various reasons. First, the intersectionality of multiple marginalized identities as witnessed in the lived experiences of Black and African American women creates a unique social experience incomparable to that of Black men or white women. For this reason, previous researchers who have investigated anger, stress, depression, and anxiety without specifically examining Black and African American women's lived experiences cannot and should not generalize their findings to this population. Secondly, the socialization processes that Black and African American women undergo as it relates to both their race and gender significantly impacts how this group expresses their negative emotionality, particularly anger. In an effort to confront and overcome the negative stereotypes associated with these women's behavior (i.e., overly aggressive, difficult and domineering), Black and African American women tend to suppress, detach from, and avoid their true experiences of anger and stress. However, such efforts to challenge negative social perceptions increases their susceptibility to depression, anxiety, and—in extreme cases—suicidality. The residual effects of this socialization process are amplified when one considers the anger-inducing and stressful

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effects of the chronic experience of gendered racism, discrimination, prejudice, and marginalization Black and African American women face daily.

During data collection for the current study, qualitative data were also collected for a distinct, future research project. Participants shared their experiences associated with their race and gender across the various domains of their everyday life. Preliminary reviews of this qualitative data illuminated the context in which race and gender influences Black and African American women's stress and emotionality. One participant remarked:

> When people see me, they see me as a black woman. I have two strikes working against me. If I'm in a woman setting, my race is held against me. If I'm in a black setting, my sex is held against me. Either way, Black women are the most underappreciated people in America.

Specifically, the above remark reflects how one's social context impacts the salience of race and/or gender as it pertains to how one makes meaning of the discrimination faced. Moreover, this particular participant's remark counters assertions made by intersectionality theorists who argue against the teasing apart of the differential impacts of racial and gender discrimination for Black and African American women (Crenshaw, 1991; Hooks, 2000; Thomas, Dovidio, & West, 2014; Thomas, Witherspoon, & Speight, 2008). Here, the participant's remark suggests that context has the potential to shape which aspects of Black and African American women's marginalized identities are more pronounced in terms of the marginalization encountered. Thus, future research should consider the incorporation of participants' experiences articulated in their voice via individual interviews and/or focus groups to highlight not only the intersectional

functions of gendered racism, but also the idiosyncratic functions of each social positionality (i.e., race and gender) given a particular social context.

Furthermore, more in-depth analyses of the socio-cultural influences of Black and African American women's emotionality is crucial. The cultural perspective of the social functional approach to theories of emotion asserts that "cultural constructions of emotional experience reify and perpetuate cultural ideologies and power structures" (Hochschild, 1990 as cited in Keltner & Haidt, 1999). Keltner and Haidt (1999) elaborate by suggesting that the emotional experiences and expressions attributed to certain groups in society degrades that group to a marginalized status. These power stratification mechanisms through discourses about emotionality are seen in the stereotypes of Black and African American women as being angry. The *Angry Black Woman* stereotype attributes, as several researchers have proposed (Collins, 2000; Harris-Perry, 2011; Hutcherson & Gross, 2011; Keltner & Haidt, 1999; Keltner & Lerner, 2010), a socially undesirable emotion embedded within a host of negative connotations to a group that has historically been marginalized. Attaching anger to this particular group of women furthers their *othering* within society, which Keltner and Haidt (1999) as well as Keltner and Lerner (2010) deem as a critical social function of emotions at a group and cultural level. Ultimately, these theories as well as Black Feminist Thought have uncovered how anger serves as a tool of oppression for Black and African American women, thus the maintenance of the power differentials at play, which suggest that to be simultaneously Black and woman a crime met with the punishment of gendered racism, discrimination, and prejudice.

Echoing the assertions of social functional theories of emotions, Black Feminist Thought identifies Black and African American women's anger as a potential source of illumination and empowerment. Researchers investigating the social function of negative emotions such as anger, contempt, and disgust argue that these three closely related emotions alert the expresser and the onlooker to gross violations of justice (Fischer & Roseman, 2007; Hutcherson & Gross, 2011; Keltner & Lerner, 2010). Therefore, if Black and African American women are in fact angry beyond the reproach of a mere stereotype, it would behoove society to listen. Black Feminist theorist, Audre Lorde (1997) argued against the assumption that Black and African American women's anger is inherent. Instead, Lorde (1997) stated that simply labeling Black and African American women as angry without careful consideration of their emotional experience is a way to trivialize these women's lived experiences of injustice. The trivialization of Black and African American women's anger and the socialization of their emotionality to that of quiet docility eclipses the larger social institutions of responsibility for the subjugation, rejection, and maltreatment these women have sustained throughout the history of this country (Brown Givens & Monahan, 2005; Childs, 2005; Collins, 1989; Dow, 2016; Fields et al., 1998; Lorde, 1997; Thomas & Gonzalez-Prendes, 2009; Walley-Jean, 2009).

However, there exists a unique opportunity for future research that emphasizes the empowerment potential of Black and African American women through their expression of anger. If one merely considers the function of anger at all social levels (i.e., individual, dyadic, group, and cultural) as a tool of communication and a form of alerting looming trouble in the environment, then anger expressed by Black and African American women can be seen as a call for social revolution. The social function of anger suggests that:

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> …anger can be seen as a means of trying to get something done by forcing
>
> a change in the target's behavior…Thus, although the implications of
>
> anger expression may initially be considered negative, especially by the
>
> anger object, they may be positive for the angry person; if the longer-term
>
> effect of anger is to alter an unsatisfactory interaction pattern or
>
> relationship between two people, it may be followed by a reconciliation in
>
> which a more mutually satisfactory pattern or relationship is established
>
> (Fischer & Roseman, 2007, p. 104).

The above quote first outlines the utility of anger as a catalyst for change. Despite its negative connotation, anger has the potential to not only change that which is considered unacceptable, but also facilitate healing (Fischer & Roseman, 2007). The outcomes of the current study are critical as they set the stage for a reconceptualization of Black and African American women's anger; one that stands to empower and initiate change.

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APPENDICES

Appendix A

REVIEW OF LITERATURE

Multiple Marginalized Identity, Intersectionality, and Gendered Racism

Black and African American women often navigate multiple sources of oppression mostly related to their race, ethnicity, and gender, but also sometimes extending to their sexual orientation and religious affiliation (Bryant-Davis, 2013). The delicate navigation of multiple systems of oppression creates a unique set of social demands Black and African American women must confront. Some researchers have speculated about the interplay of race and gender in the social and psychological functioning of these women (Lewis & Neville, 2015; Moradi & Subich, 2003; Thomas, Witherspoon, & Speight, 2008; Thomas, Dovidio, & West, 2014).

Moradi and Subich (2003) identified a recurring pattern in existing literature on marginalized populations wherein scholars often give attention to the experiences of women and African Americans separately without acknowledging the specific intersection of these experiences for Black and African American women. These researchers ultimately proposed the additive and interactionist approaches as two theoretical lenses through which to examine and understand the emotional, psychological, and social worlds of Black and African American women.

According to the additive approach, racism and sexism are regarded as two independent occurrences of discrimination (Moradi & Subich, 2003; Thomas, Witherspoon, & Speight, 2008). When occurring simultaneously, the residual effects of disadvantage associated with each system of oppression add together to produce double disadvantage (Moradi & Subich, 2003; Szymanski & Stewart, 2010; Thomas, Witherspoon, & Speight, 2008). Like the additive approach, the interactional approach views racism and sexism as independent sources of oppression. However, racism and sexism interact in such a way that the effects are intensified (Moradi & Subich, 2003), thus negatively affecting Black and African American women's level of psychological distress (Szymanski & Stewart, 2010; Thomas, Witherspoon, & Speight, 2008). While each approach recognizes the strong relationship between racism and sexism and their simultaneous impact on Black and African American women's mental health, each approach fails to address the intersectionality of multiple marginalized identities.

Kimberle Crenshaw (1991) coined the term *intersectionality* and defined it as the simultaneous, yet indistinguishable, influence of race and gender, which creates the unique social experiences of Black and African American women. Intersectionality proposes that while racism and sexism impact Black women's experiences simultaneously, the two oppressions are so interconnected such that it is difficult to sort out the unique contributions of racism and sexism to Black and African American women's psychological adjustment, which puts these women at a significant psychosocial disadvantage (Thomas, Witherspoon, & Speight, 2008). Black feminist scholars contend that the greatest failure of society regarding the plight of Black and African American women stems from society's insistence that these women choose either

their race or gender as their primary source of identification (Crenshaw, 1991; Hooks, 2000;). Unfortunately, ignoring intersectionality threatens to obscure society's ability to recognize and understand the macro- and micro-aggressions that Black and African American women face, including prejudice, discrimination, stereotyping as well as the resulting chronic mental health outcomes for these women. Black and African American women's invisibility ultimately is the consequence of this failure by society to acknowledge the complexities of having multiple, interconnected, marginalized identities, which only breeds more struggle, discrimination, and psychic pain.

Much of the intersectional invisibility that Black and African American women encounter stems from a historical tendency to endeavor in dichotomous thinking. Here dichotomous thinking refers to a proclivity to categorize and/or group similarities while disregarding differences. This concept holds some significance in terms of Black and African American women's grouping and their level of fit into social contexts.

Thomas, Dovidio, and West (2014) conducted a study aimed at understanding the source of intersectional invisibility. Guided by the white male norm and categorical prototypicality hypotheses, these researchers believed that participants would not readily identify Black women as either female or Black as quickly as they would identify white women as female and Black men as Black (Thomas, Dovidio, & West, 2014). The study included 43 undergraduate participants who were shown pictures of individuals and asked to identify the individual in the picture as either male or female or Black or white. The researchers found that participants were quicker (i.e., decreased response time [RT]) to respond to the atypical category member versus the category norm for between-group decisions (Thomas, Dovidio, & West, 2014). This result supports the white male norm

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hypothesis, which suggests that because the White race and the male gender are socio-culturally normalized and privileged, those outside of these social groups are more atypical and easier to detect (Thomas, Dovidio, & West, 2014). Thomas, Dovidio, and West (2014) also revealed that participants were quicker at identifying prototypical members within-categories (i.e., White women were identified quicker than Black women and White men identified quicker than Black men). Overall, participants were slower (i.e., increased RT) to identify Black women. The researchers argued that the non-prototypicality of Black women's social status because of their multiple marginalized identity, increased their invisibility within larger social contexts (Thomas, Dovidio, & West, 2014). Unfortunately, such levels of invisibility and 'failure to securely fit' into any one category are witnessed by many Black and African American women on a day to day basis, beyond the confines of psychology laboratory research.

Invisibility and social marginalization are relevant issues faced by Black and African American women even in courts of law. In fact, Black and African American women's claims related discrimination suits are often legitimized (or not) based on comparisons made to the experiences of either White women or Black men (Crenshaw, 1989). In cases involving gender discrimination, White women's experiences were considered as a marker of whether the Black woman's claims of gender discrimination were recognized by the courts or not (Crenshaw, 1989). This was also the case for determining the merits of Black and African American women's claims of racial discrimination. Black men's experiences served as markers for the legitimacy of Black women's racial discrimination case (Crenshaw, 1989). With each scenario, if the dominant subgroup within either marginalized group was found as not having similar

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experiences of discrimination as Black and African American women, the case was often dismissed (Crenshaw, 1989).

Crenshaw (1991) later argues that pre-existing systems for understanding social marginalization solely through the lens of race or gender inadequately captures Black and African American women's encounters with their surrounding environments. Ultimately, the historical oversight of intersectionality leads to the invisibility of the unique social position and experiences of Black and African American women and catalyzes the conditions for what Thomas, Witherspoon, and Speight (2008) identify as gendered racism.

Gendered racism possesses a qualitative difference from both racism and sexism. Borne out of the intersectional approach of understanding the influence of multiple sources of oppression, gendered racism reflects "the unique blended phenomenon" of two forms of oppression occurring at once (Thomas, Witherspoon, & Speight, 2008, p. 308). This unique form of oppression often manifests in the form of stereotypes, negative social perceptions, and/or images portrayed of a specific target group (; Lewis & Neville, 2015; Thomas, Witherspoon, & Speight, 2008). Stereotypes of Black and African American women being angry, emasculatingly independent, or hypersexualized are examples of the gendered racism associated with this group. Seeking to understand the unique effects of gendered racism on Black and African American women's psychological distress and coping, Thomas, Witherspoon, & Speight (2008) conducted a study that included 344 African American women. These participants provided responses to the Symptom Checklist 90-Revised (Derogatis, 1994) as a measure of psychological distress, the four subscales of the Africultural Coping Style Inventory (Utsey et al., 2000) as measures of

coping, and the Schedule of Sexist Events-Revised (Klonoff & Landrine, 1995) as a measure of gendered racism. The researchers found that African American women acknowledge the experience of gendered racism and that gendered racism's heightened impact tended to diminish the usefulness of preexisting coping strategies, for example, cognitive/emotional debriefing, spiritual-centered, collective, and ritual-centered coping (Thomas, Witherspoon, & Speight, 2008). Typically confronted at work and in the context of interpersonal relationships/interactions in public, gendered racism was positively correlated with psychological distress for these women (Thomas, Witherspoon, & Speight, 2008). Unable to dissect the individual influence of either form of oppression, racism and sexism together cause great distress for Black and African American women. The results of this study illuminate the serious mental health outcomes and coping difficulties associated with repeated exposure to gendered racism. It should be noted, however, that these authors focused on the sexist experiences of Black and African American women and not specifically gendered racism despite their claims. The measure they used was the Schedule of Sexist Events-Revised, which was originally designed to measure perceived experiences of sexism and not specifically gendered racism. This leads one to question the validity of the findings of this study in measuring gendered racism.

Lewis and Neville (2015) expanded the concept and measurement of gendered racism as a unique form of oppression and marginalization that impacts the mental health of Black and African American women specifically. These researchers conducted a study that aimed to create a psychometric tool that gauged not only the blended nature of gendered racism, but also the various forms of gendered racism, how often Black and

African American women experienced this form of oppression, and the amount of distress gendered racism causes (Lewis & Neville, 2015). The Gendered Racial Microaggressions Scale for Black Women (GRMS: Lewis & Neville, 2015) serves as the point at which intersectionality and microaggressions research converges. Generally regarded in terms of race, microaggressions refer to the subtle verbal and nonverbal slights racial minorities encounter on a day-to-day basis (Lewis & Neville, 2015). Lewis and Neville (2015) contend that conceptualizing microaggressions only in terms of race fails to capture the microaggressions that other marginalized groups encounter, especially in terms of sexism. Thus, the researchers argued for a more expansive understanding of microaggressions to capture Black and African American women's experiences by also considering gender.

As discussed previously, intersectionality theory provides a framework to help understand the interconnected and simultaneous impact of race and gender on the overall functioning of Black and African American women (Crenshaw, 1991; Lewis & Neville, 2015; Thomas, Witherspoon, & Speight, 2008; Thomas, Dovidio, & West, 2014). Taking a stance against the partialing out method of interactional research (i.e., regarding race and gender as separate forms of oppression that when taken together can heighten an individuals' overall experience of distress), Lewis and Neville (2015) opted to regard the experiences of racism and sexism as a uniquely blended form of marginalization that directly impacted Black and African American women's mental health. Preexisting scales do not capture the blended nature of gendered racism in an appropriate and sound psychometric manner (Klonoff & Landrine, 1995; Landrine & Klonoff, 1996; Lewis & Neville, 2015; Thomas, Witherspoon, & Speight, 2008; Thomas, Dovidio, & West,

2014). As a result, Lewis and Neville (2015) developed scale items and conducted an exploratory factor analysis to ascertain the construct validity of the scale items that were developed, along with a follow-up confirmatory factor analysis as well.

Three aspects of gendered racism were explored based on focus group data from 12 Black and African American women who varied in terms of employment type and status and who were recruited through a community organization: a) projected stereotypes, b) silenced and marginalized, and c) assumptions about style and beauty (Lewis & Neville, 2015). Projected stereotypes refer to the extent to which Black and African American women believe they are expected to behave in social interactions whereas assumptions about style and beauty refers to the social assumptions related to how Black and African American women will behave and communicate as well as their cultural values (Lewis & Neville, 2015). The researchers found that silenced and marginalized encompassed the various ways in which Black and African American women feel invisible, powerless, and disrespected in their day-to-day social, professional, and home life (Lewis & Neville, 2015).

However, through the initial validation of the GRMS, Lewis and Neville (2015) found that the assumptions about style and beauty issues related to the concept of sexual objectification, thus transforming the subscale into *Assumptions of Beauty and Sexual Objectification*. Using exploratory factor analysis (and later confirmatory factor analysis confirmed the model), the researchers opted for a four-factor model of the GRMS (i.e., the Assumptions of Beauty and Sexual Objectification, Silenced and Marginalized, Strong Black Woman, and Angry Black Woman subscales), citing that the two-, three-, or five-factor models failed to provide sufficient conceptual clarity and was difficult to

interpret (Lewis & Neville, 2015). As a result, Lewis and Neville's (2015) initial

conceptualization of projected stereotypes became two separate factors: *The Strong Black*

Woman and *The Angry Black Woman* factors. The Strong Black Woman factor referred to

the expectation that Black and African American women exhibit strength, independence,

and assertiveness and the Angry Black Woman Stereotype referred to the expectation that

Black and African American women disproportionately express anger (Lewis & Neville,

2015).

Lewis and Neville's (2015) research findings align well with preexisting research

findings that perceived discrimination in the form of microaggressions and stereotypes

pose a relatively greater negative mental and physiological impact on racial minorities

(Clark et al., 1999; Greer, 2011; Landrine & Klonoff, 1996; Lincoln, Chatter, & Taylor,

2005; Martin et al., 2011; Sellers & Shelton, 2003; Sellers et al., 2003; Stevenson et al.,

1997; Szymanski & Stewart, 2010; Taylor et al., 2001; Terrell et al., 2006; Thomas,

Hammond, & Kohn-Wood, 2015). When considered with the negative impact of racial

discrimination, gender discrimination also creates psychological distress for Black and

African American women (Lewis & Neville, 2015; Moradi & Subich, 2003; Thomas,

Witherspoon, & Speight, 2008; Thomas, Dovidio, & West, 2014).

The GRMS developed by Lewis and Neville (2015) is significant for two reasons.

First, the GRMS is the first measure to assess gendered racism in terms of the

intersectionality of race and gender among Black and African American women. This

scale regards gendered racism as the distinctive blending of two forms of oppression as

opposed to considering racism and sexism as single, independent oppressive phenomena

that, when considered together, creates greater negative mental health outcomes for Black

and African American women. Secondly, as the first real intersectional tool for measuring gendered racism among Black and African American women, Lewis and Neville (2015) found that the GRMS subscale scores were positively related to psychological distress (as measured by the Mental Health Inventory 5; Veit & Ware, 1983) among Black and African American women. This finding provides strong support for the argument that Black and African American women are at a higher risk for negative mental health outcomes given the uncharacteristic ways in which they experience multiple forms of oppression. Ultimately, Lewis and Neville (2015) offer insight into how current theoretical and research literature and models on the mental health outcomes of Black and African American women fail to capture a holistic picture of these women's experiences. In the following section, prominent theoretical models of stress and distress among minority populations will be described and how each fall short in their explanation of Black and African American women's mental health in the context of gendered racism. Current stress models will be presented that fail to account for recent researchers' suggestions that anger functions as a more salient indicator of Black and African American women's experiences of gendered racism, thus introducing the argument for the examination of anger outcomes in the current study.

Gendered Racism, Stress, and Other Mental Health Outcomes

Gendered racism sheds light on the precise social stressors Black and African American women encounter due to their multiple marginalized identities. First, a clear understanding of stress and its function both psychologically and socially is necessary to the discussion of gendered racism and mental health outcomes. Psychologists define stress as the interplay between environmental threats/demands, individual appraisals of

those threats/demands, and the individual's resulting response (Woods-Giscombé & Lobel, 2008). More specifically, an individual may encounter an environmental threat or demand and deems themselves incapable of overcoming that threat or demand due to a lack of tangible and/or psychological resources; thus, the inability to meet the environmental demands precipitates stress (Lazarus & Folkman, 1984; Woods-Giscombé & Lobel, 2008). Stress tends to elicit a distress response in the form of psychological and physiological symptoms (Woods-Giscombé & Lobel, 2008). Researchers argue that stress is associated with anxiety, depression, hypertension, heart disease, and suicidal ideation (Carr et al., 2014; Perry, Pullen, & Oser, 2012; Perry, Harp, & Oser, 2013; Stevens- Watkins et al., 2014; Szymanski & Lewis, 2016; Szymanski & Stewart, 2010; Thomas, Dovidio, & West, 2014; Woods-Giscombé & Lobel, 2008). The connection between stress and distress intensifies with the consideration of racism and sexism as concurrent sources of stress for Black and African American women. However, current researchers examining stress among marginalized populations frequently generalize minority stress across marginalized groups as opposed to examining the intragroup differences (i.e., the differences between various marginalized groups).

Various theorists have sought to conceptualize minority stress and the social, psychological, and economic impacts of being a member of a marginalized group. Meyer (1995) first introduced the minority stress model to understand stress and mental health outcomes in gay men. He proposed that the self-directed blame (internalized homophobia), the increased vigilance of social exclusion (stigmatization), and real experiences with discriminatory and violent acts as significant stressors for gay men (Meyer, 1995). Each stressor was hypothesized as having an independent influence on

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participant's psychological distress and, when considered together, renders a more intense impact of psychological distress (Meyer, 1995). This additive approach suggests that the summed negative outcomes of minority stressors is far greater and more intense than the individual effects. Meyer (1995) found that internalized homophobia, stigma, and experiences of discrimination and violence did increase gay men's risk of psychological distress such that one's non-dominant affectional orientation provides additional layers of stress than those of dominant affectional orientation. While ground breaking in considering the social antecedents in adverse mental health outcomes, Meyer's (1995) model does not provide an adequate framework for understanding Black and African American women's experiences of stress and distress.

The minority stress model as proposed by Meyer (1995) fails to account for intersectionality. First, Meyer's (1995) conceptualization presupposes a monolithic categorization of gay men. Differences exist within this group due to the sheer complexity of human identity. For example, race, ethnicity, and class as well as a host of other identity markers intersect to make up the individual's experience. Thus, a gay man who identifies as Black or a gay man who identifies as Christian are confronted with different social demands that are founded solely in the uniqueness of their social experiences. This uniqueness is attributed to the specific, blending of multiple identities and in the case of the gay man who identifies as Black, his uniqueness is attributed to the specific blending of his multiple marginalized identities. Ultimately, Meyer's (1995) conceptualization does not provide a holistic lens through which we can examine the blended phenomenon of being Black and woman. Clark, Anderson, Clark, and Williams (1999) introduced a model of racism-related stress that advances the minority stress

model by considering various social, environmental, and biophysical factors impacting racism-related stress.

Clark and his colleagues (1999) proposed a biopsychosocial model of stress among African Americans. They argued that to comprehend the emotional-psychological (i.e., anger, stress, distress, depression, etc.) outcomes of racism, one must first consider the constitutional, sociodemographic, psychological and behavioral factors that differentially impact African American's vigilance of and attendance to racism (Clark et al., 1999). An African American's occupational status (constitutional factor), socioeconomic status (sociodemographic factor), and certain personality tendencies (psychological and behavioral factors) all play a role in whether they attribute a discriminatory incident as a racist event, thus supporting a contextual model of understanding racism as a stressor for African Americans (Clark et al., 1999). However, both Meyer (1995) and Clark et al. (1999) do not address intersectional invisibility. The factors discussed that contribute to increased perceptions of racism are implicitly regarded as independent, non-intersecting occurrences. Moreover, these researchers do not mention gender as neither a constitutional nor sociodemographic factor of significance. Gender identification, especially in the case of marginalized gender identification (i.e., being a woman) intensifies an individual's vigilance and appraisal of discriminatory events (Klonoff & Landrine, 1995; Perry, Harp, & Oser, 2013; Szymanski & Lewis, 2016; Thomas, Witherspoon, & Speight, 2008;). Failure to include gender as a contextual factor in perceptions of racism further eclipses the appropriateness of Clark et al.'s (1999) biopsychosocial model as a theoretical framework for understanding Black and African American women's stress experience.

Stress models that incorporate multicultural perspectives, while aware of inter-and intracultural differences, are still too broad in scope to adequately address Black and African American women's stress processes. Slavin, Rainer, McCreary, and Gowda (1991) provided an extension to Lazarus and Folkman's (1984) original stress and coping model by surpassing the Euro-centric standards inherent in the original model. Lazarus and Folkman (1984) originally proposed three major components of the stress process. First, the individual encounters some demand from their external world. The individual then undergoes a psychological process, known as appraisal, to assess whether a) the external demand poses some threat, harm, or challenge, and then whether b) they possess the real, tangible and/or psychological resources to overcome the potential threat, harm, or challenge posed by the external demand (Lazarus & Folkman, 1984; Lazarus & Folkman, 1987). Once the individual deems the demand as stressful (i.e., exceeding their ability to overcome), they engage strategies to assist in managing the stress known as coping (Lazarus & Folkman, 1984). Problem-solving and emotion-focused coping are the two main coping strategies. In problem-solving coping, the individual generates alternate solutions to the identified problem to alleviate the stress. In emotion-focused coping, strategies are used including avoidance, distancing, and acceptance (Lazarus & Folkman, 1984; Slavin et al., 1991). Slavin et al. (1991) adds to the discussion of Lazarus and Folkman's (1984) initial model of the stress process what the real effects of race, ethnicity, culture, socioeconomic status, and gender are and how often an individual encounters certain stressors and the differential processes involved in their appraisals and coping strategies given those realities.

The understanding of how culture influences an individual's thought processes and subsequent stress appraisals serves as one major projection of Slavin et al.'s (1991) expansion of the Lazarus and Folkman (1984) stress process model. The researchers argue that an individual's culture provides a lens through which they view their world and thus different cultural perspectives may lead some individuals to deem an event as stressful whereas other individuals may not (Slavin et al., 1991). This claim particularly speaks to the unique group characteristics of Black and African American women. The exclusive way in which race and gender fuse together for this specific population presents a set of considerations that ultimately dictate these women's stress process which is not identified in any other racial and/or gender groups such as in Black men or White women. Take, for example, how a Black or African American woman may handle conflict with a coworker. Whereas others may appraise the conflict with the coworker as a challenge (i.e., a positive appraisal thought to bring the individual some success after overcoming the stressor), a Black and African American woman may appraise the conflict as a threat or harmful (i.e., a negative appraisal thought to bring considerable future harm or loss) (Lazarus & Folkman, 1984).

Researchers argue that the stereotypes and social perceptions of Black and African American women as angry, emasculating, or 'bitchy' prompts these women to behave in ways that attempt to disprove such social images, thus a process known as perception management through controlling images (Collins, 1999; Walley-Jean, 2009). An awareness of the negative social images associated with one's marginalized group may lead Black and African American women to deem it harmful to act in any way to confirm such perceptions and cope by choosing not to speak up and address the

conflict with the coworker. Walley-Jean (2009) affirmed these appraisal and coping

tendencies in Black women by finding that Black women often conceal their true

reactions to anger-inducing situations to avoid reinforcing negative stereotypes.

Similarly, Thomas et al. (2008) found that when confronted with stressful experiences of

gendered racism, Black women typically coped by avoiding, detaching, and minimizing

the event. Slavin et al.'s (1991) theoretical expansion of Lazarus and Folkman's (1984)

stress process model ultimately provides a framework to understand how marginalized

groups differ in the stress process from majority groups. However, their explanation of

gender in the reformulated stress process model still does not adequately address

intersectionality.

Slavin et al.'s (1991) reformulated stress process model posits an interaction

effect of gender on an individual's other cultural identities when considering stress.

Specifically, they suggest that the meaning an individual's culture attributes to gender

more accurately depicts women's stress process. This view presupposes that culture

supersedes gender effects in stress, appraisal, and coping. Using the aforementioned

example of the Black and African American woman's management of conflict with a

coworker, Slavin et al.'s (1991) conceptualization would suggest that Black and African

American women's approach to confronting the stress of the conflict is linked to these

women's cultural teachings of how women tend to resolve conflict. This position is

dangerous in that it undermines the real and, in some aspects, universal marginalization

women face given their race, ethnicity, and culture. Moreover, this position proposed by

Slavin et al. (1991) does not consider the indistinguishable intertwining nature of racial

marginalization and gender marginalization for Black and African American women by

only focusing on the cultural meaning attributed to gender. Thus, Slavin and colleague's reformulated stress process model fails to provide a sufficient framework to account for the intersectional aspect of Black and African American women's confrontation of stress.

Researchers examining stress, psychological distress, depression, and coping among Black and African American women consider the simultaneous influence of gender and race on these women's mental health. Yet, researchers vary in their findings on the conjoining versus unique influences of racism and sexism on Black and African American women's mental health. Szymanski and Stewart (2010) found that among a group of 160 African American women, only sexism predicted psychological distress. Similarly, Carr et al. (2014) observed multiple sources of oppression in the form of sexual objectification, racism, and gendered racism on depressive symptoms in a clinical sample of low-income Black women. While each source of oppression was related to depressive symptoms in their sample, when considered together, only racism significantly predicted depressive symptoms above and beyond that of sexual objectification and gendered racism (Carr et al., 2014).

Other researchers have assumed a multidimensional approach to understanding stress and psychological distress among Black and African American women. Woods-Giscombé and Lobel (2008) contended that race, gender, and generic stressors—defined as everyday hassles that people generally encounter regardless of their social status—separately impacted stress and when blended together, none of the three variables contributed to these women's distress more than the other. Stevens-Watkins et al. (2014) also found similar results in a sample of 204 African-American women positing that racism and sexism concurrently contributes to this population's stress and distress.

Thomas et al. (2008) and Szymanski and Lewis (2016) moved beyond the multidimensional approaches to examine the blended nature of gendered racism on psychological distress and found a positive relationship. While each group of researchers examined stress, distress, depression, and coping, they did not examine Black and African American women's emotional responses to their marginalization by investigating links to gendered racism, mental health, and anger. The following section will examine anger from a psychological perspective, with emphasis on outlining the cognitive, environmental, and emotional conduits of anger experience and expression. The following section will also examine anger from a Black Feminist perspective detailing how anger simultaneously serves as a tool of oppression and resistance for Black and African American women. Both conceptualizations of anger stand to provide a more holistic understanding of the role anger plays in the lives and overall well-being of Black and African American women.

Anger

   Psychological Conceptualizations. Many researchers to date have explored anger in the context of aggression. Spielberger and Reheiser (2010) defined aggression as an expression of the emotional state of anger. To understand the history of theoretical conceptualizations of anger, it is important to first examine the aggression literature. Many people regard Albert Bandura's infamous BoBo Doll Study as social science's first examination of aggression (Bandura, Ross, & Ross, 1961). However, the social scientific study of aggression dates back as far as the 1930s with the groundbreaking study of Dollard, Doob, Miller, Mower, and Sears (Berkowitz, 1989). Dollard and his colleagues first presented a hypothesis of aggression as the by-product of frustration (Berkowitz,

1989). When an individual fails to achieve a goal due to the interference of some circumstance, the individual first experiences frustration and then ultimately aggression, otherwise known as the Frustration-Aggression Hypothesis (FAH (Berkowitz, 1989). Researchers have sought to examine the conditions under which frustration is more likely to morph into aggression (Berkowitz, 1989; Buss 1963; Harris, 1974; Leyens & Parke, 1975). Many of Dollard et al.'s contemporaries questioned the legitimacy of the FAH by stating that the model seemed too simplistic in nature given that it doesn't discern which factors of frustration are more likely lead to aggression (Berkowitz, 1989).

Buss (1963) introduced the idea that frustration does not always lead to aggression and that alternate reactions are possible. He proposed that certain conditions related to the nature of an individual's frustration serve as better predictors of aggression (Buss, 1963). Buss (1963) conducted a study in which college-aged students were randomly assigned to three different experimental groups or a control group. The experimental groups were established based on three different types of frustration: 1) failure to complete some task successfully, 2) failure to win money due to some interference, and 3) failure to improve one's grade due to some interference. Results indicated that participants' experience of frustration did not relate to varying levels of aggression. Essentially, experiencing blocked goals only resulted in marginal aggression. Buss (1963) argued that outright-aggression is not an automatic response to frustration but may prompt the individual to seek other ways of meeting desired goals or emotional responses in the form of depression or anxiety (Buss, 1963). More expansive understandings are needed regarding reactions beyond aggression and frustration (Berkowitz, 1989; Harris, 1974).

Harris (1974) introduced a gradual intensification conceptualization of the frustration and goal blockage stages of the FAH model. Her first contribution to the literature emphasized staunch disagreement with the controlled, experimental ways in which frustration and aggression have been examined and measured. Thus, Harris (1974) designed a study in which experimenters cut in front of people standing in line at different public locations (i.e., the grocery store or the movie theater). She found that the point in line where people cut in line did differentially impact the participants' response and, in some cases, the level of aggression participants displayed. Specifically, participants closer to the front of the line tended to show more aggression when people cut in line in front of them than those participants farther back in line. These results are critical in recognizing the important role that goal attainment plays in the FAH. Previously with the works of Dollard and his colleagues (Dollard et al., 1939) as well as Buss (1963), research involving the FAH presented failed goal attainment as a unified event. In this sense, researchers did not account for the ways in which one's level of closeness to goal attainment could potentially have a differential influence on aggression. Although Buss (1963) briefly alluded to such an interaction with his discussions of strong versus weak motivations for achieving goals, Harris' (1974) study explicitly addresses and provides evidence to support a gradient effect of goal interference on frustration and possibly aggression. Ultimately, both Buss' (1963) and Harris' (1974) research legitimized original skeptics' beliefs that the relationship between frustration and aggression is best understood in terms of its mediating factors. This significantly increased social psychologist Leonard Berkowitz's (1989) later efforts to reconceptualize Dollard, Doob, Miller, Mower, and Sears' (1939) Frustration-Aggression Hypothesis.

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Berkowitz (1989) called for a reformulation of the FAH in that frustration only leads to aggression under some conditions. He contended that "thwartings produce an instigation to aggression only to the degree that they generate negative affect" (Berkowitz, 1989, p. 60). The thwartings mentioned here refers to the goal attainment blockages that constitute frustration. This definition of frustration aligns with previous definitions provided by Dollard and his colleagues (Dollard et al., 1939), Buss (1963), and Harris (1974). Berkowitz (1989) proposed a revised framework, suggesting that the blockage of goal attainment merely predisposes one to frustration. One only experiences that frustration to the extent that the goal blockage yields the experience of some negative emotion (Berkowitz, 1989). This first proposition of Berkowitz is important to note in that it adds affectional cues as the moderating factor in the FAH (Berkowitz, 1989). However, Berkowitz's (1989) introduction of affectional cues to the FAH confirms what Albert Bandura and his colleagues originally argued regarding the social learning analysis of aggression in that environmental cues—whether internal (affects) or external (social context) environments—ultimately shape the extent to which individuals respond with aggression in the face of some frustrating event (Bandura, 1978).

The genesis of anger and aggression as explained in the development of the FAH stands to provide a theoretical paradigm in examining the anger experiences of Black and African American women. The blocked goal attainment aspects of the model speak to the social exclusion these women face due to their marginalized racial and gender identity. However, the FAH only provides one elaborate explanation of anger expression (i.e., aggression). This framework for understanding anger experience and expression fails to consider the various ways individuals express anger in day-to-day occurrences. This more

holistic understanding of anger expression is necessary to conceptualize the wide-ranging

ways Black and African American women, according to recent literature, express their

anger in response to gendered racism.

The common social perception of anger often holds this emotion as a

unidimensional concept primarily associated with aggression and hostility. Contrary to

these perceptions, researchers regard anger as a rather complex emotional state that is

best understood across multiple dimensions (Siegel, 1986; Spielberger, 1999). In Charles

Spielberger's (1999) theory of anger experience and expression, he identified two types

of anger experience, including Trait Anger (i.e., a chronic experience of anger), State

Anger (i.e., situational experience of anger), two types of anger expression including

Anger-In (i.e., anger suppression) and Anger-Out (i.e., aggression), and two types of

anger control efforts, Anger Control-In (i.e., calming down internally) and Anger

Control-Out (i.e., attempts to avoid showing anger). Each mode of anger expression

denotes specific behavioral patterns and subsequent physical and psychological outcomes

(Orth & Wieland, 2006). Both Trait and State Anger specify the *frequency* of an

individual's anger experience such that Trait Anger denotes a more chronic experience

and State Anger refers to more situational experiences of anger (Brebner, 2003;

Spielberger, 1999). Anger-In and Anger-Out specify the extent to which individuals

attend to their anger experience. Anger-In reflects individuals' tendency to suppress or

inhibit their anger and Anger-Out reflects the tendency to exhibit outward aggression

(Spielberger, 1999). Lastly, anger-control efforts refer to the intentional choices

individuals make about how they want to *control* their expression of anger (Spielberger,

1999). For example, Anger Control-In is exemplified by an individual counting to ten

silently to avoid displaying anger as an inward way to control one's anger. Anger Control-Out may be demonstrated by an individual choosing to rapidly bounce their leg or pace to remain calm as an outward way to control one's anger. Yet, although Berkowitz (1989) suggest environmental cues as critical determinates in anger expression (i.e., aggression) and Spielberger (1999) gives a more in-depth analysis of the various ways anger experience and anger expression manifests, both researchers do not consider cultural and social cues that impact anger expression. The social messages associated with race and gender as it relates to anger experience and expression are necessary in exploring Black and African American women's anger. More importantly, the microaggressions encountered and the stereotypes associated with the ways in which this group experiences gendered racism provides insight into the presenting concerns and observed pattern of anger expression (Deffenbacher et al., 1996), in Black and African American women.

The following sections will address the roles gender and racial socialization play in the how Black and African American women experience and express their anger in response to the multiple sources of oppression that they face.

Socialization Processes and Anger. Socialization processes and prevalent social messages dictate an individual's anger experience and expression. More specifically, gender role expectations dictate that men experience anger outwardly in the form of aggression whereas women experience anger inwardly in the form of emotional control and suppression (Brody & Hall, 2010; Chaplin, Cole, & Zahn-Waxler, 2005; Fivush & Buckner, 2000; Gilligan, 1982; Jordan, Surrey, & Kaplan, 1991; Nunn & Thomas, 1999). These gender differences in anger experience and expression pose significant

physiological and psychological consequences for women. Nunn and Thomas (1999) suggest that women who control their anger expression by means of suppression increase their risk of depression and other internalizing mental health disorders (Chaplin, Cole, & Zahn-Waxler, 2005). Despite this, researchers contend that anger suppression equips women with the tools necessary to maintain interpersonal relationships, which, according to gender norms, function as the core of women's concerns (Chaplin, Cole, & Zahn-Waxler, 2005). While gender socialization impacts men and women's anger experience and expression, racial socialization presents further social messages Black and African American women must navigate with regards to their anger experience and expression.

Gendered racism, discrimination, and stereotype threat serve as integral determinants in the conscious and subconscious decisions Black and African American women make about anger expression (Fields et al., 1998; Franklin & Boyd-Franklin, 2000; Thomas, Hammond, & Kohn-Wood, 2015; Thomas, Witherspoon, & Speight, 2008; Walley-Jean, 2009). First, a discussion about the genesis of anger among Black and African American women is necessary. Preexisting models that examine anger experience and expression in Black and African American women reconceptualize the idea of failed goal attainment previously addressed in the context of the Frustration-Aggression Hypothesis model (FAH) in terms of powerlessness. Thomas and González-Prendes (2009) suggest that the racial and gender oppression to which African American women are subjected leads to increased feelings of powerlessness, anger, and stress. Defined as "the inability to access valued resources, such as income, education, and employment status", powerlessness significantly impedes African American women's perception of their self-efficacy" (Thomas & González-Prendes, 2009, p. 93). However,

racially charged messages that hold these women to an unreasonable standard of strength and resilience further heightens feelings of powerlessness as these women are confronted with the social limitations of their racial and gender status (Abrams, Maxwell, Pope, & Belgrave, 2014; Brown Givens & Monahan, 2005; Donovan & West, 2015; Thomas &González-Prendes, 2009; Walley-Jean, 2009; West, Donovan, & Daniel, 2016). Thomas and González-Prendes' (2009) model suggests that when this occurs, Black and African American women are also likely to experience more anger and stress, which then leads to negative health outcomes such as hypertension, obesity, and diabetes. The social expectations of anger expression that Black and African American women must balance tend to compound these negative health outcomes.

Stereotypes tend to place constraints on the target group's behaviors and emotional expressions. Negative stereotypes pathologize Black and African American women's anger expression. Harris-Perry (2011) argues that such warped images of Black and African American women's emotional expressions forces these women to distort their identity. Distorting refers to the concerted efforts these women put into behaving in opposition to what is expected (Brown Givens & Monahan, 2005; Collins, 2000; Harris-Perry, 2011). Walley-Jean (2009) suggests that many African American women control their anger. There exists a need for Black and African American women to mask their true anger from public display (Fields et al., 2008; Thomas & Gonzalez-Prendes, 2009; Walley-Jean, 2009). This tendency to control and even hide anger comes from the social stereotypes associated with this group (Brown Givens & Monahan, 2005; Childs, 2005; Dow, 2016). The Angry Black Woman (ABW) stereotype portrays Black and African American women as overly emotional tyrants who are unjustifiably ungrateful.

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Subsequently, Black and African American women opt to hide their true emotional responses to anger-inducing situations out of fear of reinforcing the ABW stereotype (; Brown Givens & Monahan, 2005; Brown, White-Johnson, & Griffin-Fennell, 2013; Collins, 1989; Collins, 2000; Fields et al., 1998; Walley-Jean, 2009). These efforts to reject and overcome controlling images in the form of negative stereotypes are not without serious mental health consequences.

The stereotypes that criticize the negative emotionality of Black and African American women further diminishes the social value of these women's emotional experience. This leads to two significant mental health consequences. First, the social rejection of Black and African American women's anger expression triggers self-silencing behaviors among this group. As an extension of the Women's Anger Study, Fields and her colleagues (1998) conducted a qualitative study investigating the anger experience of Southern, Black women. Many women included in the study described suppressing the anger and rage they felt in response to perpetual experiences of discrimination to avoid losing control and forfeiting career opportunities (Fields et al., 1998). These women continuously suppressed and restricted their anger and communicated feelings of social oppression (Fields et al., 1998).

The chronic anger suppression described above leads to the second mental health consequence—depression, anxiety, dissociation, and/or suicidal ideation. Fields and her colleagues (1998) argue that perpetual emotional control results in an internal rage that constantly stands the risk of being exposed in an unhealthy and explosive nature when triggered. The nature of this rage explosion often resembles a dissociative state (Fields et

al., 1998). Anger suppression can result various types of emotional suffering including depression, anxiety, and/or suicidal ideation.

While these psychological conceptualizations provide lenses through which one may understand the anger processes of Black and African American women, they do not provide insight into *why* these specific patterns of anger expression have developed and persisted among this population. Melissa Harris-Perry (2011) asserts that "black women created a culture of dissemblance to protect their inner selves from this oppressive sexual myth and their resulting vulnerability. To dissemble is to conceal one's true self." (p. 58).

Black and African American women's tendency to suppress their true emotional response to anger-inducing situations that are triggered by gendered racism is evidence to the dissemblance Harris-Perry (2011) discusses. Psychology simply provides evidence for the existence of a problem. In the case of Black and African American women, the problem is defined as these women's behavioral pattern of emotional suppression that leads to increasing risk of internalizing mental health disorders as well as physical risks such as heart disease.

In the present study, the goal is to illuminate the problem of gendered racism on the emotional well-being of Black and African American women not only from a psychological perspective, but also from Black Feminist perspective. Increasing one's understanding of the history and context of a problem stands to provide ample insight to the strategies necessary in addressing and ultimately eradicating the problem. The systemic oppression perpetuated through gendered racism justifies the continued subjugation of Black and African American women. Specifically, the othering (i.e., the promotion of privilege for dominant social groups via the social, political, economic, and

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educational subjugation of all non-dominant group members; Solorzano, Ceja, & Yosso (2000)) of this population by defining their existence as atypical (Thomas, Dovidio, & West, 2014) justifies these women's marginalization and sets the tone for the public disregard for their inner world most notably reflected, in this case, in their anger experiences and expressions.

To understand these anger negotiations among Black and African American women, it is necessary to explore the functionality of anger as a lived experience, political response, and stereotype from a Black Feminist perspective. The following section will critically examine Black Feminist conceptualizations of anger among Black and African American women as a method of resistance and as a stereotype used by dominant social forces to suppress said resistance. Finally, this portion of the literature review will assess the psychological processes and consequences of chronic anger experience among Black and African American women.

Black Feminist Conceptualizations. Black Feminist theorists argue that the othering of Black and African American women as atypical through various stereotypical images justifies this group's social subjugation. Historically, the conceptualizations of Black and African American women have morphed in accordance with the power stratification standards of the time (Collins, 1989). Echoing the philosophy of Foucault (1977), Collins (1989) argues that knowledge production directly reflects power structures in that those with power have the liberty of creating and controlling social discourse. Essentially, knowledge and discourse production give the producer the power to ascribe meaning. This is important to understand in the context of the stereotypes and controlling images associated with Black women. Collins (2000) declares that, "Because

the authority to define social values is a major instrument of power, elite groups, in exercising power, manipulate ideas about Black womanhood" (p. 69). Stereotypes presuming how Black women behave, feel, and interact with the world around them serves as mechanisms to oppress and suppress these women's outcries against the chronic social injustices they face. Moreover, these stereotypes function to maintain the status quo of power stratification by producing images of marginalized groups that justifies these groups' oppression.

Collins (2000) provided an in-depth analysis of five primary images that perpetuate Black and African American women's social disregard: the Mammy, Jezebel, Sapphire, the Strong Black Woman, and the Angry Black Woman. Mammy is the Black mother in the context of white home life (Collins, 2000). Often portrayed as a dutiful and loving mother to children other than her own, Mammy personifies an asexual, maternal Black female body (Brown Givens & Monahan, 2005; Collins 2000; Harris-Perry, 2011; West, 1995). Reinforcing images of Black and African American women as willing participants in the domestic labor for White folk due to their joy and desire to serve freed slave owners and proponents of oppression from the guilt and responsibility of the past and continued oppression of these women (Harris-Perry, 2011).

Jezebel is the hypersexualized Black woman known for her promiscuity and assumed aberrant sexual behavior (Collins, 2000). Harris-Perry (2011) and Collins (2000) both contend that portraying Black and African American women in this manner justified the sexual abuse and violence these women faced at the hands of slave owners and continue to face today. This perverted rationalization propagates a form of victim-blaming that holds Black and African American women responsible for the immoral and

unethical ways in which their bodies are regarded by society and the resulting political and social exclusion they face (Collins 2000; Harris-Perry, 2011).

Similar to Mammy and Jezebel, the stereotypes of Sapphire and the Strong Black woman reflects negative social perceptions of Black and African American women's displays of emotional discontent and strength. Most Black Feminist scholars attribute the birth of Sapphire to the famous *Amos 'n' Andy* sitcom that originally aired in the late 1920s (Collins, 2000; Harris-Perry, 2011; West, 1995). Sapphire was often portrayed as an aggressive Black woman who constantly emasculated her partner (Collins, 2000; Harris-Perry, 2011; West, 1995). The Strong Black woman paints Black and African American women as dutifully independent women expected to shoulder significant amounts of distress without complaining (Abrams et al., 2014; Brown Givens & Monahan, 2005; Collins 2000; Harris-Perry, 2011; West, 1995;). Collins (2000) argues that these two stereotypes show that Black and African American women's inability to uphold white-Anglo standards of womanhood (i.e., subservient, dutiful mother and wife who is seen and not heard) serve as the ultimate cause to "Black cultural deficiency" (p. 77). The blame for Black marginalization is attributed to Black and African American women who do not *know their place* instead of the history of slavery, institutional racism and sexism, and power stratification that make oppression an ever-present source of social unrest. Although there is extensive literature detailing the development, maintenance, and utility of the Mammy, Jezebel, Sapphire, and Strong Black woman stereotypes, researchers have failed to explore the Angry Black Woman stereotype in-depth.

The current research literature provides a brief depiction of the existence of the Angry Black Woman stereotype, with no examination of the *source* of her anger. Harris-Perry (2011) attributed the scant of literature contributing to our understanding of the Angry Black Woman to the idea that "it [Angry Black Woman stereotype] is not studied because many researchers accept the stereotype" (p. 89). She fundamentally suggested that the Angry Black Woman stereotype functions as more than a controlling image, but is regarded as a true depiction of Black and African American women's experiences. However, many Black Feminist theorists contend that Black and African American women are not naturally angry and to suggest as much indicates a social tendency to trivialize Black and African American women's real protests against inhumane treatment, thus escaping the responsibility of addressing said mistreatment (Lorde, 1997). Instead of rejecting anger, Lorde (1997) contends that anger from Black and African American should serve as an indication of social injustices. In her discussion of feminist therapy, Murdock (2013) states, "Feminists see as problematic the assumption that every form of distress is abnormal, when, in fact, it is often a normal response to the problems inherent in an oppressive society (p. 390). Expressing anger or even rage for Black and African American women should not be viewed as trivial, insignificant ploys for attention. These displays of anger should be regarded as sounding alarms to the social ails of a society that relies on oppressive tactics to maintain power stratification in favor of one group of people.

Hooks (2000) supported Lorde's (1997) view that Black women's anger functions as a tool to alert trouble, ignite resistance, and initiate change. Black and African American women experience one form of oppression that impacts many people

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regardless of race and ethnicity—the patriarchy (Hooks, 2000). She states that gender-role expectations and the power stratification between men and women in favor of men is the most pervasive system of oppression as it manifests in the family. The patriarchal projection of systems of advantage versus disadvantage through the use of hierarchical power structures filters into issues of race and gender. Recognizing the intertwined larger structures of marginalization and their deleterious impact on Black and African American women stands to encourage meaningful criticisms of oppression. Moreover, acknowledging Black and African American women's anger in response to the gendered racism they experience just by simultaneously being Black/African American and woman is the first critical step in addressing centuries of abuse and subjugation.

Pathologizing the behavioral patterns and experiences of Black and African American women serves as a long-standing tradition in the United States. Black and African American women are more likely than their White counterparts to receive inaccurate diagnoses (Harris-Perry, 2011). This group is often labeled with major personality disorders as opposed to the appropriate affectional disorders from which they suffered (Martin et al., 2013). Such tendencies are important to note for multiple reasons. First, deeming Black and African American women's psychological concerns as outside of *normal* mental health standards without the consideration of this population's unique social demands perpetuates the social subjugation and othering of this group. Secondly, frequent pathologizing of Black and African American women increases the apathetic social response to the challenges they regularly experience. This ultimately leads to the trivialization of Black women's lived experiences. Trivialization refers to the flippant regard for Black and African American women's emotionality and behavioral patterns.

An example of such trivialization is witnessed in the *Angry Black Woman* stereotype. Simply deeming Black women's anger as problematic and unsubstantiated disregards the intersection of racial and gender politics these women navigate to survive. Finally, an increased apathetic social response to the Black and African American women's experiences makes the need for social reform hard to achieve due to the larger society's inability to recognize and respect the plight of Black and African American women in America. This general lack of interest in and pathologizing of Black and African American women's anger experience holds significant consequences for these women's coping behaviors.

As outlined in the "Anger: Psychological Conceptualizations" portion of this literature review, Black and African American women tend to suppress their anger. Anger suppression tends to lead to serious mental health concerns such as depression, anxiety, and/or suicidal ideation (Carr et al., 2014; Fields et al., 1998; Stevens-Watkins et al., 2014; Szymanski & Stewart, 2010; Thomas, Witherspoon, & Speight, 2008; Walley-Jean, 2009; Woods-Giscombé & Lobel, 2008). Moreover, anger suppression also leads to negative psychological adjustment (Fields et al., 1998; Siegel, 1986; Spielberger, 1999; Walley-Jean, 2009). Negative psychological adjustment refers to the avoidant coping strategies and internalization processes that Black and African American women employ in response to chronic exposure to gendered racism. Given the various roles these women are expected to fulfill among family, friends, work, school, and social settings, it behooves them to mask or even minimize their true emotional responses for the sake of upholding their responsibilities. However, the historical development of Black and African American women's anger suppression in the form of avoidant/detachment coping

and their anger control efforts in the form of internalization only heightens these women's negative mental health outcomes and contributes to a multi-generational cycle of poor mental health.

A recent shift in the literature examining coping strategies among African American populations suggest a difference in coping with daily life hassles and discrimination (Szymanski & Lewis, 2016). Szymanski and Lewis (2016) found that African American women tend to detach, disengage, and internalize as a way to cope with gendered racism. Essentially, these women avoided the instances of discrimination by not accessing social support networks, engaging in problem-solving strategies, or even opening up and talking through their negative experiences (Szymanski & Lewis, 2016). This escape-avoidant coping strategy in the face of discrimination was further supported in the results of Thomas, Witherspoon, and Speight (2008) who found that African American women employed a cognitive-emotional debriefing coping style which entails avoiding thinking of or minimizing negative stressors (Thomas, Witherspoon, & Speight, 2008). While this avoidant coping strategy initially alleviated the negative outcomes of discrimination, over time, its effectiveness may diminish (Thomas, Witherspoon, & Speight, 2008). However, both Szymanski and Lewis (2016) and Thomas, Witherspoon, and Speight (2008) maintain that this avoidant manner of coping may function as a safeguard against the inevitable and chronic exposure to gendered racism.

Meyers (1995) frequently addressed the self-directed blame, known as internalization, as a key residual effect of minority individual's exposure to discrimination. Collins (2000) pointed to this process of internalization of gendered racism when discussing the Mammy stereotype. The dutiful and grateful servant that

Mammy represents articulates her resign to marginalization (Collins, 2000). Failure to confront and challenge negative images associated with Black and African American women dangerously communicates internalization. Lorde (2012) echoes Collins' (2000) sentiments on internalized gendered racism in the form of self-hatred manifested in the demise of Black sisterhood. The harsh ways Black and African American women judge each other and the quickness with which Black and African American women point out each other's flaws occur because "all your faults become magnified reflections of my own threatening inadequacies" so it becomes necessary that "I attack you first before our enemies confuse us with each other." (Lorde, 2012, p. 169). Constantly confronting messages about the pathology, "bad", and unacceptable nature of their existence creates the need for some Black and African American women to dissociate from any behaviors that confirm these negative social perceptions. This becomes detrimental, as outlined previously, to one's mental health as depression, anxiety, dissociation, suicidal ideation, and isolation via renouncing one's gender and racial group membership increases (Carr et al., 2014; Fields et al., 1998; Lorde, 2012; Stevens-Watkins et al., 2014; Szymanski & Stewart, 2010; Thomas, Witherspoon, & Speight, 2008; Walley-Jean, 2009; Woods-Giscombé & Lobel, 2008).

Ultimately, researchers suggest that Black and African American women are more likely to become angry due to their marginalized statuses and the controlling images associated with those respective statuses. Consequently, this group's likelihood of negative physical and mental health outcomes as well as use of avoidant/detachment coping strategies significantly increases more so than their racial and gender counterparts. The scant research previously conducted and the tendency for researchers to focus on

racism and sexism as two independent phenomena impacting Black and African American women's mental health serve as two critical gaps in current explorations of Black and African American women's stress appraisals and anger experiences and expression in the context of gendered racism. Furthermore, the lack of representativeness in study samples regarding stress as well as anger experience and expression pose great concern for the generalizability and/or applicability of study findings to Black and African American women. The relationship of gendered racism with stress and anger experience and expression among Black and African American women will be explored in the present study.

Appendix B

TABLES

Table 1

Demographics of the Study Sample (N = 229)

Race/Ethnicity	n	%
Black or African American, non-Hispanic	204	89.1
Biracial (my parents are from two different racial groups)	20	8.7
Other	4	1.7
Did not answer	1	.4

Biological Father's Race/Ethnicity	n	%
Black or African American, non-Hispanic	213	93
Hispanic or Latino	2	.9
White, Caucasian, Anglo, European American, non-Hispanic	2	.9
Biracial (my grandparents are from two different racial groups)	6	2.6
Other	6	2.6

Table 1 (continued)

Demographics of the Study Sample (continued) (N = 229)

Biological Mother's Race/Ethnicity	n	%
Black or African American, non-Hispanic	195	85.2
Hispanic or Latino	3	1.3
White, Caucasian, Anglo, European American, non-Hispanic	16	7
Native American, American Indian, or Alaskan Native	3	1.3
Biracial (my grandparents are from two different racial groups)	9	3.9
Other	2	.9

Table 1

Demographics of the Study Sample (continued) (N = 229)

Age	m=31.6	sd=12.4
	n	%
18	15	6.6
19	8	3.5
20	13	5.7
21	19	8.3
22	13	5.7
23	10	4.4
24	5	2.2
25	5	2.2
26	6	2.6
27	9	3.9
28	13	5.7
29	9	3.9
30	8	3.5
31	6	2.6
32	4	1.7
33	5	2.2
34	8	3.5
35	3	1.3
36	3	1.3
37	3	1.3
38	7	3.1
39	4	1.7
40	4	1.7
41	2	.9
42	7	3.1
43	2	.9
44	2	.9
45	2	.9
46	1	.4
47	2	.9
48	2	.9
49	5	2.2
50	2	.9
51	2	.9
52	3	1.3
53	1	.4
54	2	.9

55	1	.4

58	1	.4
59	1	.4
60	1	.4
61	1	.4
63	1	.4
66	1	.4
67	1	.4
68	1	.4
69	2	.9
71	1	.4
72	1	.4

Sex at Birth	n	%
Male	0	0
Female	229	100

Gender Identity	n	%
Female	227	99.1
Other	2	.9

Sexual/Affectional Orientation	n	%
Heterosexual or Straight	203	88.6
Bisexual	13	5.7
Pansexual	4	1.7
Asexual	2	.9
Queer	2	.9
Questioning (unsure/don't know)	3	1.3
Other	2	.9
Partner Status	n	%
Never Married	41	17.9
Separated	4	1.7
Divorced	16	7.0
Widowed	2	.9
Married	55	24

Cohabitating	18	7.9
Single	89	38.9
Other	4	1.7

College/University Enrollment	n	%
Yes	137	59.8
No	92	40.2

Academic Classification	n	%
First Year	14	6.1
Sophomore	11	4.8
Junior	20	8.7
Senior	29	12.7
Graduate Student	62	27.1
Non-traditional Student	1	.4

Occupational Status	n	%
Employed Full-Time	111	48.5
Employed Part-Time	77	33.6
Unemployed	41	17.9

Current Household Income	n	%
Under $10,000	30	13.1
$10,000 - $19,999	33	14.4
$20,000 - $29,999	21	(9.
$30,000 - $39,999	29	12.7
$40,000 - $49,999	12	5.2
$50,000 - $74,999	31	13.5
$75,000 - $99,999	29	12.7
$100,000 - $150,000	29	12.7
Over $150,000	15	6.6

Religious Affiliation	n	%
Protestant	38	16.6
Catholic	6	(2.
Nondenominational Christian	116	50.7

Muslim	1	.4
Wiccan/Pegan	2	.9
Agnostic	4	1.7
Atheist	6	2.6
Non-affiliated	23	10
Other	33	14.4

Table 2

Correlation Matrix of Main Study Variables (N = 229)

	1	2	3	4	5	6	7	8	9	10
1. ABSO	-									
2. SM	.62**	-								
3. SBW	.50**	.55**	-							
4. ABW	.61**	.53**	.54**	-						
5. Ang-I	.34**	.40**	.07	.33**	-					
6. Ang-O	.36**	.22**	.33**	.47**	.20**	-				
7. ACI	-.06	.01	.04	-.19**	-.15*	-.19**	-			
8. ACO	-.18**	-.10	-.13	-.29**	-.11	-.5**	.60**	-		
9. T-Ang	.33**	.34**	.23**	.44**	.49**	.48**	-.33**	-.49**	-	
10. SA	.75**	.75**	.52**	.55**	.36**	.23**	.02	-.12	.33**	-

$* = p<.05$
$** = p<.01$

ABSO (1) = Assumptions of Beauty and Sexual Objectification
SM (2) = Silenced and Marginalized
SBW (3) = Strong Black Woman
ABW (4) = Angry Black Woman
Ang-I (5) = Anger Expression-In
Ang-O (6) = Anger Expression-Out
ACI (7) = Anger Control-In
ACO (8) = Anger Control-Out
T-Ang (9) = Trait Anger
SA (10) = Stress Appraisal

Table 3

Multiple Regression Findings for the Four Aspects of Gendered Racism as Predictors of Stress Appraisal (N = 229)

Predictors	R	R squared	Adjusted R squared	F	B	β	T	Sig
Model 1	.843	.695	.690	119.3				
ABSO					.503	.45	8.37	.00
SM					.382	.44	8.27	.00
SBW					.030	.04	.822	.41
ABW					.015	.02	.367	.71

ABSO = Assumptions of Beauty and Sexual Objectification
SM = Silenced and Marginalized
SBW = Strong Black Woman
ABW = Angry Black Woman

Table 4

Multiple Regression Findings for the Four Aspects of Gendered Racism as Predictors of Trait Anger (N = 229)

Predictors	R	R squared	Adjusted R squared	F	B	β	T	Sig
Model 1	.468	.219	.204	14.6				
ABSO					.229	.05	.522	.60
SM					.628	.16	1.88	.06
SBW					-.303	-.09	-1.14	.26
ABW					1.40	.38	.462	.00

ABSO = Assumptions of Beauty and Sexual Objectification
SM = Silenced and Marginalized
SBW = Strong Black Woman
ABW = Angry Black Woman

Table 5

Multiple Regression Findings for the Four Aspects of Gendered Racism as Predictors of Anger Expression-In (N = 229)

Predictors	R	R squared	Adjusted R squared	F	B	β	T	Sig
Model 1	.498	.248	.234	17.2				
ABSO					.745	.13	1.48	.14
SM					1.75	.37	4.49	.00
SBW					-1.33	-.33	-4.30	.00
ABW					1.05	.24	2.99	.003

ABSO = Assumptions of Beauty and Sexual Objectification
SM = Silenced and Marginalized
SBW = Strong Black Woman
ABW = Angry Black Woman

Table 6

Multiple Regression Findings for the Four Aspects of Gendered Racism as Predictors of Anger Expression-Out (N = 229)

Predictors	R	R squared	Adjusted R squared	F	B	β	T	Sig
Model 1	.495	.246	.231	17.1				
ABSO					.617	.16	1.88	.06
SM					-.447	-.15	-1.77	.08
SBW					.291	.11	1.46	.15
ABW					1.10	.39	4.81	.00

ABSO = Assumptions of Beauty and Sexual Objectification
SM = Silenced and Marginalized
SBW = Strong Black Woman
ABW = Angry Black Woman

Table 7

Multiple Regression Findings for the Four Aspects of Gendered Racism as Predictors of Anger Control-In (N = 229)

Predictors	R	R squared	Adjusted R squared	F	B	β	T	Sig
Model 1	.259	.067	.049	3.7				
ABSO					-.021	-.004	-.038	.97
SM					.426	.09	.995	.32
SBW					.636	.16	1.88	.06
ABW					-1.37	-.32	-3.54	.00

ABSO = Assumptions of Beauty and Sexual Objectification
SM = Silenced and Marginalized
SBW = Strong Black Woman
ABW = Angry Black Woman

Table 8

Multiple Regression Findings for the Four Aspects of Gendered Racism as Predictors of Anger Control-Out (N = 229)

Predictors	R	R squared	Adjusted R squared	F	B	β	T	Sig
Model 1	.305	.093	.076	5.4				
ABSO					-.318	-.06	-.65	.52
SM					.446	.11	1.17	.24
SBW					.054	.02	.180	.86
ABW					-1.25	-.32	-3.61	.00

ABSO = Assumptions of Beauty and Sexual Objectification
SM = Silenced and Marginalized
SBW = Strong Black Woman
ABW = Angry Black Woman

Appendix C

Instruments (Not Including Published Measures)

Demographic Questionnaire

Directions: Please answer each question by filling in the blank, checking the blank, or circling the number that best describes you.

1. What is your age? Age: _____

2. What was your sex at birth?
   - ☐ Male
   - ☐ Female
   - ☐ Other
        i. Specify: _____
        ii.

3. What is your gender identity?
   - ☐ Man
   - ☐ Woman
   - ☐ Transgender Male
   - ☐ Transgender Female
   - ☐ Other (Please specify in the space provided): _____

4. Which sexual/affectional orientation do you identify with the **most**?
   - ☐ Heterosexual or Straight
   - ☐ Homosexual (lesbian or gay)
   - ☐ Bisexual
   - ☐ Pansexual
   - ☐ Asexual
   - ☐ Queer

☐ Questioning (unsure/don't know)
☐ Other   Specify: _____

5. I identify as (Please check all that apply):
   ☐ Asian, Pacific Islander, or Asian American
   ☐ Black or African American, non-Hispanic
   ☐ Hispanic or Latino
   ☐ White, Caucasian, Anglo, European American, non-Hispanic
   ☐ Native American, American Indian, Alaskan Native
   ☐ Biracial (my parents are from two different racial groups)
   ☐ Other
         i. Please Specify: _____
         ii.

6. My biological father's racial/ethnic identity is…
   ☐ Asian, Pacific Islander, or Asian American
   ☐ Black or African American, non-Hispanic
   ☐ Hispanic or Latino
   ☐ White, Caucasian, Anglo, European American, non-Hispanic
   ☐ Native American, American Indian, Alaskan Native
   ☐ Biracial (my grandparents are from two different racial groups)
   ☐ Other
   Please Specify: _____

7. My biological mother's racial/ethnic identity is…
   ☐ Asian, Pacific Islander, or Asian American
   ☐ Black or African American, non-Hispanic
   ☐ Hispanic or Latino
   ☐ White, Caucasian, Anglo, European American, non-Hispanic
   ☐ Native American, American Indian, Alaskan Native
   ☐ Biracial (my grandparents are from two different racial groups)
   ☐ Other
         i. Please Specify: _____

8. What is your partner status?

   ☐ Never married
   ☐ Separated
   ☐ Divorced
   ☐ Widowed
   ☐ Married
   ☐ Cohabitating
   ☐ Single
   ☐ Other

9. Are you currently enrolled in an academic institution such as college or university?
   - ☐ Yes
   - ☐ No

10. What is your academic classification?
    - ☐ First-year student
    - ☐ Sophomore
    - ☐ Junior
    - ☐ Senior
    - ☐ Graduate student
    - ☐ Non-traditional student

11. What is your occupational status?
    - ☐ Employed Full-time
    - ☐ Employed Part-time
    - ☐ Unemployed

12. What is your current household income in U.S. dollars?
    - ☐ Under $10,000
    - ☐ $10,000 - $19,999
    - ☐ $20,000 – $29,999
    - ☐ $30,000 - $39,999
    - ☐ $40,000 - $49,999
    - ☐ $50,000-74,999
    - ☐ $75,000 - $99,999
    - ☐ $100,000 - $150,000
    - ☐ Over $150,000

13. What is your religious/spiritual affiliation?
    - ☐ Protestant
    - ☐ Catholic
    - ☐ Jewish
    - ☐ Nondenominational Christian
    - ☐ Muslim
    - ☐ Buddhist
    - ☐ Hindu
    - ☐ Wiccan/Pagan
    - ☐ Agnostic
    - ☐ Atheist
    - ☐ Non-affiliated
    - ☐ Other (Please specify): _____

14. Do you tend to identify more with your race, gender, or both equally?
    - ☐ Race

□ Gender

□ Both equally

15. In your typical day, are your experiences at work, school, and/or home related more to your gender, race, or both equally?

□ Race

□ Gender

□ Both equally

16. Do you believe that it is possible to discuss your racial and gender identities as separate experiences?

□ Yes

      i. Please explain briefly: _____

□ No

      i. Please explain briefly: _____

Consent Forms Online and Recruitment Documents

Informed Consent

Research Project: Minority Women's Emotional Well-Being

I hereby authorize or direct RaiNesha L. Miller, M.S., to perform the following procedures:

This is a research project conducted through the Oklahoma State University and the College of Education, Health, and Aviation that will investigate factors associated with minority women's mental health and well-being. The primary investigator for this project includes RaiNesha L. Miller, M.S., doctoral student in School of Community Health, Counseling and Counseling Psychology.

Participating in the study will consist of filling out an on-line survey related to predictors of well-being for minority women, including a demographic page and a total of two questionnaires. It will take approximately 15 minutes to participate in this study. You will not write your name on any of the questionnaires, so there is no way to connect your name with your individual responses. Information will be presented in group form. No personally identifiable information will be stored in the research database.

Risks associated with participating in the study are minimal. Participants are not expected to benefit directly from participating in the research. Benefits to you may include increasing a sense of helping the public at large by furthering the understanding of predictors of well-being for minority women.

Additional benefits may include an increased awareness of your emotional experiences. You will have the opportunity to enter a drawing for one of five $20 Amazon gift cards for your participation in this study. Entrance into the drawing is granted only after total completion of the survey. Winners of the drawing will be identified December 2018.

Your decision on whether to participate will not influence your future relations with Oklahoma State University faculty, staff, or students. Your participation is completely voluntary. The records of this study will be kept private. Any written results will discuss group findings and will not include information that will identify you. The researchers are dedicated to protecting the privacy of the study participants. Participants can assist in protecting their privacy by not including identifying information in written essays (e.g., "I am the daughter of Senator Smith."). Research records will be stored securely and only researchers and individuals responsible for research oversight will have access to the records. It is possible that the consent process and data collection will be observed by

research oversight staff responsible for safeguarding the rights and well-being of people who participate in research.

Results of this study can be obtained in approximately one year by emailing rainesha.miller@okstate.edu. For additional questions, please contact RaiNesha L. Miller (rainesha.miller@okstate.edu) or Dr. Carrie Winterowd (carrie.winterowd@okstate.edu), the faculty advisor for this study.

If you have questions about your rights as a research volunteer, you may contact the Oklahoma State University Institutional Review Board (IRB) Chair, Dr. Hugh Crethar at 223 Scott Hall, Stillwater, OK 74078, 405-744-3377 or irb@okstate.edu.
It is encouraged and recommended that you print a copy of this consent page for your records before you begin the study.

I certify that I am 18 years old or older, that I have read and fully understand the consent form, that by providing the information below I agree to the terms and conditions freely and voluntarily.

- ☐ Yes, I wish to participate
- ☐ No, I do not wish to participate

(Email) Recruitment Script

Dear _____,

My name is RaiNesha L. Miller and I am a Counseling Psychology doctoral student at Oklahoma State University. I am writing to invite you to participate in a study exploring the emotionality and well-being of Black/African American women. As a self-identified Black woman, I am passionate about and deeply invested in understanding the experiences of Black/African American women in everyday life. Through your participation in the demographic questionnaire and web-based survey, you are contributing to research that will further psychology's understanding of Black/African American women's lived experiences and help inform culturally appropriate treatment interventions for this population. My doctoral advisor, Dr. Carrie Winterowd in the School of Community Health, Counseling and Counseling Psychology, is supervising this project. This research has been approved by Oklahoma State University's Institutional Review Board (IRB).

To participate in this study, individuals must meet the following criteria:
- Self-identify as Black/African American **and**
- Self-identify as woman/female
- Be 18-years of age of older

Below is a link to the demographic questionnaire and web-based survey. Your responses will be kept completely confidential. The time needed to complete the entire survey is approximately 15 minutes. The survey includes questions about different aspects of your emotionality and experiences in the context of work, school, and other social settings. Upon completion of the survey, you will have the chance to enter a drawing to win one of five virtual $20 Amazon gift cards by providing your email address. Those who wish to participate in the drawing will be asked to provide their email separately from the survey. Directions will be provided at completion. Your responses will not be linked to your email address in any way.

If you are interested in participating you can access the survey by clicking this link: [LINK]

If you have any questions or concerns, please feel free to email me at rainesha.miller@okstate.edu or Dr. Carrie Winterowd at carrie.winterowd@okstate.edu.

Thank you in advance for your participation. Furthermore, if you may know of anyone who fits the study criteria, please share the survey link! Your time and participation are greatly appreciated!

Warmest regards,
RaiNesha L. Miller, M.S.
Counseling Psychology Doctoral Student
School of Community Health, Counseling and Counseling Psychology

Oklahoma State University

Debriefing Script

Thank you for participating in this study!

The purpose of this study was to explore Black and African American women's experiences of gendered racism. Gendered racism refers to the microaggressions, stereotypes, and discrimination Black and African American women encounter as it relates specifically to both their race and gender. The researcher also examined the impact of gendered racism on Black and African American women's anger experiences and expression. Particularly, I investigated whether heightened experiences of gendered racism may relate to experiences of anger and more efforts to control or suppress that anger.

The benefits to participating in this study may include increasing a sense of helping the public at large by furthering the understanding of psychological processes involved in maintaining one's sense of emotional well-being. Members of the public may benefit from the dissemination of information regarding the way in which emotionality may influence people's lives.

Sometimes because of participating in studies, participants become more aware of their experiences and may benefit from talking with a trained counseling professional. If you may be interested in seeking counseling services following participation in this study, you may contact the 'Help Finding a Therapist' hotline at 1-800-THERAPIST (1-800-843-7274).

 For emergency support, please call 911.

If you would like to enter the drawing to win one of five virtual $20 Amazon gift cards for your participation in this study, please send an email to the primary researcher, RaiNesha L. Miller, at rainesha.miller@okstate.edu. Please title the subject of your email as, "Study Drawing Participation".

Researcher: RaiNesha L. Miller, M.S.
School of Community Health, Counseling and Counseling Psychology
Oklahoma State University
434 Willard Hall
Stillwater, OK 74078
Email: rainesha.miller@okstate.edu

Advisor: Carrie Winterowd, PhD, Professor
School of Community Health, Counseling and Counseling Psychology
Oklahoma State University
434 Willard Hall
Stillwater, OK 74078
Email: carrie.winterowd@okstate.edu

If you have questions about your rights as a research volunteer, you may contact the Oklahoma State University Institutional Review Board (IRB) Chair.

IRB Chair: Hugh C. Crethar, PhD
Oklahoma State University
223 Scott Hall
Stillwater, OK 74078
Email: irb@okstate.edu

VITA

RaiNesha L. Miller, M.S.

Candidate for the Degree of

Doctor of Philosophy

Dissertation: THE RIGHT TO BE ANGRY: BLACK WOMEN'S STRESS APPRAISALS, ANGER EXPERIENCES AND EXPRESSIONS IN THE CONTEXT OF GENDERED

Major Field: Counseling Psychology

Biographical:

Education:

Will complete the requirements for the Doctor of Philosophy in Counseling Psychology at Oklahoma State University, Stillwater, Oklahoma in August, 2020.

Completed the requirements for the Master of Science in Educational Psychology with a specialization in Counseling Psychology at Oklahoma State University, Stillwater, Oklahoma in 2016.

Completed the requirements for the Bachelor of Arts in Psychology at Bowdoin College, Brunswick, Maine in 2009.

Experience:

Oklahoma State University's University Counseling Services (*Doctoral Practicum Intern*) Stillwater, OK   Present

Oklahoma State University's University Health Services (*Graduate Mental Health Counselor*) Stillwater, OK   Present

Oklahoma State University**:** Counseling Psychology and Philosophy Departments (*Doctoral researcher*) Stillwater, OK   Present