Spring 5-12-2021

Racial Microaggressions And Mental Health: Internalized Racism As A Mediator And Black Identity And Social Support As Moderators

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RACIAL MICROAGGRESSIONS AND MENTAL HEALTH: INTERNALIZED RACISM AS A MEDIATOR AND BLACK IDENTITY AND SOCIAL SUPPORT AS MODERATORS

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DOCTOR OF PHILOSOPHY IN URBAN EDUCATION

at the

CLEVELAND STATE UNIVERSITY

August 2022

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DEDICATION

To my beautiful wife, partner, and friend Latoria

and to my amazing parents Victoria and Daniel, my wonderful children Jordyn, Jayde, and Lennox, and my siblings Courtney and Darien

and finally, to the young Black boys who may not see it now, but you can achieve anything you set your minds to

ACKNOWLEDGEMENT

Many people have contributed to my success throughout my academic journey, and without them completing this dissertation (let alone my degree) would have been nigh on impossible. My wife, Latoria, has been my biggest and most consistent supporter throughout this journey. The late nights, early mornings, and delayed gratification all so we could be here at this point did not go unnoticed. My family has also been an essential contributor to my success on this journey. My parents, siblings, and in-laws have been patient and understanding when I sacrificed social time to work on my research and academic requirements. My grandmothers instilled in me early a desire to achieve and learn from reading the encyclopedia to learning calculus in elementary school. My friends have challenged me to continue thinking outside of the box, while my cohort (Long live XXX) challenged me to grow as not just a scientist or researcher but as a person and friend. To Chieh-Yu and Laura, I appreciate how you two kept me grounded during five years of classes, comprehensive exams, and the prospectus/dissertation process. I would not have chosen anyone else to take that journey with, even if it was an option.

I am indebted to the members of my committee, Drs. Stead, Greer-Medley, and Snyder for reading countless versions and drafts of this dissertation document. I owe special thanks to Drs. Voight and Phillips for joining this dissertation journey with me and guiding me through a potentially tricky process. Your guidance and encouragement were crucial to my success. Additionally, I would like to acknowledge the Cleveland State community, especially the Curriculum and Foundations and CASAL departments. My department chairs Drs. Galletta, Ingersoll, and MacCluskie, consistently believed in

me, offering opportunities to teach and mentor graduate students, and nurturing me throughout this process of growth and development. My faculty mentors Drs. Harper, King-White, Hampton, Banks, Chan, and Hill, the time you all invested in me, and our conversations are beyond valuable. I cannot thank you enough for all you have done to help improve me professionally and personally. To Dr. Liao, your encouragement to explore various psychological constructs led me to find internalized racism and see how I could contribute to the literature surrounding it. To Dr. Rangel Campón, your encouragement of me to further explore the internalized racism construct resonated throughout my doctoral journey, and I will forever appreciate your encouragement.

Finally, I would like to acknowledge the entire village that has supported me throughout this journey. Mr. Howard (RIP), your belief in me never went unnoticed. Thank you, from those lunchroom conversations in 8th grade to your "encouragement" to choose Alabama A&M for my undergraduate studies. Dr. Joseph D. Lewis (RIP), words could NEVER fully justify how I feel about you. You encouraged me to ask questions and to challenge the answers I received. You helped put me on the path to loving research and statistics. Where others saw a troubled kid, you saw a future academic. To the entire Central State University Upward Bound family, thank you. I want to acknowledge my favorite substitute teacher, Mrs. Gates. You never doubted my intelligence or drive, just my commitment to behave in class; thank you.

Drs. McIntosh, Lee, and Bennett, you believed in me enough to allow me to grow while working on my master's degree. I reflect on our conversations, and I smile at how you all were indeed in my corner and believed that I had what it takes to earn this degree. To my ResLife colleagues, you all were also instrumental in my success. Thank you all,

from covering on-call rotations when I was preparing for comps to listening to me drone on about my research. The Cleveland Chapter of the Association of Black Psychologists (ABPsi), you all were a fantastic source of social support. Providing a safe space for processing and exploration is not insignificant. Thank you all. Last, but certainly not least, the Delegation. Not many know who you all are, but your jokes, encouragement, and belief in me were priceless. I would not trade any of you for the world.

RACIAL MICROAGGRESSIONS AND MENTAL HEALTH: INTERNALIZED RACISM AS A MEDIATOR AND BLACK IDENTITY AND SOCIAL SUPPORT AS MODERATORS

STEVEN M. SANDERS

ABSTRACT

Internalized racism, also referred to as appropriated racial oppression, refers to the phenomenon of people of color adopting negative racist messages about their worth and abilities. The internalization of racism by members of the targeted group results in an experience of self-degradation and self-alienation and the assumption of one's inferiority, which is directly related to issues of self-esteem, self-confidence, shame, depression, and anxiety. This study used structural regression with moderation and mediation to explore the possibility of internalized racism as a mediating variable and black identity and perceived social support as possible moderators. A sample of 639 participants (M_{Age} = 35.29, SD_{Age} = 10.09) who identified as Black and/or African American were included in the study. The findings indicated that internalized racism partially mediated the relationship between racial microaggressions and depression and anxiety, where approximately 50 percent of the relationships were explained by internalized racism. Additionally, the findings indicated that centrality and private regard aspects of Black identity weakened the relationship between racial microaggressions and depression and anxiety. Finally, the findings indicated that social support weakens the relationship between racial microaggressions and depression and anxiety.

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CHAPTER I

INTRODUCTION

Race and Racism in the United States

Carter (2007) defines race as a sociopolitical designation. This designation assigns individuals to a specific group based on presumed biological or visible physical characteristics such as physical features or skin color. Racism is the system of White supremacy entailing hierarchical categorization of social groups into races for the purpose of differential allocation of status, resources, and power to non-White Americans who are deemed inferior (Bonilla-Silva, 1997). An older definition of racism describes it as the ideology that one ethnic or racial group is condemned by nature to inferiority in perpetuity while another group is destined to perpetual superiority (Benedict, 1945). Racism, as a phenomenon, is both complex and multifaceted. Racially discriminatory practices and experiences can manifest in overt and covert forms resulting in detrimental effects on the targeted populations. While some in America believe we live in a post-racial society after the election of President Barack Obama (Dawson & Bobo, 2009), recent incidents are indicative that this is not the case. For example, after the 2016 election, there were 221 anti-Black bias-related incidents from November 9th to

December 12th, 2016 (Southern Poverty Law Center Hatewatch, 2016). In 2019, 58 percent of Americans surveyed thought that current racial relations were bad (Horowitz et al., 2019). More than 80 percent of Black respondents surveyed reported believing that the legacy of slavery affects the position of Black people in America and approximately 78 percent reported that the country has not gone far enough to give Black people equal rights (Horowitz et al., 2019). In this same survey, more than 60 percent of respondents reported that it is more common for people to express racist views since Donald Trump was elected, and 45 percent believed that such behavior has become more socially acceptable (Horowitz et al., 2019). In additional 2019 research exploring America's significant problems, 43 percent of Americans surveyed believed that racism was a very big problem (Pew Research Center, 2019). However, when the respondents' political affiliations sorted the responses, only 21 percent of right-leaning respondents believed racism was a very big problem, while 62 percent of left-leaning respondents believed it was a big problem (Pew Research Center, 2019). In 2018, 10 percent of right-leaning respondents believed that the criminal justice system's treatment of racial minorities is a big problem, compared to 71 percent of left-leaning respondents (Pew Research Center, 2018).

Actions to remedy overt racism, such as stereotyping, prejudice, and bias, are more openly addressed through legal means (e.g., Affirmative Action, 1961; Civil Rights Act, 1964; Title IX, 1972) as it is an outwardly explicit and more blatant form of discrimination against marginalized groups. However, racial discrimination in covert forms is subtle, subversive, and often dismissed. Covert forms of racism are evasive or passive actions concealed within the socially ordinary interactions in society. These

subliminal actions unconsciously empower oppressors and simultaneously diminish the rights of the oppressed. Racism, specifically in the United States, has a history that is ingrained in the laws of the land. For example, in the Naturalization Act of 1790, in order for immigrants to become citizens, they must have resided in the country for two years, demonstrate good character, and be White (Johnson & Frombgen, 2009). This language set the stage for centuries of systemic racism perpetrated against African Americans in the United States.

The society in the United States can be described as a racialized social system, in which social institutions and social hierarchies are influenced by socially defined racial categories (Bonilla-Silva, 1997). Systemic racism describes the societal systems designed to uphold the oppression of one group while maintaining the uplifting of another (Doane, 2006). These systems may manifest as individual gatekeepers to social capital and achievement or in public policy such as redlining (Doan, 2006; Stanton-Salazar, 2011). These systems do not just affect the state of affairs at the time of their existence but the longitudinal wealth of both the oppressed and their oppressors. Other examples of systemic racism are separate but equal educational practices, racism in college admissions, racism in lending practices, jury selection, policing, and specific sentencing laws in the criminal justice system (e.g., the sentencing disparity between crack and powder cocaine; Lopez, 2000).

Racial ideologies support the economic and social inequalities that persist along racial lines. Racial ideologies are generalized belief systems that explain social relationships and practices in racialized language (Bonilla-Silva, 2001; Fields, 1990). Historically, the dominant racial ideologies in the United States have been used to justify

expansionist behaviors, slavery, discrimination, and racial stratification (Doane, 2006). When people absorb and rely on these racial beliefs that permeate society, treating race as an accepted and expected part of the natural order, race begins to function institutionally (Lopez, 2000). Lopez suggests that structural, or systemic racism, is not due to individuals but instead due to group interactions (2000). These group interactions create racial institutions, and these institutions then influence individual behaviors through shared cognitive processes. These racial ideologies have spilled over into the politics and political conversations of the United States, commonly referred to as political discourse (Doane, 2006). Racial discourse is the collective discussion in society regarding issues of race (Doane, 2006). Research conducted with educators found that some educators believe that racism is more an act of individuals than indicative of systemic problems in society (Young, 2011). Young also discovered that these educators further believed that they were not a part of the problem of systemic racism because of their own activism (2011). However, White supremacy is the driver of racism and racism-related stress as it is the system based on oppression in which racism occurs (Versey et al., 2019). This system, rather than individual behaviors of specific people, is linked to the beliefs and behaviors regarding the domination of the minority group by the majority group in society (Versey et al., 2019). In the face of this racial oppression, the act of racial and ethnic minorities becoming a whole person is referred to as radical healing (Mosley et al., 2020). In the model of radical healing and hope proposed by Mosley and colleagues, ancestral pride at the individual level behaves as a gateway to radical hope and in turn healing (2020). This model of radical healing and hope was partially tested in this dissertation study using Black identity as a proxy for ancestral pride. Suzuki and

colleagues (2019) suggested that radical healing is a potential framework for the practice and training of counseling psychologists to lessen the effects of oppression on racial and ethnic minorities. Suzuki and colleagues encourage counseling psychologists and trainees to focus more on the process of healing the wounds caused by racial oppression than singularly on the adverse effects of said oppression (2019).

Outcomes of Racism

Consequences of racism and racial biases include disparities in physical and mental health (Williams et al., 2003). In Williams and colleagues' meta-analytic study, 20 of 25 studies analyzed reported a positive relationship between discrimination and distress, with only two reporting no relationship existing. In 13 of the 14 studies analyzed by Williams and colleagues, the psychological outcomes of happiness, life satisfaction, self-esteem, or perceptions of mastery or control decreased when discrimination increased. Other examples of systemic racism are separate but equal educational practices, racism in college admissions, racism in lending practices, jury selection, policing, and specific sentencing laws in the criminal justice system (e.g., the sentencing disparity between crack and powder cocaine; Lopez, 2000).

Theoretical Framework

I identified a theoretical foundation to operationalize and understand the relationships between racial microaggressions accurately, internalized racism, perceived social support, Black identity, and mental health. The Integrative Conceptual Model developed to cope with racism and racism-related stress (Brondolo et al., 2009; Myers, 2009) informed this study. Brondolo and colleagues mentioned several strategies and models that people of color use to respond to and cope with racist experiences. However,

those models failed to include strategies for coping with specific racist events and the awareness that race-related mistreatment will likely continue (Brondolo et al., 2009). Brondolo and colleagues mentioned several strategies and models that people of color use to respond to and cope with racist experiences. However, those models failed to include strategies for coping with specific racist events and the awareness that race-related mistreatment will likely continue (Brondolo et al., 2009). Brondolo and colleagues further criticized the previous models for coping with racism because they could not determine whether the associated coping strategies addressed racism itself or the consequences of racism and discrimination (e.g., unemployment, poverty, health disparities; Brondolo et al., 2009). The researchers suggested that racial discrimination is a complex stressor that negatively affects mental health and coping processes. In addition to mental health concerns, Brondolo and colleagues (2009) suggest that racial discrimination negatively impacts physical health and adjustment. Myers (2009) suggested that race-related stressors contribute to the burden of stress experienced by racial and ethnic minority group members and make the impact of other life stressors more devastating.

This integrative model identifies three critical coping strategies that can potentially weaken the link between racism and adjustment: racial identity development, social support seeking, and confrontation or anger coping (Brondolo et al., 2009). This study assesses two of these suggested coping strategies (i.e., perceived social support and Black identity) as possible moderators of the relationship between racism and psychological distress. First, this model suggests that racial identity may help individuals subjected to racism make sense of and respond to their experiences based on their

membership in their racial group (Brondolo et al., 2009). According to Cross, a strong racial identity may be associated with historical and experiential knowledge about one's racial group. This knowledge, in turn, may help an individual targeted during a racist experience distinguish between actions directed at them individually versus actions directed at them as a member of a group (Cross, 2005). This ability to draw this distinction may protect targeted individuals from psychological distress (see Figure 3).

Social support-seeking behaviors involve communicating with others (e.g., friends, family) about lived experiences or events (Brondolo et al., 2009). Within the Black community, social support-seeking behaviors have been colloquially labeled shoulder-leaning (Shorter-Gooden, 2004). Several research studies cited by Brondolo and colleagues lay out the foundational argument that social support can behave as a buffer to racist experiences and that potential buffering effect was tested during this study (see Figure 4).

Microaggressions and Mental Health

The primary variable of interest, and predictor in each structural model, is the construct of racial microaggressions. Racial microaggressions are one well-researched form of implicit racism. Chester Pierce initially devised the term racial microaggression to describe the subtle and often automatic verbal abuses Black people face (Pierce et al., 1978; Pierce, 1995). Microaggressions, according to the literature, tend to be subtle and indirect, often occurring in situations where alternative explanations may be appropriate. They often represent unconscious and ingrained beliefs, values, or attitudes. They are more likely to occur when people pretend not to notice differences denying that race, gender, sexual orientation, ability, or religion had anything to do with their actions (Sue

et al., 2007). Since the term's initial introduction, the definition of microaggression has been expanded to include any marginalized group and include any brief, everyday exchange that sends denigrating messages to a target group such as people of color; religious minorities; women, people with disabilities; and gay, lesbian, bisexual, and transgender individuals (Sue, 2010; Sue et al., 2007; Sue & Sue, 2016). Racial microaggressions have been linked to various adverse outcomes for people of color who are the targets of racial microaggressions, such as anxiety, depression, suicidality, alcohol use, and somatic symptoms in various populations (Blume et al., 2012; Lioa et al., 2016; Nadal et al., 2014; O'Keefe et al., 2015; Torres-Harding et al., 2019). Although most racial microaggressions research has focused on Black people specifically, there are still numerous unanswered questions.

According to previous research, Black participants reported feeling marginalized and depressed because of microaggressions (Solórzano et al., 2000). Furthermore, compared to other racial groups, Black people have more persistent anxiety disorders (Breslau et al., 2005). Although previous research has established a link between racial microaggressions and mental health, limited research unpacks this link. Therefore, this study aims to provide a more in-depth exploration of the relationship between racial microaggressions and Black American mental health.

Some Black Experiences of Internalized Racism

Repeated experiences with microaggressions are embedded in the structural and cultural forces that guide social behaviors in American society (Wilson, 2009). Specifically, some Black people conceptualize how they are situated in society based on their internalization of encounters with racism. The construct of internalized racism

refers to people of color taking in and adopting aspects of racism and the acceptance by members of stigmatized races of negative messages about their worth and abilities (Jones, 2000; Watt-Jones, 2002). Internalized racism, posited by Tappan, is more than simply feeling inferior to the majority group or devaluing oneself; it is the process of adopting and mastering the beliefs, tools, and behaviors of one's oppressors (2006). The internalization of racism by members of the targeted group results in an experience of self-degradation and self-alienation and the assumption of one's own inferiority, which is directly related to issues of self-esteem, self-confidence, shame, depression, and anxiety (Watt-Jones, 2002). This study specifically focused on the phenomenon of internalized racism as experienced by Black people. Internalized racism, according to Watt-Jones, is related to two different levels of shame: first, shame associated with one's own "African-ness" resulting from slavery and racism, and second, shame from feeling ashamed. Research into the effects of how the adoption of racist ideals or standards by people of color on their psychological health is not new. The impression of racist values, stereotypes, and images into the psyche of people of color has been studied as far back as 1939, where Black school children's attitudes regarding race and inherent characteristics of people were explored (Clark & Clark, 1939; Clark & Clark, 1940; Clark & Clark, 1947). Research with gay, lesbian, and bisexual Black participants showed a negative relationship between internalized racism and self-esteem and a positive relationship between internalized racism and psychological distress (Szymanski & Gupta, 2009). Additionally, meta-analytic research found a direct relationship between internalized racism and adverse mental health outcomes (Gale et al., 2020). The authors of this study

analyzed 29 total studies focused on the relationship between internalized racism and adverse health outcomes published between 1999 and 2015.

A meta-analysis of internalized racism research conducted by David and colleagues (2019) found that approximately 90 articles were published between 2008 and 2018. Of those 90 articles, approximately 41 percent were with Black participants. As internalized racism is the adoption or embracing of negative messages regarding one's own people, it stands to reason that it is the possible next step or experience after experiencing a racially related microaggression (see Figure 2).

Black Identity

The internalization of negative racial stigma has implications for the oppressed group's perception of their racial identity. Although there are several Black identity developmental models, the model of psychological *nigrescence*, or the process of becoming Black, is possibly the most influential and well documented (Cross, 1971, 1991, 1995). Early attempts to define a process of minority identity transformation came through the works of Black educators and social scientists (Cross, 1971; Jackson, 1975; Thomas, 1971). Cross' original model was developed during the civil rights movement and delineated a five-ego status process in which Blacks in the United States move from a White frame of reference to a positive Black frame of reference with the following statuses: pre-encounter, encounter, immersion-emersion, internalization, and internalization-commitment. Nevertheless, the revision of this theory in 1991, based on critical reviews of the literature on Black racial identity, resulted in increased explanatory powers of the model (Vandiver et al., 2001; Worrell et al., 2001). The revised Black racial identity development model contained the elements of the previous model with

some notably significant differences. In the revised model, Cross introduced the construct of race salience, or the degree to which race is an important and essential part of a person's approach to life. The person in question may live their life with racial consciousness serving either a minimal role in their identity or a major one.

Additionally, salience for Blackness can either have a negative, or anti-Black, or positive, or pro-Black, connotation. In the new model, the term race salience also replaces the term pro-White in the pre-encounter ego status of racial identity development. In the original model, Cross believed that accepting an American perspective in conjunction with the rejection of Blackness was indicative of only one identity characterized by self-hatred and low self-esteem. The revised model has two identities pre-encounter assimilation and pre-encounter anti-Black, where the former has low salience for race and a neutral valence toward Blackness. At the same time, the latter describes individuals who hate Blacks and hate being Black (indicative of high negative racial salience). Therefore, in the revised model, it is possible for a Black person at the pre-encounter ego status who experiences the salience of race as a minor aspect of their life and who is oriented toward an American perspective to avoid experiencing self-hatred or low self-esteem.

The pre-encounter ego status of Cross' model of Black identity development is characterized by Black people consciously or unconsciously devaluing their Blackness and concurrently valuing White values and ways. As a result, there is a strong desire to assimilate and acculturate into White society. Black people with this ego status evidence self-hate, low self-esteem, and poor mental health compared to their peers with another ego status (Vandiver, 2001). The individual in this ego status may believe that "White is

right and Black is wrong." As a result, they may unconsciously internalize negative stereotypes and seek to assimilate into White culture and society while simultaneously distancing themselves from other Black people (Tatum, 1992).

The encounter ego status is the beginning of a two-part process for the individual in the ego status. First, the affected individual encounters a profound crisis, event, or series of events that challenge his or her previous methods of thinking and belief system. Second, the affected Black individual begins to reinterpret the world, resulting in a shift of worldviews. This event, or events, forces the individual first to acknowledge and then contemplate the impact of racism in his or her life (Tatum, 1992). Reaching the realization that they cannot ever be White, the individual is forced to instead focus on their identity as members of their racial group. The individual withdrawing from the dominant (White) culture and becoming immersed in Black culture characterizes the following ego status of immersion-emersion. The individual's feelings of guilt and anger begin to dissipate. There is a growing sense of Black pride, even though the internalizing of positive attitudes regarding one's own Blackness is minimal. The individual in the immersion-emersion ego status surrounds him or herself with visible symbols of their racial identity and actively avoids symbols of Whiteness and White culture, where everything of value in their life must either be Black or relevant to their own Blackness (Parham, 1989). The individual in this ego status also explores aspects of their racial background, such as history and culture, with the support of peers from their same racial background (Tatum, 1992).

The next and fourth ego status of nigrescence is internalization, which is characterized by internal conflicts between the old and new identities being resolved by

the individual. There is an increase in internal security related to one's own sense of racial identity, and tolerance is increased where the individual is willing to establish meaningful relationships with Whites who acknowledge and are respectful of his or her self-definitions and willing to establish coalitions with members of other oppressed groups (Tatum, 1992). The individual maintains their connection with their Black peers and maintains their pro-Black attitudes but becomes more cognitively flexible and more open to the lived experiences of others. The final ego status of nigrescence is internalization-commitment. This final ego status is characterized by the individual's commitment to social change, social justice, and civil rights. This ego status is characterized by the individual moving beyond expressing their pro-Black attitudes using only words, but by using actions that reflect the essence of their lived experiences. The affected individual would have found ways to translate their personal sense of Blackness and what Blackness means to them into a serious plan of action or sense of commitment to address the concerns of Black people, which they sustain across time (Cross, 1991).

Cross and colleagues posit (1998) that an internalized racial identity may buffer Black people against the potential negative effects of racism on their psychological health. Previous research has explored the relationship between the racial identity of Black people and their psychological health and indicates that higher levels of racial identity typically result in positive psychological health, while lower levels of racial identity lead to psychological distress and unhealthy mental health outcomes (Wilson et al., 2017). Furthermore, lower levels of Black identity have been linked to lower self-esteem, poorer psychological well-being, lower self-actualization, higher levels of psychopathology, depression, anxiety, paranoia, hypersensitivity, and psychological

distress in comparison to peers with a more positive Black identity (Caldwell et al., 2002; Neville & Lilly, 2000; Neville et al., 1997; Parham & Helms, 1985; Carter, 1991; Pierre & Mahalik, 2005). Positive racial identity can be a protective factor in that it may increase confidence in one's racial identity. Phelps et al. (2001) found that internalization status subscale scores and other-group orientation subscale scores were the only statistically significant predictors of self-esteem. The authors noted that these subscales predicted self-esteem emerged statistically significant only for Black college students (Tyler, 2014). These findings suggest the need for additional exploration to specify moderators, or protective factors, that lower the likelihood of Black people developing anxiety symptoms and disorders due to experiencing microaggressions and racism (Hunter & Schmidt, 2010). Identity may behave as a lens for targets of racist experiences to understand, reframe, and cope with those experiences, this leads to the hypothesis that Black identity behaves as a moderator between racial microaggressions and psychological distress (Cross, 2005; see Figure 3). While Cross' model of Black identity development is arguably the most well-known, Sellers and colleagues (1998) propose an alternative explanation and description of Black identity. The Sellers' model proposes that racial identity is as a combination of four dimensions: centrality, regard, salience, and identity. Centrality, according to Sellers and colleagues, refers to whether or not an individual decides to define himself or herself as Black.

Perceived Social Support

In addition to self-development of positive perceptions of one's racial group, oppressed Black individuals may benefit from positive perceptions of relationships with others. Perceived social support refers to the amount of support from social and

interpersonal networks individuals perceive as being available (Szkody & McKinney, 2019). As a construct, social support is multidimensional with context-specific structural (existence of relationships) and functional (the functions that relationships provide) dimensions (Cohen & Wills, 1985; Williams et al., 2004). Social support serves numerous emotional, instrumental, informational, and appraisal coping functions. Previous research has shown that the size and satisfaction with one's social network and the relationships themselves are associated with greater happiness, life satisfaction, job satisfaction, and decreased risk of mental illness (Flores et al., 2019). Additionally, research has shown that perceived social support behaves as a buffer between stressful life events and psychological distress (Colarossi & Eccles, 2003; Burton et al., 2004; Väänänenet al., 2005; Pakenham et al., 2006; Pakenham et al., 2007; Maulik et al., 2010; Rueger et al., 2010; Auerbach et al., 2011; Raffaelli et al., 2013). Social support has also been considered an external coping mechanism triggered by perceived discrimination (Brondolo et al., 2009; Cohen & Wills, 1985; Harrell, 2000). As racist environmental stimuli are perceived, cognitive appraisals and engagement of available social support resources may be triggered. Results from a meta-analysis of 246 studies found positive effects of social support on well-being in all children and adolescents (Chu et al., 2010). In several studies, Black individuals reported discussing racist incidents with family, friends, or others in response to those racist experiences (Krieger, 1990; Krieger & Sidney, 1996; Swim et al., 2003). With perceived social support being seen as a buffer between perceived racism, stressful life events, and adverse psychological health, it is hypothesized that it will be a moderator between racial microaggressions and psychological distress (see Figure 4).

Purpose of the Study

Covert racial experiences are frequently dismissed and complex concepts in research. A wealth of research has explored the relationship between microaggression and negative psychological effects (Solórzano et al., 2000; Blume et al., 2012; Nadal et al., 2014; O'Keefe et al., 2015; Torres-Harding et al., 2019). Although the majority of microaggression research is conducted with Black participants, there is still a need to clarify the relationships between the negative racial experiences of Black people and their mental health.

This study explored the relationship between racial microaggressions and Black mental health, with internalized racism as a possible mediator and Black identity and perceived social support as possible moderators of that relationship. Such an examination of these associations may have implications concerning treatment strategies to address, manage, and counter internalization and maladaptive behaviors. This work is essential for several reasons. Counseling psychologists must understand how historical and multigenerational trauma influences the psychological well-being of racial and ethnic minorities (Duran et al., 2008). Clinicians who understand the effects of historical racial trauma are on the path to multicultural competence, which is required for clinically competent practice in counseling psychology (Welfel, 2015). Additionally, examining the practice implications of the radical healing work by French et al. (2020), clinicians need to expand their ideas about where healing takes place and what can be considered healing. That means that clinicians need to consider outreach and psychoeducational programming in the Black community to help heal wounds related to historical racism-related trauma. French et al. (2020) also recommend that research conducted by

counseling psychologists engage in research that can inform public policy and changes to social systems. Additionally, there is a distinct lack of research surrounding positive psychological outcomes and their relationship to racial microaggressions. This study aims to help fill that void in the literature by assessing the life satisfaction of Black people and explore whether those subjective judgments of one's satisfaction with the current state of one's own life is related to experiences of racial microaggressions. This research is an important contribution to the extant literature because it challenges the typical understanding and definition of mental health. Previous research has operationally defined mental health using negative psychological outcomes. This study takes the approach of combining negative psychological outcomes with a positive psychological outcome to assess the continuum of mental health more fully.

Research Questions

The following questions guide this study:

Research Question I: What is the relationship, if any, between racial microaggressions and mental health in a Black sample?

Research Question II: Is the relationship between racial microaggressions and mental health, if it exists, explained by internalized racism?

Research Question III: Is the hypothesized relationship between racial microaggressions and mental health (i.e., strength or direction) moderated by Black identity?

Research Question IV: Is the hypothesized relationship between racial microaggressions and mental health (i.e., strength or direction) moderated by perceived social support?

CHAPTER II

LITERATURE REVIEW

Introduction

This chapter presents and examines literature that pertains to internalized racism, racial microaggressions, perceived social support, Black identity, and mental health. This literature helps to situate this study in the current canon of research and illustrates the need for more research to understand the experiences of Black people as it relates to racism and their mental health.

Microaggressions and Mental Health

Across racial subgroups, racial microaggression research has been associated with negative outcomes (e.g., depression, anxiety). Research into racial microaggressions has focused on racial and ethnic minorities in general and Black and Asian participants specifically. In this section of the literature review, I discuss the existing literature focusing on each of these groups beginning with racial and ethnic minority participants in general.

Participants of Multiple Races

Several research studies on racial microaggressions have used a racially diverse sample. These studies consistently found that microaggressions are associated with

negative outcomes. For example, one research study found that college students of color who experience greater instances of microaggressions might be at risk for higher levels of anxiety (Blume et al., 2012). This study's sample included 178 participants, where 125 participants were women, 100 self-identified as Black, with an average age of 18.75. Participant anxiety symptoms were assessed using the 21-item Beck Anxiety Inventory (BAI; Beck et al., 1988) while the 10-item General Perceived Self-Efficacy Scale (GSE; Schwarzer & Jerusalem, 1993) was used to assess the participants' general sense of self-efficacy in coping with daily stresses experienced by college students of color. Microaggression data were collected by using an open-ended self-report questionnaire with 51 types of microaggressions that may have been experienced over the previous month and year. The participants were instructed to indicate the number of times each microaggression occurred in the specified time period. The participants had a mean score on the anxiety measure of 10.736 (SD = 9.545), which would be classified as mild levels of anxiety. Microaggressions experienced in the last month were a statistically significant predictor of anxiety ($\beta = 0.414$, $t = 5.651$, $p < .001$). This study is important to the literature in general as it lends credence to the idea that microaggressions are related to negative psychological outcomes. Specifically, the Blume and colleagues (2012) study, is important because it supports this study's hypothesized structural model that racial microaggressions and anxiety are related (see Figure 1). However, there were limitations of the Blume and colleagues (2012), study's design including sample selection and instrument usage. The sample was comprised of college students aged 18, 19, and 20. This sample is severely restricted in regards of generalizing to the overall population of racial and ethnic minorities. This dissertation study sought to use a more diverse

sample (e.g., age, educational attainment) in hope of having findings that are more generalizable to the entire population of Black people. The instrument used by Blume and associates to assess the participants' exposure to racial microaggressions appeared to be designed and used by the researchers themselves. There was no validation information provided aside from the reliability estimate, which only looks at the current sample. This dissertation sought to address that methodological issue by using a microaggression instrument that has strong evidence supporting both reliability and validity.

Additional research indicated that for college students of color, experiencing racial microaggressions is associated with higher instances of depression and perceived stress (Torres-Harding et al., 2019). To measure the frequency that participants experienced specific microaggressions (i.e., foreigner, criminality, sexualization, low achieving, invisibility, and environment), the researchers utilized the Racial Microaggressions Scale (RMAS; Torres-Harding et al., 2012). A 32-item measure with a four-point Likert scale ranging from 0 = never to 3 = often/frequently. To measure depressive symptoms, the researchers used the depression subscale of the Depression Anxiety Stress Scale (DASS-21; Lovibond & Lovibond, 1995). These seven items measure dysphoric mood, self-depreciation, and anhedonia. To measure perceived stress in the participants, the researchers used the Perceived Stress Scale. The items measure whether a participant's subjective appraisal of whether they are overwhelmed by stressful demands or whether they feel unable to meet these demands. The total stress score was used by the researchers and ranges from 0 to 16, with higher scores indicating higher levels of perceived stress. The participants were recruited from a Midwestern private

university, all students were allowed to participate regardless of their racial identity but the responses from students who identified as Caucasian, White, or European American were not included in the analyses. A sample of 467 students who identified as racial or ethnic minorities were included in the study's analyses. Their ages ranged from 18 to 58 ($M = 24.16$, $SD = 6.86$). Of the participants, 367 identified as female (78.6%), 176 (37.7%) identified as Black, 51 (10.9%) identified as first-generation immigrants, 16 (3.4%) identified as having a physical or psychiatric disability, and 404 (86.5%) identified as heterosexual. The results indicated that depression had statistically significant positive correlations with five of the six specific racial microaggressions (excluding the environment type) and perceived stress had statistically significant positive correlations with three of the six specific racial microaggressions (criminality, low achieving, and invisibility). Perceived stress had a statistically significant positive correlation with depressive symptomology. These findings are important because they again support the hypothesized structural model between racial microaggressions and psychological distress (see Figure 1). The participant selection and external validity in this study appear to be a limitation. While the participant age range was more representative of the population, every participant was required to be a student at a private Midwestern university. This requirement in and of itself limits the generalizability of this study's findings.

Additional research conducted by Huynh (2012) found a relationship between depressive and somatic symptoms and microaggressions in Latinx and Asian American adolescents. The study's goals were to first examine ethnic and gender differences in the frequency and degree to which adolescents are reactive to microaggressions and second,

was to examine the implications microaggressions have for adolescents' depressive and somatic symptoms, and third to examine the mechanisms by which microaggressions are harmful to the development of adolescents. The study included 360 participants of which 68 percent were Latino, 53 percent were female, and the average age was 17.18 (SD = .75). The researcher used the Ethnic Microaggressions measure (EMA; Huynh, 2012) to assess the frequency of personal experiences of subtle discrimination in the year prior to the administration of the instrument as well as the extent to which those experiences were upsetting. The measure consists of 12 items and has three subscales (i.e., emphasis on differences, denial of racial reality, negative treatment). Depressive symptomology was measured using the 20-item Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977), where higher scores indicated more depressive symptoms. Somatic symptoms were measured using an unidentified 12-item measure where higher scores indicate more somatic symptoms and complaints (Huynh & Fuligni, 2010). State and trait anger were measured using the 10-item short-form version of the State/Trait Anger Scale (STAS, Spielberger et al., 1983). The 10-item Perceived Stress Scale (PSS; Cohen et al., 1983) was used to measure perceived social stress while social anxiety was measured using a 12-item version of the Fear of Negative Evaluation Scale (Leary, 1983). Both depressive symptoms and somatic symptoms were positively correlated with both the RMA total score and all three subscales with the correlation coefficients ranging from .13 to .27. All of the correlations were statistically significant. Negative treatment was the strongest predictor of both depressive symptoms ($\beta = 0.13$, $SE = 0.04$, $B = .22$, $p < .01$) and somatic symptoms ($\beta = 0.15$, $SE = 0.04$, $B = .25$, $p < .01$) for groups. These results support previous research findings that racial and ethnic microaggressions are

associated with negative psychological outcomes, which I tested in this dissertation (see Figure 1). The Huynh (2012) study also focused specifically on adolescents and their experiences with racial microaggressions. This is important work (i.e., adolescent development), however, this dissertation study focused on adults and their experiences.

Further research found that racial microaggressions lead to more symptoms of depression, which in turn lead to more reported suicidal ideation (O'Keefe et al., 2015). This study used 405 undergraduate students (156 male and 249 female) from a large Midwestern university. The sample consisted of 135 Black participants, 142 American Indian or Alaskan Native participants, 80 Hispanic or Latinx participants, and 48 participants who identified as Asian or Asian American. The participants' ages ranged from 18 to 48 years of age ($M = 19.65$). The 32-item Racial Microaggressions Scale (RMAS; Torres-Harding et al., 2012) was used to assess the frequency and emotional impact of experiencing racial microaggressions. Higher scores related to frequency indicate a higher prevalence of racial microaggression experiences. Depressive symptomology was measured using the 20-item Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977). This instrument measures depressive symptoms experienced in the last week with higher scores indicating a higher frequency of experiencing depressive symptoms. The 4-item Hopelessness Depressive Symptom Questionnaire-Suicidality Subscale (HDSQ-SS; Metalsky & Joiner, 1997) was used to measure suicidal ideation experienced within the last two weeks. Higher scores indicate higher levels of suicidal ideation. Depression was positively correlated with all six dimensions of the racial microaggressions scale and the total score; the correlation coefficients were all statistically significant and ranged from .17 to .34. There was a

statistically significant positive correlation between suicidal ideation and the total score on the racial microaggression scale ($r = .13, p < .05$), and the subscales of foreigner, sexualization, low-achiever, criminality, and invisibility with coefficients ranging from .09 to .16. Black participants reported the highest levels of racial microaggressions (M =39.24, SD = 20.17) while Asian American participants reported the highest levels of depression (M = 17.62, SD = 11.12) and suicidal ideation (M = .40, SD = 1.14). The paths from racial microaggressions to depressive symptoms ($\beta = .14, p < .001$) and from depressive symptoms to suicidal ideation ($\beta = .04, p < .001$) were both statistically significant. This study's primary implication for the current dissertation study is the support it lends to the hypothesized structural model exploring the relationship between racial microaggressions and psychological distress (see Figure 1). However, this study used only college students, much like the studies mentioned before it, which my dissertation study attempted to rectify using a diverse sample with participants from many lifestyles. This approach aims to result in findings with high generalizability to the entire population of Black people.

Additional research conducted at Utah State University found that microaggressions were correlated with anxiety and depression in Latinx/Hispanic participants while simultaneously finding no significant relationship for Black participants (Blume, 2020). This study had a sample of 207 participants, including college students and non-college students. There were 52 participants who identified as Asian/Asian American, 50 who identified as Black/Black American, 52 who identified as Hispanic/Latinx, 53 who identified as Native American/Alaska Native, and 70 who identified as multiracial or multiethnic. The participants' ages ranged from 18-30 (M =

24.1, $SD = 3.5$). The 28-item Revised Racial and Ethnic Microaggressions Scale (R28REMS; Forrest-Bank et al., 2015) was used to assess the frequency of experiencing racial microaggressions over the past six months. Higher scores related to frequency indicate a higher prevalence of racial microaggression experiences. Depressive symptoms were measured using the 9-item Patient Health Questionnaire (PHQ-9; Kroenke et al., 2001) with higher scores indicative of higher levels of depression. Anxiety was measured using the 7-item Generalized Anxiety Disorder (GAD-7; Spitzer et al., 2006) scale, with higher scores indicating higher levels of anxiety. There was a strong positive correlation between racial microaggressions and anxiety ($r = .337$, $p < .05$) and racial microaggressions and depression ($r = .347$, $p < .05$) for Hispanic participants. These findings indicate that as the frequency of racial microaggressions increase, the endorsement of anxious and depressive symptomology also increases. This same study, however, failed to find a statistically significant relationship between racial microaggressions and either anxiety ($r = .001$, *n.s.*) or depression ($r = .110$, *n.s.*) for their Black participants. The findings also suggested that Black participants reported a statistically significant higher frequency of microaggressions ($M = 1.60$, $SD = 1.14$) than participants of other racial/ethnic groups ($F(3, 203) = 6.177$, $p < .001$). These findings are simultaneously encouraging and discouraging for the prospective dissertation study. One limitation is the size of each subsample, as the analyses were run by subgroup. Each subgroup was around 50 participants, which is not indicative of enough power for an accurate analysis. The dissertation study accounted for this limitation with a relatively large sample size.

Additionally, research found that racial microaggressions predicted lower self-esteem for college students (Nadal et al., 2014). This study had 225 participants whose ages ranged from 17 to 40 (M = 19.73, SD = 3.24). Of these participants, 161 identified as female (71.6 percent) and 44 identified as either Black or African American (19.6 percent). The researchers used the 45-item Racial and Ethnic Microaggressions Scale (REMS; Nadal, 2011) to assess experiences with racial and ethnic microaggressions with higher scores indicating more frequent exposure to microaggressions. The 10-item Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) was used to assess levels of self-esteem in participants, with higher scores indicating lower levels of self-esteem. The findings indicated that there was a statistically significant difference across racial groups in average experiences of racial and ethnic microaggressions (F (5, 218) = 3.76, p = .003, η^2 = .06). The White participants reported experiencing racial microaggressions at a statistically significantly lower rate than their non-White peers did. The findings also found that across racial groups, there was a statistically significant negative correlation between racial microaggressions and self-esteem (r = -.142, p = .05). The researchers also found that experiences of racial and ethnic microaggressions was a statistically significant predictor of self-esteem (F (1,221) = 4.72, p < .05). The findings indicate that as one experiences more instances of racial or ethnic microaggressions, one's self-esteem is lowered (Nadal et al., 2014). This study introduces a positive psychological outcome (i.e., self-esteem) while the aforementioned studies focused on all negative outcomes. This is important for this dissertation study, as this study sought to explore the psychological ramifications of racial microaggressions from a positive and negative aspect, while most of the previous research looks at only negative outcomes.

Black Participants

In addition to previous racial microaggression research focusing on various racial and ethnic minorities, researchers also have focused their work on Black people specifically. Research specifically with Black women found that higher levels of microaggressions were related to higher levels of psychological distress (Fay, 2015). This sample consisted of 243 women who identified as either Black/African American, Black and Biracial, or Black-Latina/Hispanic. The women who participated ages ranged from 19 to 72 ($M = 39.46$, $SD = 12.59$). Racial microaggressions were measured using the Inventory of Microaggressions against Black Individuals (IMABI; Mercer et al., 2011). This 14-item measure inquires about experiences of discrimination over the past year, while having participants indicate their level of distress related to the racist experience. The responses are measured on a 4-point Likert scale, and scores range from zero to 56, with higher scores indicating more distress due to the racial microaggressions experienced. Anxiety was measured using the 7-item Generalized Anxiety Disorder Assessment (GAD-7; Spitzer et al., 2006). This measure's responses are recorded on a 4-point Likert scale with scores ranging from zero to 21, with higher scores indicative of more endorsement of anxiety symptomology and impairment of functioning. Depression was assessed using the 8-item Patient Health Questionnaire (PHQ-8; Kroenke et al., 2009) with responses recorded on a 4-point Likert scale. Potential scores range from zero to 24 with higher scores indicating endorsement of more depressive symptomology. The results indicated a statistically significant relationship between racial microaggressions and both depression ($r = .23$, $p < .01$) and anxiety ($r = .28$, $p < .01$). Racial microaggressions was also a statistically significant predictor of anxiety ($\beta = .25$, $SE\ B =$

.01, $B = .03$, $p < .001$) when controlling for age and education. Racial microaggressions were also a statistically significant predictor of depression when controlling for age ($\beta = .21$, $SE\ B = .01$, $B = .02$, $p < .001$). These findings support previous research that racial microaggressions predict psychological distress in Black people, supporting the hypothesized structural model (see Figure 1). Additionally, this research found that neither age nor education were potential moderating variables for the relationship between racial microaggressions and anxiety or depression. This study tested education and age for moderating characteristics, the current dissertation used age and education as covariates in the structural model (see Figure 1). This dissertation study did not limit participant selection by gender or sex to increase external validity.

Additional research with participants who identify as Black women found support for the idea that perceived racial microaggressions significantly predicted endorsement of depressive symptomology (Donovan, 2012). This study had a sample of 187 Black women whose ages ranged from 18 to 63 ($M = 25.26$, $SD = 8.55$). The researchers used the Daily Life Experiences Subscale of the Racism and life Experiences Scale (DLE; Landrine & Klonoff, 1996) to measure perceived microaggressions. This measure is comprised of 20 items, scored on a 5-point Likert scale with higher scores indicating more frequent experiences with racial microaggressions. Anxious and depressive symptomology were assessed using the 14 related items on the Depression Anxiety Stress Scale (DASS-21, Lovibond & Lovibond, 1995). All items were scored with a 4-point Likert scale with higher scores indicating more severe and frequent depressive and anxious symptomology. The findings indicated that perceived racial microaggressions were a significant predictor of depressive symptomology ($B = .10$, $SE\ B = 0.04$, $\beta = 0.18$,

$p < .05$) but not anxiety symptoms ($B = .04$, $SE\ B = 0.04$, $\beta = 0.08$, $p > .05$). These findings support previous research linking experiences of racial microaggressions with psychological distress in Black women, specifically depressive symptomology. However, these findings are a direct contradiction of previous research that found a link between racial microaggressions and psychological distress for Black women (Moody & Lewis, 2019). In the Moody and Lewis study (2019), gendered racial microaggressions predicted traumatic stress.

Research exploring the potential adverse effects of racial microaggressions indicating that alcohol problems are potential negative outcomes (Su et al., 2020). The related study had a sample of 383 young adults who identified as Black and whose ages ranged from 18 to 31 ($M = 20.65$, $SD = 2.28$). Approximately 81 percent of the sample identified as female in their demographic questionnaire. The REMS-45 (Nadal, 2011) was used to assess experiences of racial and ethnic microaggressions over the past six months, with higher scores more frequent and damaging experiences. Each participant also completed the 10-item Alcohol Use Disorders Identification Test (AUDIT; Babor et al., 1992) to assess alcohol consumption and problems. Alcohol consumption was measured using the grams of ethanol drank every month, while AUDIT total scores assessed alcohol problems with higher scores indicating more severe problems. The results indicated a statistically significant relationship between experiencing racial microaggressions and alcohol problems ($r = .13$, $p < .01$). Additionally, regression analyses indicating that racial microaggressions were a statistically significant predictor of alcohol consumption ($\beta = .15$, $B = .24$, $SE\ B = .10$, $p < .05$) and alcohol problems ($\beta = .19$, $B = .16$, $SE\ B = .04$, $p < .01$). The findings indicate that racial microaggressions are

not only predictive of psychological distress, but also alcohol consumption and alcohol problems. The risk of increased drinking behaviors as a result of racial microaggressions also leads into the importance of this current dissertation study to attempt to find potential moderators of the racial microaggression and psychological distress link. This finding further increased the need for this current dissertation study.

Research exploring the relationship between racial microaggressions and psychological health found statistically significant relationships between microaggressions and psychological distress (Helm, 2013). There were 234 participants in this study, all of whom identified as Black. In the sample, 160 identified as female while the researcher did not report age. To measure racial microaggressions, the researcher utilized the REMS checklist (Nadal, 2011). In regards to psychological distress, the researcher used the Rosenberg Self-Esteem scale (Rosenberg, 1965) to assess self-esteem and the Beck Depression Inventory (BDI-II; Beck et al., 1996) to assess depressive symptomology. The findings indicate that there was a statistically significant between racial microaggressions and depression ($r = .622, p < .001$) and self-esteem ($r = .206, p = .002$). With the various domains of racial microaggressions, there were statistically significant relationships with both depression and self-esteem. For self-esteem, there were statistically significant relationships with invalidation ($r = .209, p = .001$), exoticization ($r = .190, p = .003$), environmental ($r = -.157, p = .016$), and workplace/school ($r = .250, p < .001$). For depressive symptomology, there were statistically significant relationships with criminality ($r = .296, p < .001$), inferiority ($r = .315, p < .001$), invalidation ($r = .333, p < .001$), exoticization ($r = .284, p < .001$), and workplace/school ($r = .328, p < .001$). These findings support previous research that

racial and ethnic microaggressions are related to psychological distress in Black people. This finding lends support to the hypothesized structural model for this dissertation (see Figure 1). This study also explored self-esteem, a positive psychological outcome. This dissertation study attempted to replicate the exploration of a positive psychological outcome by using the construct of life satisfaction.

Additionally, research found a statistically significant relationship between racial microaggressions and mental health (Williams, 2015). This study had a sample of 268 participants, of which all identified as Black or African American. The sample's age range was 18 to 67 ($M = 36.1$, $SD = 11.7$) and 202 participants identified as women. Furthermore, 258 of the participants reported having at least some college education and 186 reported making at least $30,000 annually. To measure the frequency of participants' experiences of racial microaggressions, the 45-item REMS (Nadal, 2011)was used in this study. To assess mental health, the researchers used the 18-item Mental Health Inventory (MHI-18; Weinstein et al., 1989). This inventory's subscales assess anxiety, depression, loss of behavioral or emotional control, positive affective and interpersonal ties. The MHI-18 uses a 6-point Likert scale and scores range from 18-108, with higher scores corresponding to better mental health. The results indicated a statistically significant relationship between each specific type of microaggression and the total mental health score. Specifically, those relationships were mental health and inferiority ($r = -.16, p < .01$), second-class and assumptions of criminality ($r = -.19, p < .01$), microinvalidations ($r = -.25, p < .01$), exoticization and assumption of similarity ($r = -.13, p < .05$), environmental ($r = -.18, p < .01$), and work and school ($r = -.19, p < .01$). These findings indicate that as the frequency of experiencing racial or ethnic

microaggressions increase, the mental health of the person subjected to them suffers (Williams, 2015). The findings of this research study also indicated that there was not a statistically significant difference in the frequency of participant reported instances of the types of racial or ethnic microaggressions. For this study, the most frequently endorse type of microaggression was assumption of inferiority ($M = 0.45$) while the least frequently endorsed type of microaggression was exoticization and assumption of similarity (M = .22). These findings suggest that Black people do not experience any specific type of racial microaggression at a statistically significant rate that is either higher or lower than any other type of racial microaggression. This study also explored whether or not racism-related coping was a moderator between racial microaggressions and well-being, and the findings suggested that this coping strategy does not (F (6,116) = 2.149, *R2adj* = .010, p = .789). These findings lend credibility to the need of exploring potential moderators (see Figures 3 and 4). Additionally, this study used structural equation modeling to account for error and covariates when exploring the relationships between variables.

In multiple studies across various contexts, microaggressions have consistently shown a statistically significant relationship with adverse psychological outcomes. This current study aims to further explore that established relationship between racial microaggressions and psychological distress while including life satisfaction as a variable of interest. Specifically for Black participants, we see support for the hypothesized structural model that was tested in the current study (see Figure 1). This lends support to the design of this research study and its associated research questions. The extant literature shows that for Black people racial microaggression experiences are positively

related to anxiety, depression, perceived stress, and substance use/abuse and negatively related to self-esteem (e.g., Blume, 2020; O'Keefe et al., 2015; Williams, 2015). The extant literature also focuses primarily on negative psychological outcomes related to racial and ethnic microaggressions, with self-esteem being the only positive outcome researchers explored. That is one advantage of this dissertation study, as life satisfaction was included as a positive outcome (see Figure 1). This construct of life satisfaction fits into French and colleague's (2020) model of radical healing. According to French and colleagues, in order for radical healing to take place, racial and ethnic minorities must do more than simply cope and survive, but instead thrive. In order for societal change to occur, there must be complete and radical change in the systems. This dissertation study aims to contribute to the literature using Black participants' self-reported satisfaction with life as a proxy for thriving versus coping behaviors. Previous research on racial microaggressions have taken the approach of simply studying current coping and functioning, hence their use of negative psychological outcomes. This study used the positive psychological outcome of life satisfaction to assess the thriving of Black participants while simultaneously using negative psychological outcomes (i.e. depression and anxiety) to assess the current coping of Black participants in an attempt to understand the full spectrum of outcomes for Black people exposed to racist experiences.

Internalized Racism as a Mediator

The majority, approximately 41 percent, of research on internalized racism has been on Black people (David et al., 2019). In this section of the literature review, I discuss the existing literature on internalized racism and how it fits into the hypothesized structural model of the study (see Figure 2). Previous research has indicated that

individuals of color are stressed by racism stemming from both the individual and institutional levels, which have adverse impacts on their psychological well-being (Carter, 2007). A qualitative study completed by Carter and colleagues (2007), with more than 200 participants, classified ten categories of racist experiences as either racial discrimination or racial harassment. The results indicated that there were no differences in experiences of racial harassment or discrimination by gender or socioeconomic status of the participants. The results, however, did indicate that there were lasting psychological effects and/or emotional harm from experiences of racial harassment or discrimination (Carter et al., 2007).

The Research study conducted by Mouzon and McLean (2017) found that internalized racism was positively associated with depressive symptoms and serious psychological distress for Black participants. This study used secondary data from the National Survey of American Life and had a sample of 3,570 participants who identified as Black and 1,438 who identified as Afro-Caribbean. In this sample, the average age of Black participants was 41.9 (SD = 17.9) and U.S. born Afro-Caribbeans was 36.4 (SD = 39.5), and 62 percent of the full sample identified as women. The participants were administered the 12-item version of the Center for Epidemiologic Studies for Depression (CES-D; Radloff, 1977). On this measure, higher scores indicate more frequent depressive symptoms. Serious psychological distress was measured using the 6-item Kessler scale (K6; Kessler et al., 2002). This measure assesses how frequently in the past 30 days the participants experienced specific symptoms with higher scores indicating more severe psychological distress. Internalized racism was measured using the six-item Stereotypes Scale of the National Survey of Black Americans. This scale offered each

participant six adjectives (e.g., intelligent, lazy) and asked the participants to rate how applicable each adjective is to Black people in general, with higher scores indicating higher levels of internalized racism. The findings indicated that internalized racism was positively related to depressive symptoms ($B = 0.25$, $SE = 0.04$, $p < .001$) and serious psychological distress ($B = 0.15$, $SE = 0.02$, $p < .001$). These findings suggest that internalized racism is associated with worse mental health outcomes (Mouzon & McLean, 2017). These findings lend credibility to the hypothesized structural model (see Figure 2). This study had a very large sample and in most cases, a larger sample size makes it more likely that researchers will find a significant relationship between variables if one exists (Thiese et al., 2016). Additionally, larger sample sizes reduce the impact of random and measurement error, while the results become more precise for the population the sample is drawn from (Thiese et al., 2016). This study used a proxy for internalized racism, by asking how applicable specific adjectives are to Black people in general. This dissertation study used an instrument that was developed and validated to specifically measure internalized racism.

An additional research study conducted by Szymanski and Gupta (2009), explored internalized oppression and psychological distress. In this study, there were 106 participants who identified as Black and either identified as lesbian, gay, bisexual, or questioning. The participants' ages ranged from 18 to 60 ($M = 31.17$, $SD = 10.95$) and 60 percent of the participants identified as women. To measure internalized racism, the researchers used the pre-encounter self-hatred subscale of the Cross Racial Identity Scale CRIS; Vandiver et al., 2002). This 5-item assesses respondents' negative views about being Black on a 7-point Likert scale. Higher scores are indicative of higher levels of

internalized racism. Self-esteem was measured using the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965), a 10-item measure assessing self-esteem using a 4-point Likert scale. Higher scores indicate greater self-esteem. Psychological distress was measured using the Hopkins Symptom Checklist (HSCL; Derogatis et al., 1974), a 58-item measure of psychological adjustment using a 4-point Likert scale. The HSCL measures psychological distress across several domains including depression, anxiety, interpersonal sensitivity, somatization, and obsessions/compulsions (Mouzon & McLean, 2017). A correlation analysis showed that internalized racism has a statistically significant relationship with both self-esteem ($r = -.46, p < .05$) and psychological distress ($r = .27, p < .05$). The results further indicate internalized racism is a statistically significant predictor of self-esteem ($\beta = -0.392, t = -4.255, p < .05$). The results however, did not suggest that internalized racism is a statistically significant predictor of psychological distress ($\beta = -0.392, t = -4.255, p > .05$). This study has limited generalizability as the studied population was extremely specific (i.e., Black women who identify as sexual minorities) and the sample size was extremely small. Internalized racism used a measure that assesses Black identity on the Cross Black identity development model, specifically the pre-encounter ego status of development. This dissertation study used a measure that was developed and validated specifically to measure internalized racism. This study did have a positive psychological outcome (i.e., self-esteem) which correlated negatively with internalized racism.

Previous research found support for the link between internalized racism and depressive symptomology (James, 2017). This study used a sample of 3,570 Black adults from the National Survey of American Life. The sample age range was 18 to 93 ($M =$

42.33, *SD* = 18.17). Of this sample, 1,271 were women and over half completed at least high school. The participants were administered the 12-item version of the Center for Epidemiologic Studies for Depression (CES-D; Radloff, 1977). On this measure, higher scores indicate more frequent depressive symptoms. Internalized racism was measured using the six-item Stereotypes Scale of the National Survey of Black Americans. The findings found a statistically significant relationship between internalized racism and self-esteem ($r = -.206$, $p < .001$), ethnic identity ($r = -2.02$, $p < .001$), and past year major depressive disorder ($r = .045$, $p < .01$). The findings also suggested that ethnic identity moderated the relationship between internalized racism and psychological distress, lending additional support for the model testing potential moderation in this study (see Figure 3).

The aforementioned findings consistently show there is a relationship between internalized racism and various domains of psychological distress. It stands to reason the mediation model to be tested is supported by the literature (see Figure 2). This mediation model seeks to explain the relationship between racial microaggressions and psychological distress through the link of internalized racism.

Black Identity as a Moderator

Theorists posit that internalized racial identity may behave as a buffer for Black people against the adverse effects of racial trauma (Cross et al., 1998). Wilson and colleagues (2017) found that racial identity is related to positive psychological health in Black people. In this section of the literature review, I discuss the existing literature surrounding the construct of Black identity and how it relates to the structural model in this study examining the potential moderating effects of Black identity (see Figure 3).

Researchers determined that racial identity was a statistically significant predictor of mental health in a sample of over 200 Black participants (Franklin-Jackson & Carter, 2007). This study used hierarchical linear regression to explore the relationships between racial identity, race-related stress, and mental health in Black people. This study had a sample of 255 Black people with ages ranging from 18 to 81 ($M = 37.68$, $SD = 11.48$), 134 participants identifying as male, and 59 percent reported being middle class. The participants were administered the brief version of the Index of Race Related Stress (IRRS-B; Utsey, 1999) which assessed the stress experienced by Black individuals related to their daily experiences of racism and discrimination, the long form of the Black Racial Identity Attitude Scale (BRIAS-L; Helms & Parham, 1996) which assessed their racial identity status attitudes, and the Mental Health Inventory (MHI; Veit & Ware, 1983) which measured their psychological well-being and distress with subscales for anxiety, depression, loss of behavioral and emotional control, positive affect, emotional ties, psychological distress, psychological well-being, and a global score. For this study, the researchers only used the psychological distress (which combined the anxiety, depression, and loss of behavioral/emotional control subscales) and psychological well-being (which consisted of the positive affect and emotional ties subscales) subscales. The psychological well-being subscale is another positive psychological outcome, and higher scores on this domain indicate higher levels of psychological well-being in the past month (Veit & Ware, 1983). For the positive affect subscale includes items such as "Future hopeful, promising", "Relaxed and free of tension," "Happy, satisfied, or pleased." For the emotional ties subscales items include "Felt loved and wanted," Time felt lonely," and "Love relations full, complete." The results of this study indicated that

different levels of Black identity were associated differently with psychological health in significant ways. Racial identity, according to this study, influences how Black individuals experience stressors related specifically to race as well as their psychological health. Lower levels of Black identity were associated with higher levels of psychological distress while higher levels of Black identity were associated with lower levels of psychological distress. This lends credibility to the hypothesized structural model for this study exploring the moderating properties of Black identity (see Figure 3). The researchers used a combination of positive and negative psychological outcomes, which I replicated in this dissertation study. This study used hierarchical linear regression to analyze the data, while I used a SEM framework to analyze my data.

Previous research with Black women found that racial identity serves as a buffer on the adverse psychological effects of racism (Lewis et al., 2017). This study's sample was comprised of 231 Black women whose ages ranged from 18 to 78 ($M = 37$, $SD = 12.38$). The researchers used the 26-item Gendered Racial Microaggressions Scale (GRMS; Lewis & Neville, 2015) to assess the frequency of racial and ethnic microaggressions. This measure uses a 6-point Likert scale ranging from 0 (*never*) to 5 (*once a week or more*) with higher mean scores indicating a greater frequency of gendered racial microaggressions. The 12-item Short Form Health Survey- Version 2 (SF-12v2; Ware et al., 1996) was used to assess the mental and physical health of participants. The measure has six items related to mental health and six items related to physical health. Higher scores on the mental health subscale indicate more positive mental health (i.e., limited psychological distress) while higher scores on the physical health subscale indicates better physical health (i.e., few physical functioning

complaints). To assess gendered racial identity, a modified version of the 10-item centrality subscale of the Multidimensional Inventory of Black Identity (MIBI) was used. Higher scores on this subscale, measured using a 7-point Likert scale, indicate higher levels of gendered racial identity centrality. Gendered racial identity refers to how central the intersection of race and gender are to the identity of one's self concept (Lewis et al., 2017). The findings indicated a statistically significant relationship between gendered racial microaggressions and mental health (r = -.32, p < .01) and physical health (r = -.18, p < .01). Gendered racial microaggressions were also positively correlated with gendered racial identity centrality (r = .19, p < .05). The findings also indicate that gendered racial microaggressions significantly predict mental health (β = -.32, t (228) = -5.18, p < .001) while also explaining a significant amount of the variance in mental health scores (F (1, 228) = 26.79, $r2$ = .11, p < .001). Gendered racial identity centrality performed as a moderator of the relationship between gendered racial microaggressions and mental health when centrality was low (SD – 1; B = -1.40, SE = .30); at the mean (B = -1.06, SE = .20); and high (SD + 1; B = -0.71, SE = .23). These findings indicate that there is a conditional relationship between gendered racial microaggressions, identity centrality, and psychological distress. This means that when participants reported high frequencies of gendered racial microaggressions in conjunction with low levels of centrality, there were higher levels of psychological distress. When participants reported high frequencies of gendered racial microaggressions in combination with high levels of centrality, the related psychological distress was lessened. This study focused on gender-specific microaggressions, while my dissertation focused on racial microaggressions.

However, the findings from this study are promising regarding the hypothesized model of moderation (see Figure 3).

Research conducted by Sellers and colleagues (2006) indicated that with regard to race-based discrimination, racial identity is a protective factor. The study's sample was comprised of 314 adolescents who identified as Black, whose ages ranged from 11 to 17 ($M = 13.8$, $SD = 1.21$). There were 192 participants who identified as female and all of the participants were in grades 7, 8, 9, or 10 at the time of data collection. To measure racial identity, the researchers used three subscales of the Multidimensional Inventory of Black Identity teen version (MIBI-T; Scottham et al., 2008). The three subscales used by the researchers in this study mirror the subscales used for this study (i.e., centrality, private regard, and public regard). There was a total of nine items, three assessing each subscale of identity, with higher scores indicating more positive views and attitudes toward Black people. Psychological distress was assessed using the perceived stress scale (PSS; Roberti et al., 2006) to measure participant stress, the CES-D (Radloff, 1977) to measure depressive symptomology, and a shortened version of the psychological well-being scale (Ryff, 1989). Participants' experiences with racial discrimination were assessed using the Daily Life Experiences scale (DLE; Harrell, 1997). The DLE measures the frequency and impact of 17 different types of racial microaggressions occurring over the previous year. The findings indicated that the experiences of racial microaggressions were significantly correlated with depression ($r = .28$, $p < .01$) and perceived stress ($r = .22$, $p < .01$). The findings further suggested the discrimination is a statistically significant predictor of depression ($B = .14$, SE = .03, $p < .01$) and perceived stress ($B = .10$, $SE = .03$, $p < .01$). The public regard domain of the MIBI-T was a

statistically significant moderator of the relationships between discrimination and depression (B = .08, SE = .03, p < .01) and perceived stress (B = .06, SE = .03, p < .01). This indicates that for Black adolescents who believed that other groups hold more positive attitudes toward and about Black people, the association between discrimination and psychological distress was stronger (Sellers et al., 2006). Sellers and colleagues (2009), suggest that individuals who have low public regard (i.e., believe that non-Black individuals have low opinions of the Black race at-large) are less disturbed by racial microaggressions because the microaggression experience does not shake their worldview. As their worldview is not threatened, there is less psychological distress as a result. Additionally, the researchers suggest that Black individuals with low public regard may have developed more effective coping strategies for dealing with racism as a consequence of having to use them more often than peers who may have a higher level of public regard. These findings, in general, support the hypothesized model of moderation (see Figure 3), even though public regard may behave differently than hypothesized based on these findings. However, this study was with adolescents, which does not generalize well to adult Black people. This dissertation study used a sample of Black adults with hopes of generalizing to the general population.

Sellers and colleagues' (2003) additional research with Black people exploring potential moderation effects of racial identity on the relationship between racial discrimination and psychological distress found support for the moderation characteristics of racial identity. This study's sample was 555 Black students, 301 of whom identified as female with an average age of 17.8 (SD = 0.65). The researchers used the centrality and public regard subscales of the MIBI (Sellers et al., 1997) to

measure racial identity. Higher scores on the centrality scale indicate race is central to one's identity and higher scores on the public regard scale indicate more beliefs that other groups holding more positive views of Black people. The researchers used 20 items to measure perceived racial discrimination with higher scores indicating a greater frequency of racial discrimination (Harrell, 1997). Perceived stress was measured using the perceived stress scale (PSS; Roberti et al., 2006), with higher scores indicating more stress. Psychological distress was measured using the depression and anxiety subscales of the Brief Symptom Inventory (Derogatis & Spencer, 1982), with higher scores indicating greater psychological distress. The results indicated that there was a statistically significant relationship between perceived discrimination and both perceived stress ($r = .23, p < .05$) and psychological distress ($r = .35, p < .05$), which are in line with previous findings that racism and racial discrimination are correlates of psychological distress and stress. To test the moderation effects related to identity centrality, the researchers grouped the participants into low centrality ($n = 152$), medium centrality ($n = 225$), and high centrality ($n = 152$) groups based on their centrality subscale scores. The results indicated that for participants who hold Blackness as a central characteristic of their identity report lower levels of perceived stress than their peers as it relates to racial discrimination. The path from racial discrimination to perceived stress was statistically significant for the low ($\beta = .22, p < .05$) and medium ($\beta = .23, p < .05$) centrality groups, but not for the high centrality group ($\beta = -.10, p =$ n.s.). The path from perceived discrimination to psychological distress was statistically significant for all three groups (low centrality $\beta = .24, p < .05$; medium centrality $\beta = .20, p < .05$; high centrality $\beta = .31, p < .05$), and the path weights were not statistically

significant from each other. These findings indicate that while identity centrality did moderate the relationship between racial discrimination and psychological distress in an unexpected way (i.e., strength), this study still lends credibility to the structural model addressing research question 1 (see Figure 1). This dissertation study attempted to reexamine this relationship with an adult sample while using participant characteristics (e.g., age, income, education) as covariates (see Figure 3). These covariates allowed for the comparison of expected outcomes based on the predictor (i.e., racial microaggressions) and specified participant characteristics (e.g., age, gender).

Qualitative research found support for the notion that Black identity is an effective coping mechanism to deal with racism-related stressors (Brown-James, 2019). This phenomenological study explored the lived experiences of Black people with racial microaggressions and the related implications for counseling and psychology (Brown-James, 2019). The purpose of a phenomenological study is to reduce descriptions of an individual with a phenomenon down to its essence or its very nature (van Manen, 1990). There are several benefits of qualitative research, while there are also several drawbacks (Anderson, 2010). Qualitative research findings can be compelling, complexities in the topic of interest can be explored, and as the researcher is, the instrument real time changes can be used to get at the nuance of the topic at hand. However, qualitative research is time intensive, sometimes not well accepted, and the findings are not always generalizable to the population studied (Anderson, 2010). There were seven participants who were interviewed for this study and the researcher used a six-item semi-structured interview protocol. These six questions were, "Tell me about a time when you felt that your race led to a person or people saying offensive, hurtful, or insulting comments to

you or about you?", "Please share any other experiences you had where you felt mistreated because of your race?", "Please share more about how that experience or those experiences affected you?", "What are your thoughts about mental health counseling?", "In what ways do you think counselors can best address race-related issues in counseling with someone like you who has endured these experiences?", and "Are there any final thoughts you would like to add?." The participants included four women, three men, their ages ranged from 25-65 (M = 39.43, SD = 13.43). All of the participants identified as Black, and none identified as anything other than straight. To analyze and interpret the data, the researcher used using interpretive phenomenological analysis (IPA). During the transcription and coding process, the researcher bracketed their thoughts and made notes in the margins of the transcript to help them become familiar with their thoughts, experiences, and their meaning making of them. The researcher also used descriptive words and phrases in the margins to help better interpret the transcripts during the coding process. One findings of this study that is salient to this dissertation study was the participants' identifying Black excellence as a coping strategy to deal with racial microaggressions (Brown-James, 2019). One participant specifically mentioned confidence in her identity as a Black woman helped her cope and work through situations where she felt targeted or discriminated against because of her identity (Brown-James, 2019). Three other participants reported that their identity as Black people increased their self-worth, pride, and knowledge about their sense of control (Brown-James, 2019).

Research conducted by Fischer and Shaw (1999) found that the relationship between perceived racism and psychological distress was moderated by racial socialization (i.e., ethnic identity). This study had a sample of 119 young adults who

identified as Black. The samples age range was 18 to 25 (M =20, SD = 1.70), and 62 of the participants identified as women. The researchers used the 18-item SRE (Landrine & Klonoff, 1996) instrument to assess participants' perceptions of racist experiences. The responses on this measure are scored on a 6-point Likert scale where higher scores indicate more experiences of racist events in one's life. Mental health was assessed by the researchers using the Mental Health Inventory (MHI; Veit & Ware, 1983), which is divided into six subscales assessing various domains of mental health, using either a 5- or 6-point Likert scale. Higher scores on the various domains are indicative of more severe psychological distress. Racial socialization experiences, or a participant's messages about their ethnic identity received by their parents, was measured using the Teenager Experience of Racial Socialization Scale (TERS; Stevenson et al., 1998). This 40-item measure uses a 3-point Likert scale, where higher scores reflect greater exposure to racial socialization. The results of this study contradict the extant literature related to the relationship between perceived racism and psychological distress, as the findings indicated there was no relationship between the variables. The relationships between psychological distress and perceived racism over the past year (r = -.14) and perceived racism over one's lifetime (r = -.10) were not statistically significant. The results indicated a moderation effect where lower levels of racial socialization experiences combined with higher reported perceived discrimination resulted in greater psychological distress (F (3, 114) = 2.61, β_{SRE} = -1.57, β_{TERS} = -0.55, $\beta interaction$ = 1.59, R^2_{ADJ} = .04, p < .05). These findings indicate that positive racial socialization experiences may altogether eliminate the negative effects of perceived racism. These findings lend

credibility to the proposal of Black identity possibly behaving as a moderator between racial microaggressions and psychological distress in this dissertation study.

Exploration of racial identity as a moderator between discrimination and depression found that in certain instances racial identity behaves as a buffer (Seaton et al., 2014). This moderated mediation study had a sample of 314 Black adolescents whose ages ranged from 13 to 18, 209 of whom identified as female. The researchers used the 18-item Daily Life Experience (DLE) subscale of the Racism and Life Experiences scales (RaLES; Seaton et al., 2009) to assess the frequency of racist experiences and the short form of the Multidimensional Inventory of Black Identity (MIBI-S; Martin et al., 2008) to access racial identity. The researchers also used the shortened 12-item CES-D (Roberts et al., 1991) scale to assess depressive symptomology. The results indicated that there was a statistically significant relationship between racist experiences and depressive symptomology ($r = .31, p < .01$). The findings further indicated that racial identity was a statistically significant moderator on the relationship between racist experiences and depression, but only through avoidant coping strategies ($\chi^2 = 57.11$, $df = 27$, $TLI = 93$, $CFI = .93$, $RMSEA = .06$, $B = .09$, $p = .02$). This finding indicates that the indirect path from racism to depression is affected by coping styles, which is then affected by racial identity. One drawback of the findings for this study was that racial identity was not a moderator of the direct relationship between racial discrimination and psychological distress; it only performed as a conditional moderator of the mediated relationship (i.e., indirect path). This dissertation study aimed to test the direct path between racial microaggressions and psychological distress for potential moderators (i.e., protective factors). The Seaton and colleagues study used an adolescent sample, all of whom were

teenagers and either girls or women. I used an adult sample with no sex or gender restrictions. While this study's findings do not support the hypothesized model for my study (see Figure 3), their sample and measures were different from mine.

Additional research conducted by Sellers and Shelton (2003) further supports the idea that racial identity moderates the relationship between racism and psychological distress. This two-wave study used a sample of 267 participants who identified as Black people. Approximately 75 percent of the sample identified as female. To measure racial identity, the researchers used the Centrality, Private Regard, and Public Regard domains of the MIBI (Sellers et al., 1997). These subscales have eight, six, and six items respectively with the answers being scored on a 7-point Likert scale. Higher scores on the centrality domain are indicative of race being a more important aspect of the participants' idea of identity. Higher scores on the private regard subscale are indicative of more positive feelings and thoughts toward Black people in general. Higher scores on the public regard subscale are indicative of believing that other groups have positive feelings about and toward Black people in general. The researchers also used the Ideology scale of the MIBI, made up of the assimilation (9-items), humanist (9-items), minority (9-items), and nationalist (9-items) subscales. The researchers used the DLE subscale of the RaLEs (Harrell, 1997), an 18-item measure assessing the frequency and impact of racial microaggressions used by the researchers. Frequency was assessed using a 6-point Likert scale while impact was measured using a 5-point Likert scales with higher scores indicating higher frequency and impact of racial microaggressions. The PSS (Cohen et al., 1983), and CES-D (Radloff, 1997), and Spielberger State-Trait Anxiety Inventory (STAI; Spielberger, 1983) were used to measure perceived stress,

depression, and anxiety respectively. An amalgamation of these variables was used to represent psychological distress with higher scores indicating higher levels of psychological distress. The results indicated that psychological distress at the first point of measurement was significantly related with both frequency ($r = .19, p < .01$) and intensity ($r = .19, p < .01$) of racial microaggressions. The second point of measurement also generated a statistically significant relationship between psychological distress and both frequency ($r = .24, p < .01$) and intensity ($r = .24, p < .01$) of racial microaggressions. The results further indicated that participants who more strongly endorsed a nationalist ideology had lower psychological distress at measurement Point 2 than their peers did ($F(21, 262) = 15.23, p < .01$; $\beta = -0.21$, $R^2_{partial} = .02, p < .05$). That nationalist ideology, or the extent to which participants believed the experience of being Black was unique, performed as a statistically significant moderator of the relationship between perceived racism and psychological distress. While this is a different domain of Black identity, it supports the use of Black identity as a moderator in the structural model tested in this study (see Figure 3). Additionally, the results of this study indicated that public regard moderated the relationship between perceived discrimination and psychological distress where participants with lower levels of public regard suffered less severe levels of psychological distress than their peers with higher levels of public regard.

The findings of research using racial identity as a moderator between racial discrimination or racial microaggressions and psychological distress is varied in both design and findings. While the majority of findings are promising, there is still room to continue this avenue of research in this current dissertation. This dissertation focused on the centrality, public regard, and private regard aspects of Black identity as potential

moderators of the microaggressions and positive (i.e., life satisfaction) and negative (i.e., depression and anxiety) psychological outcome relationships. This dissertation aimed to build on the extant literature exploring these various relationships (see Figure 3).

Perceived Social Support as a Moderator

Perceived social support has been shown to behave as a buffer between stressful life events and psychological distress (e.g., Colarossi & Eccles, 2003; Burton et al., 2004; Väänänen et al., 2005; Pakenham et al., 2006). The size and satisfaction with one's social network and the relationships contained within have been associated with greater happiness, life satisfaction, job satisfaction, and decreased risk of mental illness (Flores et al., 2019). In this section of the literature review, I discuss the existing literature surrounding the construct of perceived social support and how it relates to the structural model in this study examining the potential moderating effects of perceived social support (see Figure 4).

Previous research has explored the link between perceived social support and psychological distress. For example, a previous study examined whether or not social support behaved as a protective factor against depression and other forms of psychological distress in a sample of adolescents from the United Kingdom (Khatib et al., 2013). This study aimed to examine the nature of the relationships between perceived social support and various psychological phenomena. The researchers hypothesized that lower levels of social support would lead to greater psychological distress and may further account for ethnic differences in levels of psychological distress. The study's sample included 821 adolescents. The participants included 248 White students, 344 Bangladeshi students, and 229 Black students. The researchers assessed social support

using the 12-item Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988). Depression was measured using the Short Moods and Feelings Questionnaire (SMFQ; Angold et al., 1987) while general psychological distress was measured using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1994). The results indicated that low levels of family social support were associated with depressive symptoms but not with general psychological distress. The other domains of social support, support from friends or support from a special person, were not significantly associated with psychological distress. This study used a very diverse sample of adolescents in the United Kingdom, which differed greatly from my dissertation study. Black adults in the United States comprised my entire analytic sample.

Additional research explored the construct of social support as a protective factor from the adverse effects of exposure to violence for Black youth (Benhorin & McMahon, 2008). This study had a sample of 127 Black students, of whom 43 were boys and 84 were girls. The ages ranged from 10 to 15 (M = 12.5, SD = 0.96) and they were in the fifth to eighth grades. The students were administered the 51-item Exposure to Violence Scale (Dahlberg et al., 1998) to assess their exposure to violence, the 11-item aggression scale (Orpinas & Frankowski, 2001) to assess the frequency of self-reported aggressive behaviors (e.g., hitting, pushing, threatening), the peer rating scale to assess the level of aggression displayed by their classmates, and the 24-item social support scale for children (Harter, 1985) to assess the levels of perceived social support. The results indicated there were no differences between boys and girls on self-reported aggression; however, exposure to violence was positively correlated with aggressive behavior. The results further indicated that social support is beneficial; however, various sources of

social support are more effective in certain settings. For example, all measured sources of social support in this study (i.e., parent, teacher, and close friend) were associated with lower levels of aggressive behaviors as reported by teachers. This indicates that having support from people in their lives had a positive impact on adolescent students in the classroom. Additionally, perceived support from classmates appeared to moderate the relationship between exposure to violence and peer-reported aggressive behavior with higher levels of violence exposure having a more powerful effect related to peer social support. These findings are important to my study because it shows that social support is beneficial to well-being. In addition, the findings support the methodological decision of assessing each domain of perceived social support in my structural models. The findings of the Benhorin and McMahon (2008) study cannot fully inform my study as adolescents comprised their sample versus the adults who comprised mine.

Researchers also explored the possible moderating effects of social support between dating violence and psychological distress measured using depression and anxiety (Holt & Espelage, 2005). The researchers did not establish any hypotheses prior to conducting their study as they considered their research purely exploratory in nature. The study's sample had a total of 367 middle school students and 314 high school students, of which 319 were males and 362 were females, 267 were Black and 414 were Caucasian with an average age of 14.49 ($SD = 1.97$). Regarding grade level, 197 were in the 7th grade, 170 were in the 8th grade, 111 were in the 9th grade, 21 were in the 10th grade, 101 were in the 11th grade, and 81 were in the 12th grade. The students were administered the Abusive Behavior Inventory (ABI; Shepard &

Campbell, 1992) which assesses physical, emotional, psychological, and sexual abuse in dating relationships, five items from the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998) to assess sexual abuse, the 21-item Support/Cohesion Microsystem Scale (Seidman et al., 1995) to assess the perceived level of social support, the Victimization in Dating Relationships Scale (Foshee et al., 1996) which measures physical violence victimization in dating relationships, and the Anxiety and Depression subscales from the Youth Self-Report (YSR; Achenbach, 1991) to assess the participants' self-reported levels of depression and anxiety. The results of the study indicated, for Black males, maternal social support weakened the relationships between dating violence and both depression and anxiety. Participants who reported high levels of dating violence and high levels of perceived maternal social support experienced less anxiety and depression than their peers who reported high levels of dating violence and low or medium perceived maternal social support. For participants who reported low physical dating violence and high perceived maternal social support, they experienced less anxiety and depression than their peers who reported low levels of dating violence and low or medium levels of perceived maternal social support. For Black females, perceived social support did not perform as a statistically significant moderator variable. These findings are promising; especially for the male participants, but even with the non-significant findings for female participants the findings are not very discouraging. The participants were adolescents, so those findings must be interpreted with a grain of salt, as my study focused on adults.

Research conducted by Johnson and Kliewer (1999) examining the possible predictors of depression in urban Black adolescents explored maternal social support,

social experiences, and everyday stress and their effects on the endorsing of depressive symptomology. The researchers aimed to explore and understand the contextual predictors of depression specifically for inner-city Black adolescents. The study's sample included 89 pairs of Black children and their mothers. The ages of the children ranged from 8 to 12 (M = 10.7, SD = 1.3) while the ages of the mothers ranged from 25 to 53 (M = 34.1, SD = 6.1). The participants were administered the Children's Depression Inventory (CDI, Kovacs, 1985) to measure the children's levels of depression, the depression subscale of the Brief Symptom Inventory (BSI; Derogatis & Melisaratos, 1983) to measure the mothers' levels of depression, the Attributional Style Questionnaire (ASQ; Peterson et al., 1982) to assess the maternal explanatory style, a shortened version of the Network of Relationships Inventory (Furman & Buhrmester, 1985) to assess perceived social support from the child's perspective, the conflict subscale of the Family Environment Scales (Moos, 1986) to measure family conflict, the Adolescent Resource Challenge Scale (ARCS; Ewart & Kolodner, 1992) to assess the stressors of the adolescent participants, and the parents completed a demographic questionnaire which provided information on the ethnicity and age of both the mother and child, as well as information about family composition, parental education, family income, and six markers to assess historical abuse within the family. The results indicated that perceived social support from the mother had an inverse relationship when predicting the depression levels of their children, supporting the idea that perceived social support may behave as a buffer to protect Black people from psychological distress.

Additionally, research found support that social support behaves as a moderator between racial microaggressions and anxiety related to future employment for Black

college students (Salami et al., 2020). This study had a sample of 225 participants whose ages ranged from 18 to 25 ($M = 20.43$, $SD = 1.79$). In the sample, 179 participants identified as female, and all participants came from the same college in the southeastern United States. To measure social support, the researchers used the Multidimensional Scale of Perceived Social Support (MSPSS, Zimet et al., 1988). To measure anxiety related to future employment, the researchers used the Perception of Barriers Scale (POB; Luzzo, 1993). This measure is a 24-item scale that assesses the perception of barriers to post-undergraduate job opportunities and success and is measured on a 5-point Likert scale with higher scores being indicative of higher anxiety. The researchers used the DLE subscale of the RaLEs (Harrel, 1997). The results indicated that there was not a statistically significant correlation between social support and anxiety about future employment ($r = -.08$, $p = .24$) or racial microaggressions ($r = -.07$, $p = .31$). However, there was a statistically significant positive correlation between racial microaggressions and anxiety about future employment ($r = .34$, $p < .001$), indicating as experiences with racial microaggressions increase so does anxiety relate to future employment opportunities. Furthermore, racial microaggressions significantly predicted anxiety related to future employment ($\beta = 0.38$, $SE = 0.08$, $p < .001$). Moderation analysis supported the hypothesis that social support would weaken the association between racial microaggressions and future employment anxiety ($\beta = -0.14$, $p = .05$) when controlling for participant characteristics such as sex, age, and employment status (Lawson & Metzger, 2020). These findings lend support to the notion that perceived social support may moderate the relationship between racial microaggressions and psychological distress, which was examined in this dissertation study (see Figure 4). Previous research

found support that perceived social support is a protective factor against the various forms of psychological distress such as anxiety and depression that are consequences of adverse experiences such as exposure to violence and racism (e.g., Johnson & Kliewer, 1999; Salami et al., 2020). This research lends support for the testing of perceived social support as a moderator of the hypothesized relationship between racial microaggressions and psychological distress in the current dissertation study (see Figure 4).

Summary

In the process of reviewing the literature, I found that previous research supports the design of this study including the potential mediation and moderation. Much of the research I reviewed describes a statistically and practically significant relationship between racial microaggressions and psychological health. In my study, I built on this existing research by adding a positive psychological outcome (i.e., life satisfaction), which had not been explored in previous research in this area. The idea of internalized racism mediating the relationship between racial microaggressions, and mental health is supported by previous research. This study used structural equation modeling to explore this potential relationship and determine if the findings match the theory. Previous research supports both Black identity and social support as potential moderators of the relationship between racial microaggressions and mental health. The majority of the social support research reviewed was with adolescents, but the findings were promising for the hypothesized model in the current study. This dissertation study has implications for training and practice of counseling psychologists and is informed by radical healing in an Integrative Conceptual Model framework. In the next chapter, I will describe the

design of the current study including the sample characteristics, the measures I used, the procedures, and the data analysis plan.

CHAPTER III

METHODOLOGY

There has been extensive research exploring racism, identity, and psychological outcomes in Black people. However, research studies using more complex designs to explore mediation and moderation effects are limited. This study sought to explore further the relationships between these variables to determine if Black identity and perceived social support behave as moderators between racial microaggressions and mental health. Furthermore, this study examined whether or not internalized racism explained the relationship between racial microaggressions and Black people's mental health. This chapter introduces the study's hypotheses, the research design, the sample, the utilized measures, and the estimated statistical models.

Hypotheses

Hypothesis I: Racial microaggressions positively predict both depression and anxiety, and negatively predict life satisfaction among Black participants (direct effects).

Hypothesis II: Internalized racism mediates the relationships between racial microaggressions and mental health (mediation effects). That is, greater perceived racial microaggressions are related to an increase in internalized racism, which in turn is associated with higher levels of depression and anxiety and lower life satisfaction.

Hypothesis III: Positive Black Identity moderates the relationship between racial microaggressions and mental health for Black people.

Hypothesis IV: Perceived social support moderates the relationship between racial microaggressions and mental health for Black people.

Research Design

This study used a correlational research design. Correlational designs are a means to explore relationships between at least two variables (Heppner et al., 2007). The correlation coefficient, Pearson's *r*, represents the degree of the linear relationship between variables (Heppner et al., 2007). Additionally, this study tested the relationships between the independent and dependent variables for moderation and mediation effects. Moderator variables affect the strength and/or direction of the relationship between an independent and dependent variable (Heppner et al., 2007). Heppner and colleagues (2007), recommend the use of regression to test for moderation effects when the predictor and moderator variables are continuous. I used regression in an SEM framework to test for moderation effects. Mediating variables explain the relationship between independent and dependent variables and may help counseling psychologists understand the underlying mechanisms to target for psychotherapeutic interventions (Heppner et al., 2007). According to Heppner and colleagues (2007), the use of SEM allows for the exploration of both direct effects and indirect mediation effects.

Participants

This study's sample was comprised of 639 individuals who identified as Black. Their ages ranged from 18 to 71 (M = 35.29, SD = 10.09) with 338 participants (52.90%) identifying as male. Additionally, 124 participants (19.4%) self-identified as veterans,

310 participants (48.5%) reported receiving counseling in the 12 months preceding their participation in the study, and 473 participants (74.02%) identified as straight. In the sample, 605 participants (94.68) reported employment in some capacity, including full-time students, 407 participants (63.7%) reported being in some form of a committed relationship, 550 participants (86.1%) reported having at least a bachelor's degree, and 397 participants (62.1%) reported an annual income of at least $50,000. Regarding recruitment, 416 participants (65.1%) were recruited using the Amazon Mechanical Turk (MTurk) platform, while the remaining 223 participants were recruited through social media, snowball sampling, and convenience sampling.

Procedure

After I received committee approval, I submitted an application for review by the Cleveland State University IRB. The Cleveland State University IRB approved the study on December 17, 2020. Participants were recruited through various listservs (e.g., Alabama A&M University Alumni Association, HBCU Alumni United), through local and state-level Greek Letter Organizations (i.e., sororities and fraternities), social media (e.g., Facebook, Twitter), through word-of-mouth recruitment, Amazon Mechanical Turk (MTurk), church congregations, and convenience sampling. The participants recruited from MTurk were instantly compensated $0.60 for their participation. The participants recruited through other means (e.g., social media, snowball sampling) were eligible to enter a drawing for 10 Visa gift cards worth $20. All participants were administered the survey instrument via the Qualtrics platform.

MTurk is a type of crowdsourcing or using people participating in a specific website to complete various tasks (Sheehan, 2018). MTurk provides researchers with the

ability to gather large samples for social science in a relatively inexpensive manner (Miller et al., 2017). Additionally, the data gathered using MTurk is high quality, with high levels of internal consistency compared to data collected using different methods (Miller et al., 2017). Another benefit of using MTurk is the population is generally more diverse than the typical sample of college students used in social science research (Sheehan, 2018). Sheehan suggests that using MTurk avoids the potential biases of sampling college students (2018). Social science researchers use several techniques to ensure the quality of data collected from MTurk, including using attention checks, screening participants to ensure they meet inclusion criteria and limiting the amount of time a worker has to complete the survey (Sheehan, 2018). Research has suggested that at any given time, researchers have access to between 10,000 and 100,000 potential research participants (Robinson et al., 2019). Previous research found a statistically significant difference in results between MTurk participants and participants recruited using more traditional methods, but those differences lacked practical significance (Bartneck et al., 2015). Bartneck and colleagues (2015) suggest that difference is due to the MTurk sample's increased diversity compared to the sample gathered on a college campus. Additional research found that data gathered from an MTurk sample replicated findings from previous research more closely than data collected in person (Gamblin et al., 2017).

Measures

Mental Health

Mental health includes emotional, psychological, and social well-being (Shedler et al., 1993). Various concepts of mental health include subjective well-being, self-

efficacy, and self-actualization (World Health Organization, 2001). According to the World Health Organization (2001), it is extremely difficult to comprehensively define and represent mental health. In this study, measures of depression, anxiety, and life satisfaction behaved as assessments of various constructs on the continuum of mental health. Previous research has consistently used both depression and anxiety to represent mental health while the addition of life satisfaction offers an additional representation of the overall construct of mental health from a positive perspective.

Depression and Anxiety. Administering the depression and anxiety subscale items of the Depression Anxiety and Stress Scale (DASS-21) measured the constructs of depression and anxiety as two separate latent variables. Researchers developed the DASS in response to criticisms that the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI) lacked a satisfactory level of discriminant validity, as there are overlapping measures of depression and anxiety due to the overlapping commonly shared symptoms and shared root of negative affectivity (Lovibond & Lovibond, 1995). The depression and anxiety subscales of the DASS-21 includes seven items each, with a four-point Likert scale. The scale response items ranging from 0 (*Did not apply to me at all – NEVER*) to 3 (*Applied to me very much, or most of the time – ALMOST ALWAYS*). The scores range from 0 to 42, with the raw scores ranging from 0 to 21 and being multiplied by two, with higher scores indicating more endorsements of depressive or anxious symptoms and mood (Lovibond & Lovibond, 1995). Sample items for the depression subscale include "I couldn't seem to experience any positive feeling at all" and "I found it difficult work up the initiative to do things." Sample items for the anxiety subscale include "I was aware of dryness of my mouth" and "I felt I was close to panic."

A previous study determined that with a sample of 150 self-identified Black people at the University of Houston, the Cronbach's alpha for the depression and anxiety subscales were .84 and .81 respectively (Norton, 2007). A Confirmatory Factor Analysis (CFA) conducted with the same sample resulted in item factor loadings between .39 and .91 (Norton, 2007). The Norton CFA also found support for the three-factor structure of the DASS instrument for Black participants ($\chi 2$ (45) = 82.14; *RMSEA* = 0.74; *CFI* = .972; *TLI* = .984; 2007). To establish construct validity, Norton compared participants' scores on the DASS-21 to the Beck Depression Inventory-II (BDI; Beck et al., 1996), Beck Anxiety Inventory (BAI, Beck et al., 1988), and the Positive and Negative Affect Schedule (PANAS; 2007). Scores on the BDI (F = 134.73, p < .001, η^2 = .211) and the negative affect items of the PANAS (F = 20.96, p < .001, η^2 = .040) significantly predicted the depression subscale of the DASS-21. Scores on the BAI (F = 121.54, p < .001, η^2 = .194) and negative affect responses of the PANAS (F = 28.72, p < .001, η^2 = .054) significantly predicted the anxiety subscale of the DASS-21. The positive items of the PANAS, however, did not predict the Anxiety and Depression subscales of the DASS-21 (Norton, 2007). Previous research studies with Black participants found strong support of the DASS-21's internal reliability, with the depression and anxiety subscales having alpha coefficients ranging from .88 to .90 and .82 to .85 respectively (Graham et al., 2013; Liao et al., 2020; Liao et al., 2016). In this study's sample, the depression (α = .93) and anxiety (α = .92) subscales had internal reliability coefficients that were more than acceptable.

Life Satisfaction. The Satisfaction with Life Scale (SWLS; Diener et al., 1985) is a widely used five-item measure using a seven-point Likert scale with the response

items ranging from 1 (*Strongly disagree*) to 7 (*Strongly agree*). The SWLS measures global cognitive judgments of satisfaction with one's own life while not assessing loneliness or positive affect (Diener et al., 1985). One sum of individual item responses is the total score of the measure, with higher scores indicating more satisfaction with the quality of one's own life (Diener et al., 1985). With a possibility of scores ranging from five to 35. The SWLS items are "I am satisfied with my life," "In most ways my life is close to my ideal," "So far I have gotten the important things I want in life," "If I could live my life over, I would change almost nothing," and "The conditions of my life are excellent."

The SWLS as an instrument was design to replace previous scales of general life satisfaction, because the authors found that many only consisted of one item (Diener et al., 1985). Diener and colleagues also suggested that previous measures of subjective life satisfaction also measured related constructs, versus strictly measuring the subject's satisfaction with their life or were only validated for geriatric populations (1985). To build the SWLS, the authors generated a list of 48 self-report items consisting primarily of questions related to one's life, with some being negative and some being positive. The authors ran an exploratory factor analysis resulting in the generation of three factors: positive affect, negative affect, and satisfaction. The authors dropped the positive and negative affect items from the list of potential measure items immediately. The authors also removed items with a factor loading lower than .60 from the satisfaction factor, resulting in 10 items remaining. Finally, the authors dropped five items because of their similarity to other items resulting in the five-item measure design (Diener et al., 1985).

In 1993, researchers reviewed the psychometrics of the Satisfaction with Life Scale over four separate studies and concluded that there was an average Cronbach's alpha of .85, which suggests strong internal consistency (Pavot & Diener, 1993). Correlating the SWLS with other measures of well-being and life satisfaction found support for the convergent validity of the SWLS (Diener et al., 1985; Pavot et al., 1991). The SWLS had a strong positive correlation both with the Andrews Withey Scale (r = .68, $p < .05$; Diener et al., 1985) and the Fordyce Global Scale (r = .58, $p < .05$; Diener et al., 1985; r = .82, $p < .05$; Pavot et al., 1991). These findings also established support for the discriminant validity of the SWLS with regard to affective well-being (Diener et al., 1985; Pavot & Diener, 1993). Previous research studies with Black participants found support for the measure's reliability with this population with Cronbach alpha levels ranging from .72 to .81 (Fife, et al., 2011; Pavot & Diener, 1993; Utsey et al., 2002; Wang et al., 2013). Vera and colleagues found support for the construct validity of the SWLS in a Black sample of adolescents using a correlational design (2008). The findings from Vera and colleagues' study (2008), indicated a statistically significant correlation between the SWLS and positive affect (r = .415, $p < .05$), negative affect r = -.416, $p < .05$), the Children's Hope Scale (r = .527, $p < .05$). In this study's sample, the observed internal reliability coefficient was more than acceptable (α = .93).

Racial Microaggressions

The Revised 28-Item Racial and Ethnic Microaggressions Scale (R28REMS) measured the construct of racial microaggressions. The R28REMS is a 28-item self-report measure that measures specific micro-aggressive incidents that occur in the daily lives of people of color within the past 6 months (Forrest-Bank et al., 2015). The

R28REMS is a shortened adaptation of the original 45-item REMS (Forrest-Bank et al., 2015; Nadal, 2011). Forrest-Bank and colleagues designed the R28REMS to be a more efficient and functional measure for researchers and practitioners to examine racial and ethnic microaggressions (2015). The R28REMS lists 28 different possible experiences of racial microaggressions and asks the respondent to rate how many times if any this occurred on a six-point Likert scale from 0 (*I did not experience this event*) to 5 (*I experienced this event 5 or more times*). The total score for the R28REMS ranges from 0 to 140, with higher scores indicating more experiences with racial microaggressions over the past six months (Forrest-Bank et al., 2015).

The R28REMS instrument has five subscales, second-class citizen and assumptions of criminality, assumptions of inferiority, assumptions of similarities, microinvalidations, and media microaggressions (Forrest-Bank et al., 2015). The second-class citizen and assumptions of criminality subscale represents experiences that carry messages of being ignored due to race and has six items. Sample items of this subscale are "I was ignored at school or at work because of my race" and "Someone's body language showed they were scared of me, because of my race." The scores on this subscale range from 0 to 30. The assumptions of inferiority subscale represent experiences of others assuming one is not smart or successful enough because of race and has seven items. Sample items of this subscale are "Someone assumed that I would not be intelligent because of my race" and "Someone assumed that I was poor because of my race." The scores on this subscale ranges from 0 to 35. The assumptions of similarities subscale represents assumptions that one speaks or behaves in a manner similar to those whom they are associated with racially and has five items. Sample items of this subscale

are "Someone told me that all people in my racial group look alike" and "Someone assumed that I spoke a language other than English." The scores on this subscale ranges from 0 to 25. The microinvalidations subscale represents the invalidation of the lived experiences of people of color and has six items. Sample items of this subscale include "I was told that I should not complain about race" and "Someone told me that they 'don't see color'." The scores on this subscale ranges from 0 to 30. The media microaggressions subscale represents experiences of positive portrayal of people of color in various media formats and has four items. Sample items from this subscale are "I observed people of my race portrayed positively on television" and "I observed people of my race portrayed positively in movies." The scores on this subscale ranges from 0 to 20.

Forrest-Bank and colleagues (2015) found support for the internal consistency for all of the subscales and total score with Cronbach's alphas ranging from .80 to .91. Forrest-Bank and colleagues did not assess the R28REMS for validity, however Nadal (2011), found support for the concurrent validity of the full 45-item REMS by correlating it with the RALES ($r = .464$, $p < .001$). Additionally, the assumptions of inferiority ($r = .343$, $p < .001$), second-class citizen and assumption of criminality ($r = .351$, $p < .001$), microinvalidations ($r = .380$, $p < .001$), exoticization/assumptions of similarity ($r = .216$, $p < .001$), and workplace and school microaggressions ($r = .433$, $p < .001$) were significantly correlated with the RALES (Nadal, 2011). Additional support for concurrent validity from Nadal (2011) was established using the Daily Life Experiences-Frequency (DLE-F) scale ($r = .698$, $p < .001$). The assumptions of inferiority ($r = .567$, $p < .001$), second-class citizen and assumption of criminality ($r = .611$, $p < .001$),

microinvalidations ($r = .505$, $p < .001$), exoticization/assumptions of similarity ($r = .461$, $p < .001$), environmental microaggressions ($r = -.209$, $p < .001$), and workplace and school microaggressions ($r = .433$, $p < .001$) were significantly correlated with the DLE-F (Nadal, 2011). This study used the composite score of the R28REMS for all analyses as previous research found that Black people did not experience the different aspects of microaggressions at a rate that is statistically significant (Williams, 2015). In this study's sample, the R28REMS total score ($\alpha = .97$) as well as the second-class citizen ($\alpha = .93$), inferiority ($\alpha = .95$), similarity ($\alpha = .93$), microinvalidations ($\alpha = .91$), and media ($\alpha = .82$) subscales had observed internal reliability coefficients that were more than acceptable.

Internalized Racism

The Appropriated Racial Oppression Scale (AROS-24; Campón & Carter, 2015) is a 24-item measure, using a seven-point Likert scale with the response items ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The AROS-24 assesses the degree to which racial minorities internalize racist experiences and media. Psychometric research conducted by Campón and Carter (2015) established four separate and distinct factors of internalized racism. These four factors are emotional responses (participants' emotional reactions that participants had about their own group), the American standard of beauty (participants endorsing items related to Eurocentric ideals of physical beauty), devaluation of own group (participants endorsing items associated with negative feelings and beliefs about their own group), and patterns of thinking (participants endorsing items related to patterns of thought which would maintain the status quo).

The AROS-24 initial development and preliminary validation study had a total sample of 656 participants (Campón & Carter, 2015). The first phase of the study had a sample of 341 adults, with 99 participants identifying as Black. Developing and identifying the instrument items was the purported purpose of Phase 1. The researchers started with item development believing there was no existing measure for all racial minority groups. After initial review and editing of the 309 designed items, the researchers reduced the total to 232. After a panel of independent experts reviewed the 232 items, 70 total items remained in the item pool. These were the items administered to the 341 participants in Phase 1 of the research study. The researchers also administered the Color Blind Racial Attitudes Scale, The People of Color Racial Identity Attitude Scale, and the Collective Self-Esteem Scale for validation purposes (Campón & Carter, 2015). The researchers ran an Exploratory Factor Analysis to determine the number of factors to retain. The methods the researchers used were the Kaiser Criteria number of eigenvalues greater than 1, generating a scree plot, and using a parallel analysis along with an oblique rotation. The researchers settled on the Four-Factor model explaining internalized racism. The emotional reactions factor was comprised of nine items (eigenvalue = 10.04, α = .87). The American standards of beauty factor was comprised of nine items (eigenvalue = 2.21, α = .88). The devaluation of own group factor was comprised of nine items (eigenvalue = 1.36, α = .87). The fourth and final factor of patterns of thinking was comprised of five items (eigenvalue = 1.11, α = .72). The researchers conducted a multivariate analysis of variance (MANOVA) to determine if there were any statistically significant differences between the various racial groups on the various scales. The researchers' findings in the MANOVA indicated a statistically

significant main effect for race where Wilks' $\lambda = .90$, $F\ (20, 1092) = 3.75$, $\eta^2_p = .05$, $p < .001$. The researchers interpreted their effect size of .05 as practically insignificant due to its small size. This finding was interpreted to mean that the differences in scores between the races was significant statistically, but insignificant practically (Campón & Carter, 2015).

The researchers used a Confirmatory Factor Analysis in the second phase of their study to validate their four-factor structure (Campón & Carter, 2015). The second phase of the study had a sample of 315 wholly new participants, with 80 who identified as Black. The 32 items retained during the EFA, which were purported to assess internalized racism, were tested using several model fit indices. These indices included a Chi Square test, the room mean square error of approximation (RMSEA), the comparative fit index (CFI), the Tucker-Lewis Index (TLI), and the standardized root mean square root residual (SRMR). The researchers determined the best fitting model included 24 items with the researchers deleting eight items after concluding the CFA. The sample's Chi-square statistic was significant, $\chi^2\ (246, N = 315) = 490.544$, $p < .001$. This would indicate that this model has a difference from the hypothesized perfect model that is statistically significant (Kline, 2015).

The final emotional reactions factor was comprised of seven items ($\alpha = .83$; Campón & Carter, 2015). Sample items for this factor include "In general, I am ashamed of members of my racial group because of the way they act" and "There have been times when I have been embarrassed to be a member of my race." The final American standards of beauty factor was comprised of six items ($\alpha = .85$). Sample items for this factor include "I find persons with lighter skin-tones to be more attractive" and "I find

people who have straight and narrow noses to be more attractive." The final devaluation of own group factor was comprised of eight items (α = .86). Sample items for this factor include "When I look in the mirror, sometimes I do not feel good about what I see because of my race" and "Whenever I think a lot about being a member of my racial group, I feel depressed." The final patterns of thinking factor of was comprised of three items (α = .70). Sample items for this factor include "People take racial jokes too seriously" and "Although discrimination in American is real, it is definitely overplayed by some members of my race."

The researchers found support for criterion and discriminant validity using measures of color blindness Color-Blind Racial Attitudes Scale; (CoBRAS; Veville et al., 2000) and collective self-esteem (Collective Self-Esteem Scale; CSES; Luhtanen & Crocker, 1992; Campón & Carter, 2015). Participants' total AROS score was a statistically significant predictor of the denial of blatant racial discrimination (β = 0.38, p < .001), unawareness of institutional racism (β = 0.46, p < .001), and denial of White privilege (β = 0.24, p < .001). Participants' total AROS score was a statistically significant predictor of identity collective self-esteem (β = -0.37, p < .001), private collective self-esteem (β = -0.69, p < .001), and membership collective self-esteem (β = -0.60, p < .001). The researchers specifically established discriminant validity because total AROS scores did not predict public collective self-esteem (β = -0.01, p > .05).

One lingering criticism of the preliminary validation study by Campón and Carter was the combination of multiple racial or ethnic groups in the analysis when examining race-specific phenomena (Sanders & Voight, 2019). Findings from additional research using Confirmatory Factor Analysis to validate the factorial structure of the AROS-24 for

specifically Black participants suggested a five-factor model was a better fit for the data (Sanders & Voight, 2019). These five factors were collective self-esteem (Items 11, 12, 14, 18, 21, and 23; $\alpha = .86$), negative in-group view (Items 2, 9, 19, and 22; $\alpha = .77$), European aesthetic preferences (Items 7, 10, 13, 17, and 20; $\alpha = .82$), out-group preferences (Items 4, 6, and 8; $\alpha = .70$), and colorblindness (Items 1, 5, 15, and 16; $\alpha = .67$). One primary difference between the Campón and Carter four-factor model and the Sanders and Voight five-factor model is the separation of the "devaluation of own group" factor into two separate factors, negative in-group view and out-group preferences. This indicates that while the items in the initial factor are related, they may better explain two separate concepts. The first a negative view of the Black group and second a preference for other groups outside of one's own. A second difference between the four and five-factor models is the dropping of items 3 and 24 from the five-factor model due to low factor loadings (Sanders & Voight, 2019). In this study, the total AROS score was used for all analyses as the composite score (i.e., entire construct) was tested. The results of this study can influence future research to concentrate on specific aspects of internalized racism. The factor structure suggested by Campon and Carter (2015), resulted the following observed internal reliability coefficients for the pattern of thinking ($\alpha = .87$), devaluation of own group ($\alpha = .97$), American standards of beauty ($\alpha = .96$), and emotional responses ($\alpha = .94$) subscales while the entire measure's ($\alpha = .98$) internal reliability estimate was also exceptional.

Positive Black Identity.

To measure Black identity, a shortened version of the Multidimensional Model of Black Identity (MMBI; Sellers, 1993) was administered to all participants. The MMBI

is a 56-item measure that uses a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The MMBI was developed to measure three of the four proposed dimensions of racial identity. The four dimensions are salience (the extent to which one's race is a relevant part of one's self-concept at a particular moment or in a particular situation), centrality (the extent to which a person normatively defines himself or herself with regard to race), regard (feelings of positivity and negativity toward being Black), and ideology (composed of the individual's belief, opinions, and attitudes with respect to the way he or she feels that the members of their race should act), the MMBI measures the centrality, ideology, and regard dimensions (Sellers et al., 1998). The ideology scale consists of four subscales (nationalist, assimilation, minority, and humanist) and the regard scale consists of two subscales (private regard and public regard). Sample items from the centrality subscale include "Overall, being Black has very little to do with how I feel about myself" and "In general, being Black is an important part of my self-image." Sample items from the private regard subscale include "I feel that Blacks have made major accomplishments and advancements" and "I feel that the Black community has made valuable contributions to this society." Sample items from the public regard subscale include "Most people consider Blacks, on the average, to be more ineffective than other racial groups" and "Society views Black people as an asset."

Sellers and colleagues (1998) found support for the validity and reliability of the MMBI instrument with alpha coefficients for the subscales ranging from .70 to .79 in a sample of 474 Black college students. In this study, the centrality (8 items, $\alpha = .83$), public regard (6 items, $\alpha = .84$), and private regard (6 items, $\alpha = .81$) subscales behaved as a shortened version of the MMBI to operationalize Black identity with higher scores

indicating higher levels of black identity (Sellers et al., 1997). Previous research with adolescents found that centrality had a moderating effect on the relationship between racism and psychological distress (Lewis et al., 2017; Sellers, 2003). Cokley and Helm (2001), found support for the concurrent validity of the MMBI, by correlating the subscales with the African Self-Consciousness Scale. The African Self-Consciousness Scale was correlated with the centrality ($r = .50$, $p < .05$) and private regard ($r = .25$, $p < .05$) subscales (Cokley, 2001). Sellers and colleagues (1997), found support for the predictive validity of the MMBI by exploring the relationship of specific race-related behaviors and the scores on MMBI subscales. Using a one-way MANOVA, Sellers and colleagues found that participants with a Black best friend had higher scores on the Centrality subscale ($F(1, 472) = 12.35$, $p < .01$) and participants who had taken at least one Black studies course had higher scores on the Centrality subscale ($F(1, 472) = 7.98$, $p < .01$; 1997). Additionally, Sellers and colleagues found that contact with Black people was positively correlated with scores on the Centrality ($r = .39$, $p < .01$) and Private Regard ($r = .27$, $p < .01$) subscales while contact with Whites had a negative correlation with the Centrality subscale ($r = -.46$, $p < .01$).

This study used a total score for Black identity (i.e., composite of the centrality, public regard, and private regard subscales) during the analyses (see Figure 3). These subscales, as designed by Sellers and colleagues (1997; 1998) are distinct from each other representing different aspects of identity and when combined can be taken as representing a global Black identity. The study's sample had observed internal reliability coefficients of the centrality ($\alpha = .74$), private regard ($\alpha = .83$), and public regard ($\alpha = .72$) subscales as well as the proposed composite score ($\alpha = .86$) were acceptable.

Perceived Social Support.

To measure perceived social support, the participants were administered the Multidimensional Scale of Perceived Social Support Scale (MSPSS). This is a 12-item measure, using a seven-point Likert scale with the response items ranging from 1 (*very strongly disagree*) to 7 (*very strongly agree*). The measure assesses the level of perceived support from three sources: friends (items 6, 7, 9, and 12), significant other (items 1, 2, 5, and 10), and family (items 3, 4, 8 and 11). The scores can range from 12 to 84, with higher scores indicating higher levels of perceived social support (Zimet et al., 1988). Sample items for the friends subscale include "My friends really try to help me" and "I can count on my friends when things go wrong." Sample items for the family subscale include "My family really tries to help me" and "I get the emotional help and support I need from my family." Sample items for the significant other subscale include "There is a special person who is around when I am in need" and "There is a special person with whom I can share my joys and sorrows.

Previous research studies have established support for the convergent validity of the MSPSS with the measure correlating strongly with the Social Support Behaviors Scale (Kazarian & McCabe, 1991). There was a strong statistically significant relationship between the family subscale of the MSPSS and the emotional support ($r = .77$, $p < .01$), socializing ($r = .66$, $p < .01$), practical assistance ($r = .58$, $p < .01$), financial assistance ($r = .50$, $p < .01$), and the advice/guidance ($r = .65$, $p < .01$) family subscales of the Social Support Behaviors Scale. There was a strong statistically significant relationship between the friends subscale of the MSPSS and the emotional support ($r = .74$, $p < .01$), socializing ($r = .65$, $p < .01$), practical assistance ($r = .61$, $p < .01$), financial

assistance ($r = .59$, $p < .01$), and the advice/guidance ($r = .69$, $p < .01$) friend subscales of the Social Support Behaviors Scale. Discriminant validity support was established with a Black sample by correlating the MSPSS subscale to the Adolescent Family Caring Scale (AFCS; Canty-Mitchell & Zimet, 2000). The AFCS had a statistically significant relationship with the Family ($r = .76$, $p < .001$), Friends ($r = .33$, $p < .001$), and Significant other ($r = .48$, $p < .001$) subscales of the MSPSS. However, the correlation between the AFCS and the family subscale of the MSPSS was significantly stronger than with the friends ($t = 10.44$, $p < .001$) and significant other ($t = 7.74$, $p < .001$) scales of the MSPSS.

Support for total measure reliability was demonstrated by a Cronbach's alpha of .89 in a Black sample with the reliability of the subscales ranging from .86 to .94 (Zimet et al., 1988; Bradley, Schwarts, & Kaslow, 2005). Additional research from Cernin and colleagues (2011), demonstrated internal consistency with older Black participants (α = .86). While Brown added additional evidence for the internal reliability of both the entire scale (α = .93) and the individual subscales, which ranged from .91 to .94 (2008). During the analysis, each subscale was used in the moderation model individually in addition; the total social support score was used.

Demographics

Demographic information was gathered using a researcher designed demographic questionnaire. This questionnaire included age, gender, educational attainment (e.g., high school diploma, some college), household income categories, employment status (e.g., student, unemployed, employed part-time), whether counseling was sought and/or

received in the last 12 months, geographic region, relationship status (e.g., single, in a dating/committed relationship), religion, veteran status, and sexual orientation.

Statistics

To answer each research question, linear regression using structural equation modeling (SEM) was used. Conducting linear regression through SEM offers several advantages compared to other analytic approaches including correction for measurement errors in variables, the ability to model complex variable relationships, and the ability to explore both direct and indirect mediation effects (Kline, 2015). SEM is not a single statistical technique but rather a series of related procedures or a framework to guide statistical analyses wherein almost any statistical technique can be executed within that framework (Kline, 2015). Within SEM, there are two classes or types of variables. Observed variables (i.e., indicators) are those variables for which data has been collected from a sample. Latent variables (i.e., constructs) are presumed to be representations of a continuum that is not directly measured (e.g., depression) and must be a continuous variable. When using an SEM framework to conduct linear regression it is referred to as structural regression (Kline, 2015).

Analytic Plan

Data Entry and Cleaning

Once data were collected via the online surveys, I downloaded and entered them into Stata I/C version 16. First, I renamed all of the automatically assigned variable names to reflect accurately which construct they measured (e.g., aros_1, aros_2). I then added the appropriate data labels for item responses for each item (e.g., very strongly disagree, strongly disagree). Then, the validity check was completed to ensure that every

participant accurately responded to any validity-check items on the survey (e.g., Please choose "2" for this question), any participant who did not accurately respond to any validity item was dropped from the dataset. The minimum number of participants to achieve the desired power of .95 is 204; the desired number of actual participants is 450. After the completion of the data cleaning process, a total of 639 participants remained. During the data analytic process, I addressed missing data using full information maximum likelihood (FIML), the standard for SEM analysis (Arbuckle, 1996; Enders & Bandalos, 2001). FIML does not replace missing values but includes all available data on dependent variables. FIML requires that data be either missing at random or missing completely at random (Collins et al., 2001). The FIML method estimates a function of likelihood function for each individual based on the present variables to use all of the available data from the sample.

Research Question 1

To answer the first research question of whether there is a statistically significant relationship between racial microaggressions and mental health, a linear regression was estimated in a structural equation modeling (SEM) framework (see Figure 1). Three latent mental health variables- depression, anxiety, and life satisfaction- were modeled as outcomes, with a latent microaggressions variable modeled as the predictor. The seven survey items from the depression subscale of the DASS-21 described above defined the depression variable, the seven survey items from the anxiety subscale of the DASS-21 described above defined the anxiety variable, and he five survey items from the SWLS described above defined the life satisfaction variable. The 28 survey items from the R28REMS described above defined the racial microaggressions variables, scale and

subscales scores. Demographic variables (i.e., sex, age) were included in the structural model as covariates (not pictured) and were defined using the demographic survey items. Each individual item response behaved as an observed variable while the latent variables include the variables of interest (see Figure 1).

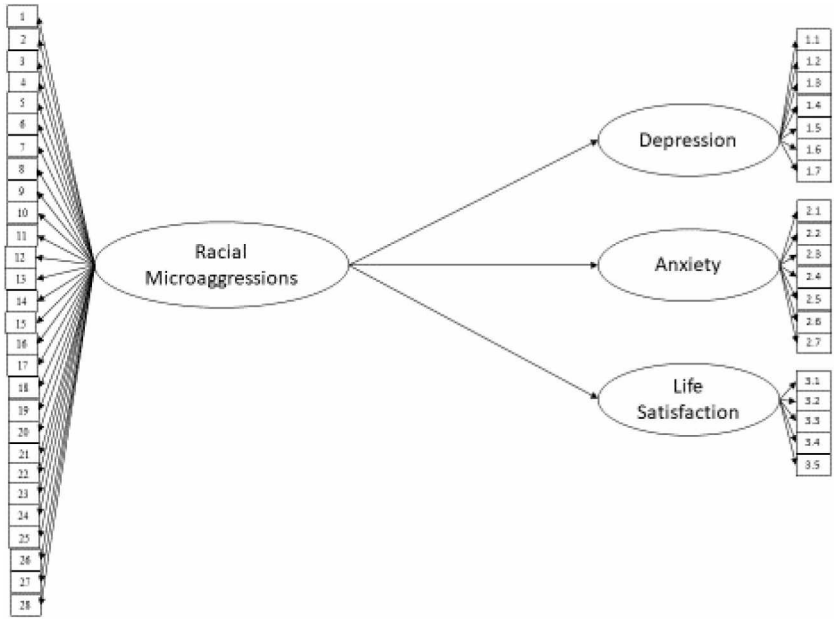

Figure 1. Regression analysis analyzing the relationship between racial microaggressions and mental health. Note. The racial microaggressions latent variable is made up of 28 observed variables from the R28REMS. The depression latent variable is constructed of the seven depression observed variables of the DASS-21. The life satisfaction latent variable is constructed from the five observed variables of the SWLS. The anxiety latent variable is constructed from the seven anxiety observed variables of the DASS-21.

Research Question 2

To answer research question 2, exploring potential mediation effects, I used linear regression in a SEM framework with a mediating variable. Mediation is an important factor to consider in counseling psychology research because it provides insight into understanding the effective components of treatments and theories related to causal mechanisms responsible for change (Frazier, Tix, & Barron, 2004). Being able to not only explore the relationship between a predictor and outcome variable but also explore explanations for that relationship is instrumental in counseling psychology research.

After establishing a mediating variable that explains the relationship between a predictor variable and an outcome variable, therein lies an opportunity to design and implement interventions to address the predictor-outcome relationship. A variable can function as either a mediator or moderator in a tested model, according to the theory the model tests (Frazier, Tix, & Barron, 2004). To examine the potential mediation effects of internalized racism on the relationship between racial microaggressions and mental health, I used linear regression with mediation analysis in SEM (see Figure 2). As with Research Question 1, I estimated a measurement model with no specified paths prior to estimating the structural model. Each individual item response behaved as an observed variable while the latent variables included the variables of interest (see Figure 2). The standardized factor loading for each individual observed variable was used as additional evidence for goodness of fit. The additional goodness of fit indices includes the Chi-squared test, the root mean square error of approximation (RMSEA), the Tucker-Lewis index (TLI), and the comparative fit index (CFI). The Chi-squared test and RMSEA are referred to as absolute fit indices, which determine how well an a-priori model fits the data specific to the sample (Hooper et al., 2008). While the Chi-squared test is a dichotomous choice of whether to accept or reject the proposed model, other fit indices explore the goodness of fit on a spectrum (Hu & Bentler, 1998). The accepted rule of thumb for each of the model fit indices are a p-value greater than .05 for the Chi-squared test, the value of RMSEA should be lower than .05, and the value of both TLI and CFI should be greater than .95 (Hooper et al., 2008; Kline, 2015; Sivo et al., 2006). Additionally, the cross-validation technique, assessing a proposed model on how well the results will generalize to an independent data set, was used (Hu & Bentler, 1998). The

cross-validation technique assesses statistical models for their predictability and use in practice (Fernandez, 2018). In addition to the aforementioned model fit indices, I also used Akaike's information criterion (AIC), and Bayesian information criterion (BIC) to assess this model's goodness of fit. AIC and BIC are comparative indices with lower values being representative of better model fit, using them allowed me to determine which model is best to use for the analyses (Kline, 2015; Sivo et al., 2006). Additionally, to explore whether the Four Factor structure proposed by Campon and Carter (2015) or the Five Factor structure proposed by Sanders and Voight (2019) was a better fit for the data, I examined individual item factor loadings. If the factor loading for any individual observed variable (i.e., instrument item) was not statistically significant, that observed variable was subjected to possible exclusion from the analysis. The latent variable structure for microaggressions and the three mental health outcomes were identical to that in the model for Research Question 1. To that model, I added a latent variable for internalized racism, defined using the 24 survey items in the AROS-24 scale described in the measures section above.

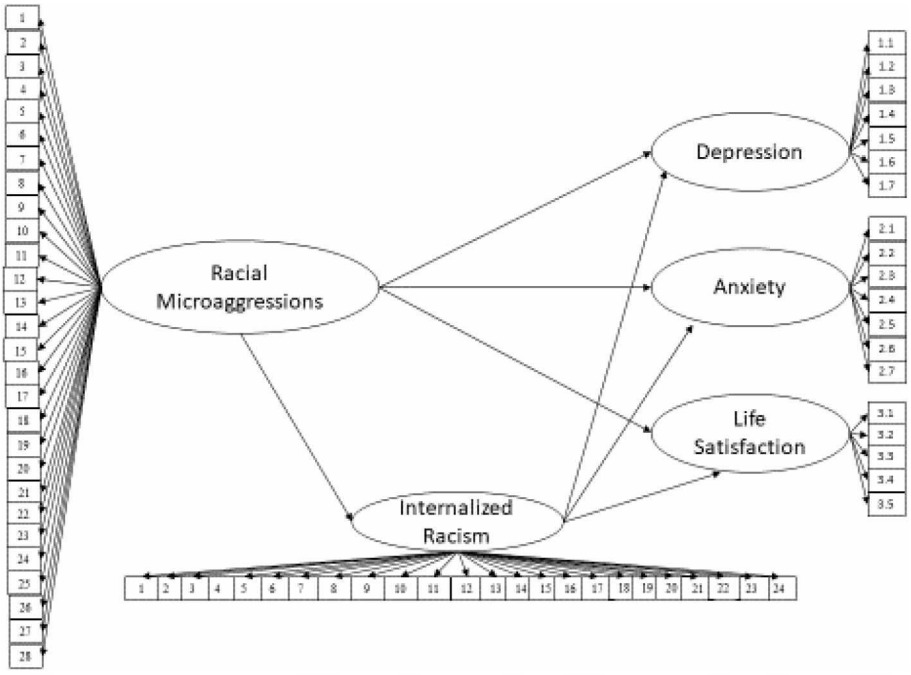

Figure 2. Structural model exploring the potential mediating role of internalized racism. Note. The racial microaggressions latent variable is defined by 28 observed variables from the R28REMS. The internalized racism latent variable is constructed using the 24 observed variables from the AROS-24. The depression latent variable is constructed of the seven depression observed variables of the DASS-21. The life satisfaction latent variable is constructed from the five observed variables of the SWLS. The anxiety latent variable is constructed from the seven anxiety observed variables of the DASS-21.

Research Question 3

To answer Research Questions 3 and 4, exploring moderation effects, I used linear regression with interactions in a SEM framework, testing for moderation effects in the hypothesized models. In research, moderation analyses examine where the direction or strength of the relationship between a predictor variable and an outcome variable is altered by another variable (Frazier, Tix, & Barron, 2004). Moderation effects are interactions between variables where the effect of the predictor variable depends on the level of the moderating variable. Moderation is an important factor to consider in counseling psychology research because it provides insight into understanding the effective components of treatments and theories related to the mechanisms responsible for change in relation to therapeutic modalities (Frazier, Tix, & Barron, 2004). Being

able to not only explore the relationship between a predictor and outcome variable but also explore methods to change the strength and or direction of that relationship is instrumental in counseling psychology research. When a moderating variable is identified, the moderator can be used to inform the intervention which can weaken or altogether eliminate the predictor-outcome relationship. A variable can function as either a mediator or moderator in a tested model, according to the theory being tested by the model (Frazier, Tix, & Barron, 2004). Conducting linear regression in an SEM framework the ability to explore both direct and indirect moderation effects (Kline, 2015). To test the moderation properties of Black identity, structural regression with interactions was performed in a SEM framework (see Figure 3). I analyzed the interaction effects to determine if there is either practical or statistical significance regarding the effect on the relationship between racial microaggressions and mental health. As with Research Questions 1 and 2, I estimated a measurement model with no specified paths. The latent variable structure for microaggressions and the three mental health outcomes were identical to that in the model for Research Questions 1 and 2. To that model, I added latent variables for centrality, private regard, and public regard, defined using the 20 survey items from the MIBI scale described in the measures section above. Of these 20 survey items, the centrality latent variable is defined by eight survey items and the public and private regard latent variables are defined by six survey items each. These three MIBI subscales together are representative of Black identity.

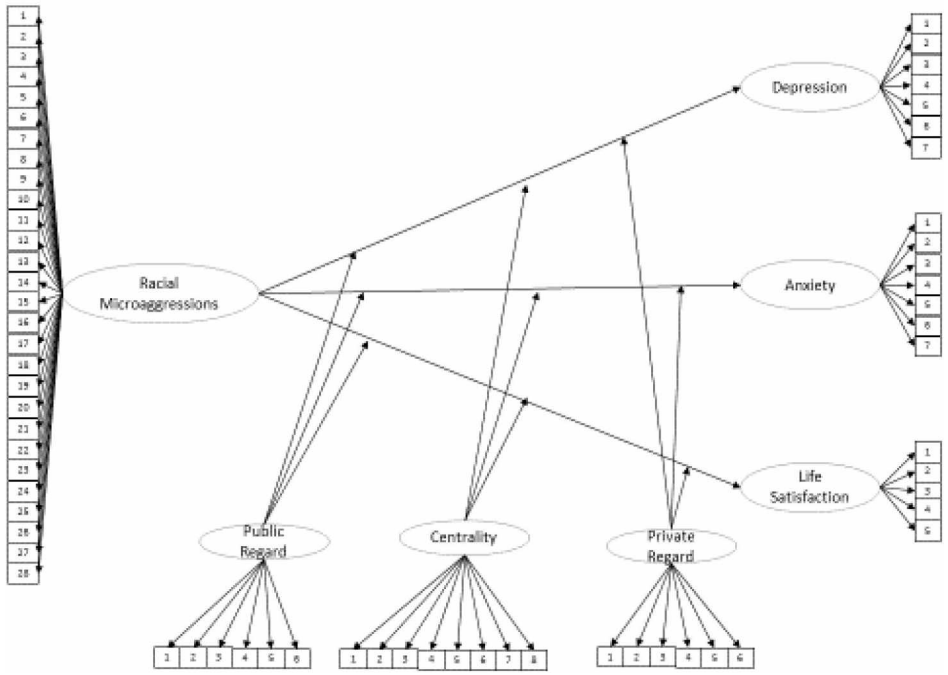

Figure 3. Structural model exploring the potential moderating properties of Black identity. Note. The racial microaggressions latent variable is defined by 28 observed variables from the R28REMS. The Black identity latent variable is represented by the public regard, centrality, and private regard subscales of the MIBI. The depression latent variable is constructed of the seven depression observed variables of the DASS-21. The life satisfaction latent variable is constructed from the five observed variables of the SWLS. The anxiety latent variable is constructed from the seven anxiety observed variables of the DASS-21.

Research Question 4

To test the moderation properties of perceived social support, I utilized linear regression with interactions in a SEM framework (see Figure 4). I analyzed the interaction effects to determine if there is either practical or statistical significance regarding the effect on the relationship between racial microaggressions and mental health. As with Research Questions 1 through 3, a measurement model with no specified paths was estimated. The latent variable structure for microaggressions and the three mental health outcomes was identical to that in the model for Research Questions 1 through 3. To that model, I added a latent variable for perceived social support, defined using the 12 survey items from the MSPSS described in the measures section above.

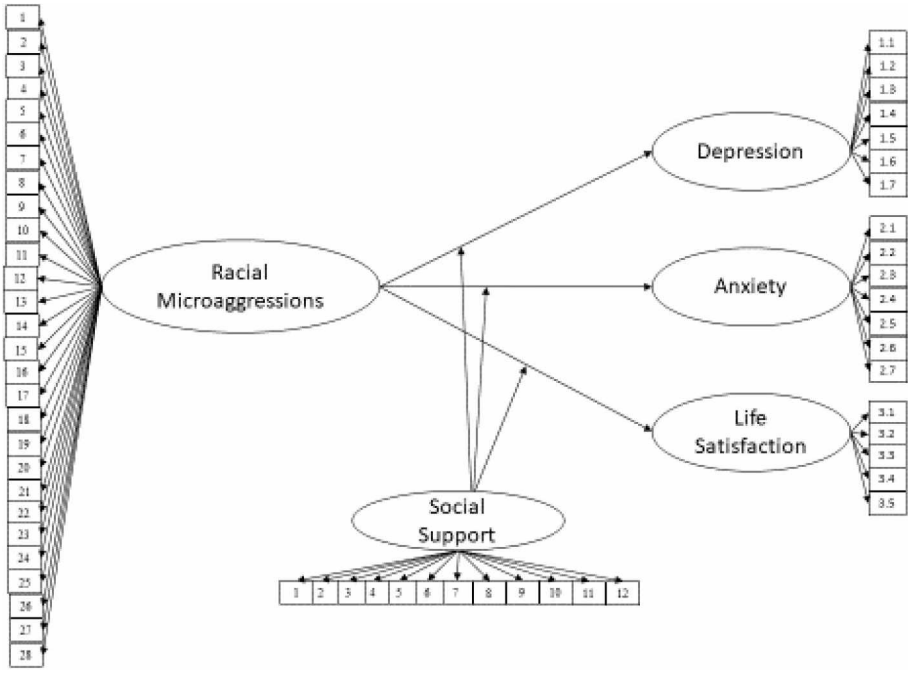

Figure 4. Structural model exploring the potential moderating properties of perceived social support. Note. The racial microaggressions latent variable is defined by 28 observed variables from the R28REMS. The social support latent variable is constructed using the 12 observed variables from the MSPSS. The depression latent variable is constructed of the seven depression observed variables of the DASS-21. The life satisfaction latent variable is constructed from the five observed variables of the SWLS. The anxiety latent variable is constructed from the seven anxiety observed variables of the DASS-21.

CHAPTER IV

RESULTS

This chapter outlines the results and findings of this study. The results are organized by research question with standardized coefficients being reported. If multiple structural models were estimated, the results indicate such. All of the results reported below should be interpreted with the understanding that participants' age, gender, level of education, employment status, relationship status, and whether or not they sought counseling in the 12 months prior to their participation was held constant. By holding extraneous participant variables constant during the analyses, I was able to isolate the effects of the independent variable more accurately (i.e., racial microaggressions) on the dependent variables (i.e., mental health).

Table 1

Variable correlations, alpha coefficients, means, and standard deviations.

	1	2	3	4	5	6	7	8	9	10	11	12	13	M	SD
RMAs	(.97)													82.2	35.0
Dep	.67***	(.93)												31.6	13.0
Anx	.69***	.89***	(.95)											31.7	12.9
LifSat	.14**	-.1	-.03	(.93)										21.1	7.7
InRac	.75***	.75***	.78***	.14***	(.98)									85.1	43.1
Centr	-.39***	-.38***	-.4***	-.05	-.59***	(.74)								4.9	1.0
PubR	.45***	.42***	.46***	.2***	.65***	-.39***	(.72)							3.0	1.1
PrivR	-.48***	-.49***	-.49***	.04	-.63***	.66***	-.27***	(.83)						5.7	1.1
BlkID	-.5***	-.5***	-.52***	-.07	-.73***	.88***	-.64***	.81***	(.86)					2.5	0.8
TotS	.07	-.1**	-.02	.28***	.07	.2***	.26***	.34***	.17***	(.93)				5.4	1.0
FamS	.11**	-.04	.02	.23***	.15***	.1*	.3***	.22***	.06	.89***	(.89)			5.3	1.2
FriS	.05	-.13**	-.05	.24***	.01	.27***	.18***	.37***	.24***	.91***	.68***	(.88)		5.4	1.1
SoS	-.003	-.12**	-.05	.25***	.001	.2***	.19***	.34***	.19***	.88***	.68***	.77***	(.89)	5.4	1.2
Age														35.3	10.1

Note. RMAs = Racial microaggressions; Dep = depression; Anx = anxiety; LifSat = life satisfaction; InRac = internalized racism; Centr = centrality subscale; PubR = public regard subscale; PrivR = private regard subscale; BlkID = aggregate Black identity subscale; TotS = total social support; FamS = family social support subscale; FriS = friend social support subscale; SoS = Significant other social support subscale; M = mean; SD = standard deviation; DHχ^2 = Doornik-Hansen test for normality statistic; DHp = Doornik-Hansen test for normality significance; * $p < .05$, ** $p < .01$, *** $p < .001$. Cronbach's alphas are shown in the diagonal.

Research Question 1: Direct Effect of Microaggressions on Mental Health Outcomes

The first hypothesis is that racial microaggressions positively predict depression and anxiety and negatively predict life satisfaction among Black participants (i.e., direct effects). Racial microaggressions were a statistically significant predictor of life satisfaction ($B = 0.106$, $SE = 0.049$, $z = 2.19$, $p = .028$), depression ($B = 0.653$, $SE = 0.029$, $z = 22.92$, $p < .001$), and anxiety ($B = 0.669$, $SE = 0.028$, $z = 24.12$, $p < .001$; see Table 1). These findings indicate a positive relationship between racial microaggressions and general life satisfaction, meaning as instances of racial microaggressions increase, so do global feelings of satisfaction with one's life. Additionally, the findings suggest that there is a positive relationship between racial microaggressions and depression. As instances of racial microaggressions increase, so does the endorsement of depressive symptomology. Finally, the results suggest a positive relationship between racial microaggressions and anxiety, suggesting that as instances of racial microaggressions increase so does the endorsement of anxiety-related symptomology. The findings partially support the initial hypothesis.

Table 2

SEM Regression of microaggressions on life satisfaction, depression, and anxiety

	Life Satisfaction			Depression			Anxiety		
	B	SE	z	B	SE	z	B	SE	z
RMAs	0.106*	0.049	0.65	0.653***	0.029	22.92	0.669***	0.028	24.12
Age	0.029	0.044	-0.89	-0.039	0.031	-1.26	-0.037	0.030	-1.24
Male	-0.040	0.044	3.05	0.086**	0.031	2.81	-0.052	0.30	1.74
Educ	0.130**	0.043	0.18	-0.106***	0.030	-3.52	-0.129***	0.029	-4.37
Empl	0.007	0.041	-2.44	-0.007	0.029	-0.26	0.041	0.028	1.46
Single	-0.100*	0.041	-1.25	0.002	0.029	0.06	-0.022	0.28	-0.76
Coun	-.057	0.046	2.19	-0.136***	0.032	-4.31	-0.145***	0.031	-4.68

Note. RMAs = Racial microaggressions; Male = gender; Educ = level of education; Empl = employment status; Single = relationship status; Coun = received counseling services; * $p < .05$, ** $p < .01$, *** $p < .001$.

Research Question 2: Internalized Racism as a Mediator of the Microaggressions and Mental Health Outcomes Relationship

Hypothesis 2 stated that internalized racism mediates the relationships between racial microaggressions and mental health (i.e., mediation effects). That is, greater perceived racial microaggressions are related to an increase in internalized racism, which in turn is associated with higher levels of depression and anxiety and lower life satisfaction. To address the lingering criticisms of the AROS-24's validation study, I conducted a confirmatory factor analysis. The results of confirmatory factor analyses indicated that there was not a significant difference between the Campón and Carter four-factor model (2015) and the Sanders and Voight five-factor model (2019) of internalized racism. The item factor loadings for the four-factor model ranged from .73 to .93 (see

Table 2). The item factor loadings for the five-factor model ranged from .70 to .93 (see Table 3). The model fit indices, when differences existed, primarily favored the four-factor model (see Table 4).

Regarding life satisfaction, the total effect of racial microaggressions on life satisfaction was statistically significant ($B = 0.122$, $SE = 0.053$, $z = 2.32$, $p = .020$). This is the estimate of the total effect of racial microaggressions on life satisfaction if the proposed mediator of internalized racism was not in the model. The direct effect of racial microaggressions on life satisfaction, however, was not statistically significant ($B = 0.085$, $SE = 0.075$, $z = 1.13$, $p = .258$). The indirect effect of racial microaggressions that passes through internalized racism was also statistically insignificant ($B = 0.037$, $SE = 0.052$, $z = 0.72$, $p = .469$). These findings indicate that internalized racism, as measured by the AROS-24, does not mediate the relationship between racial microaggressions and life satisfaction (see Table 5).

Regarding depression, the total effect of racial microaggressions on depression was statistically significant ($B = 0.406$, $SE = 0.028$, $z = 14.49$, $p < .001$). This is the estimate of the total effect of racial microaggressions on depression if the proposed mediator of internalized racism was not in the model. The direct effect of racial microaggressions on depression was also statistically significant ($B = 0.190$, $SE = 0.028$, $z = 6.76$, $p < .001$). The indirect effect of racial microaggressions on depression that passes through internalized racism was also statistically significant ($B = 0.216$, $SE = 0.023$, $z = 9.48$, $p < .001$). These findings indicate that the proportion of the total effect of racial microaggressions on depression that is mediated by internalized racism is approximately 53.29 percent. The ratio of the indirect effect to the direct effect is 1.14,

indicating that the indirect effect is slightly larger than the direct effect. Finally, the total effect is about 2.2 times larger than the direct effect. These findings indicate partial mediation of the relationship between racial microaggressions and depression by internalized racism, as measured by the AROS-24, as the direct effect is lower than the total effect (see Table 6).

Regarding anxiety, the total effect of racial microaggressions on anxiety was statistically significant ($B = 0.398$, $SE = 0.028$, $z = 14.15$, $p < .001$). This is the estimate of the total effect of racial microaggressions on anxiety if the proposed mediator of internalized racism was not in the model. The direct effect of racial microaggressions on anxiety was also statistically significant ($B = 0.180$, $SE = 0.026$, $z = 6.90$, $p < .001$). The indirect effect of racial microaggressions on anxiety that passes through internalized racism was also statistically significant ($B = 0.218$, $SE = 0.022$, $z = 9.82$, $p < .001$). These findings indicate that the proportion of the total effect of racial microaggressions on anxiety that is mediated by internalized racism is approximately 54.77 percent. The ratio of the indirect effect to the direct effect is 1.21, indicating that the indirect effect is slightly larger than the direct effect. Finally, the total effect is about 2.2 times larger than the direct effect. These findings indicate partial mediation of the relationship between racial microaggressions and anxiety by internalized racism, as measured by the AROS-24, as the direct effect is lower than the total effect (see Table 7).

Table 3

Four-factor model factor loadings

Item/Factor	*B*	Item/Factor	*B*
Pattern of Thinking		*American Standard of Beauty*	
Item 1	.73***	Item 3	.86***
Item 5	.82***	Item 7	.88***
Item 15	.91***	Item 10	.89***
Devaluation of Own Group		Item 13	.88***
Item 2	.90***	Item 17	.90***
Item 6	.86***	Item 20	.89***
Item 9	.92***	*Emotional Responses*	
Item 12	.92***	Item 4	.86***
Item 16	.90***	Item 8	.82***
Item 19	.89***	Item 11	.86***
Item 22	.93***	Item 14	.86***
Item 24	.90***	Item 18	.83***
		Item 21	.77***
		Item 23	.78***

Table 4

Five-Factor Model Factor Loadings

Item/Factor	B	Item/Factor	B
Collective Self Esteem		*Negative in group View*	
Item 11	.85***	Item 2	.90***
Item 12	.92***	Item 9	.92***
Item 14	.86***	Item 19	.89***
Item 18	.82***	Item 22	.93***
Item 21	.77***	*Out group preferences*	
Item 23	.76***	Item 4	.84***
European Aesthetic Preferences		Item 6	.85***
Item 7	.88***	Item 8	.81***
Item 10	.89***	*Colorblindness*	
Item 13	.89***	Item 1	.70***
Item 17	.90***	Item 5	.79***
Item 20	.90***	Item 15	.89***
		Item 16	.92***

Table 5

CFA Goodness of fit indices comparing four-factor and five-factor models

Fit Statistic	Four Factor	Five Factor	Accepted Threshold
x^2	755.61, p < .001	637.61, p < .001	P > .05
RMSEA	0.057, p = .006	0.059, p = .002	< .05
AIC	48,024.85	44,245.11	-
BIC	48,372.60	44,583.85	-
CFI	.97	.97	> .95
TLI	.97	.97	> .95
CD	.998	.995	

Table 6

Direct, indirect, and total effects of racial microaggressions on life satisfaction with possible mediation of internalized racism

	B	SE	z
Indirect Effect	0.037	0.052	0.72
Direct Effect	0.085	0.075	1.13
Total Effect	0.122*	0.053	2.32
Mediation		N/A	

Table 7

Direct, indirect, and total effects of racial microaggressions on depression with possible mediation of internalized racism

	B	SE	z
Indirect Effect	0.216***	0.023	9.48
Direct Effect	0.190***	0.028	6.76
Total Effect	0.406***	0.028	14.49
Mediation		53.29%	

Table 8

Direct, indirect, and total effects of racial microaggressions on anxiety with possible mediation of internalized racism

	B	SE	z
Indirect Effect	0.218***	0.022	9.82
Direct Effect	0.180***	0.026	6.90
Total Effect	0.398***	0.028	14.15
Mediation		54.77%	

Research Question 3: Black Identity as a Moderator of the Microaggressions and Mental Health Outcomes Relationship

Hypothesis 3 stated that Black Identity moderates the relationship between racial microaggressions and mental health for Black people. Regarding life satisfaction, the centrality subscale of the MIBI did not moderate the relationship between racial microaggressions and life satisfaction ($B = 0.010$, $SE = 0.012$, $z = 0.86$, $p = .392$; see table 8). Additionally, neither the private ($B = 0.010$, $SE = 0.012$, $z = 0.86$, $p = .392$; see

table 9) nor the public regard ($B = 0.010$, $SE = 0.012$, $z = 0.86$, $p = .392$; see table 10) subscales were statistically significant moderators of the relationship between racial microaggressions and life satisfaction. Finally, the aggregate construct of Black identity also failed to moderate the relationship between racial microaggressions and life satisfaction ($B = 0.0210$, $SE = 0.038$, $z = 0.56$, $p = .574$; see table 11). As there was not a statistically significant relationship between microaggressions and life satisfaction, there was no expectation that moderation would exist in this sample.

Regarding depression, racial microaggressions were consistently a statistically significant positive predictor of depression while the centrality ($B = -0.096$, $SE = 0.014$, $z = -6.88$, $p < .001$; see Table 12), private regard ($B = -0.050$, $SE = 0.014$, $z = -3.49$, $p < .001$; see Table 13), and public regard ($B = 0.072$, $SE = 0.011$, $z = 6.53$, $p < .001$, see Table 14) subscales of the MIBI moderated the relationship between racial microaggressions and depression. Additionally, the aggregate Black identity construct was a statistically significant moderator of the racial microaggressions and depression association ($B = -0.135$, $SE = 0.016$, $z = -8.31$, $p < .001$; see Table 15). The centrality subscale *weakened* the relationship between racial microaggressions and depression (see Figure 5). These findings indicate that participants who have higher levels of centrality (i.e., Blackness is more central to their individual identity), experience lower levels of depression than their peers with average or low levels of centrality when subjected to racial microaggressions. Additionally, the private regard subscale *weakened* the racial microaggressions and depression relationship (see Figure 6). These findings indicate that participants who have high levels of private regard (i.e., personal views and opinions of the Black race) experience lower levels of depression than their peers with average or low

levels of private regard when subjected to racial microaggressions. The public regard subscale actually *strengthened* the relationship between racial microaggressions and depression (see Figure 7). These findings indicate that participants who have higher levels of public regard (i.e., how non-Black people view Black people) experience higher levels of depression than their peers with average or low levels of private regard when subjected to racial microaggressions. Taken together, these findings indicate that holding Blackness as a central component of one's racial identity and having positive personal views of the Black race protects Black participants from the psychological ramifications of experiencing racial microaggressions. Furthermore, the findings indicate that participants who believe that non-Blacks have a more positive view of the Black race collectively suffer *harsher* consequences than their peers who do not have such views. Finally, the aggregate Black identity construct *weakened* the relationship between racial microaggressions and depression (see Figure 8). These findings indicate that participants who have higher levels of Black identity (i.e., higher levels of centrality, private regard, and public regard), experience lower levels of depression when subjected to racial microaggressions than their peers with lower levels of Black identity.

Regarding anxiety, racial microaggressions were consistently a statistically significant positive predictor of depression while the centrality (B = -0.089, SE = 0.013, z = -6.63, $p < .001$; see Table 16), private regard (B = -0.057, SE = 0.014, z = -4.11, $p <$ .001; see Table 17), and public regard (B = 0.057, SE = 0.011, z = 5.37, $p < .001$, see Table 18) subscales of the MIBI moderated the relationship between racial microaggressions and depression. Additionally, the aggregate Black identity construct was a statistically significant moderator of the racial microaggressions and anxiety

association (B = -0.119, SE = 0.016, z = -7.61, $p < .001$; see Table 19). The centrality subscale *weakened* the relationship between racial microaggressions and anxiety (see Figure 9). These findings indicate that participants who have higher levels of centrality (i.e., Blackness is more central to their individual identity), experience lower levels of anxiety than their peers with average or low levels of centrality when subjected to racial microaggressions. Additionally, the private regard subscale *weakened* the racial microaggressions and anxiety relationship (see Figure 10). These findings indicate that participants who have high levels of private regard (i.e., personal views and opinions of the Black race) experience lower levels of anxiety than their peers with average or low levels of private regard when subjected to racial microaggressions. The public regard subscale actually *strengthened* the relationship between racial microaggressions and anxiety (see Figure 11). These findings indicate that participants who have higher levels of public regard (i.e., how non-Black people view Black people) experience higher levels of anxiety than their peers with average or low levels of private regard when subjected to racial microaggressions. Finally, the aggregate Black identity construct *weakened* the relationship between racial microaggressions and anxiety (see Figure 12). These findings indicate that participants who have higher levels of Black identity (i.e., higher levels of centrality, private regard, and public regard), experience lower levels of depression when subjected to racial microaggressions than their peers with lower levels of Black identity.

Table 9

Moderation effects of centrality on the racial microaggressions and life satisfaction relationship

	B	SE	z
RMAs	-0.013	0.060	-0.21
Centrality	-0.626	0.930	-0.67
RMAsXcentrality	0.010	0.012	0.86

Table 10

Moderation effects of private regard on the racial microaggressions and life satisfaction relationship

	B	SE	z
RMAs	-0.001	0.073	-0.02
Pvt_reg	0.298	1.067	0.28
R28remsXpvtreg	0.009	0.012	0.77

Table 11

Moderation effects of public regard on the racial microaggressions and life satisfaction relationship

	B	SE	z
RMAs	-0.017	0.031	-0.56
Pub_reg	0.293	0.850	0.34
R28remsXpubreg	0.011	0.009	1.21

Table 12

Moderation effects of Black identity on the racial microaggressions and life satisfaction relationship

	B	SE	z
RMAs	0.021	0.038	0.56
posBlkID	-0.411	1.188	-0.35
R28remsXposblkid	0.007	0.015	0.47

Table 13

Moderation effects of centrality on the racial microaggressions and depression relationship

	B	SE	z
RMAs	0.738***	0.068	10.77
Centrality	5.166***	1.066	4.85
R28remsXcentrality	-0.096***	0.014	-6.88

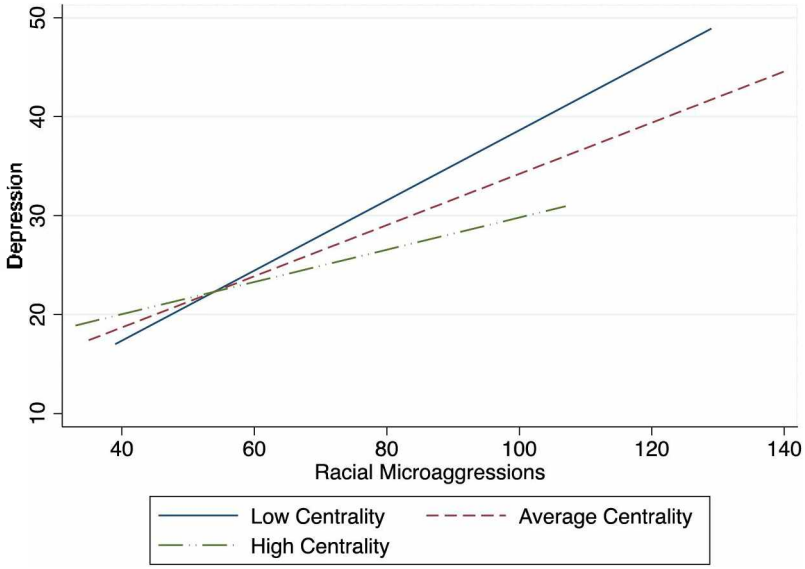

Figure 5

Moderation effects of centrality on the racial microaggressions and depression relationship

Table 14

Moderation effects of private regard on the racial microaggressions and depression relationship

	B	SE	z
RMAs	0.548***	0.086	6.41
Privreg	1.719	1.257	1.37
R28remsXprivreg	-0.050***	0.014	-3.49

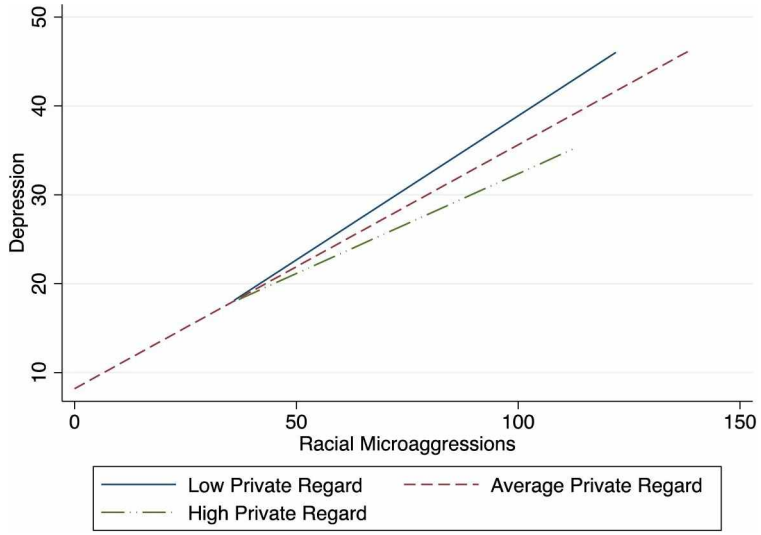

Figure 6

Moderation effects of private regard on the racial microaggressions and depression relationship

Table 15

Moderation effects of public regard on the racial microaggressions and depression relationship

	B	SE	z
RMAs	0.045	0.036	1.24
pubreg	-4.462***	0.997	-4.48
R28remsXpubreg	0.072***	0.011	6.53

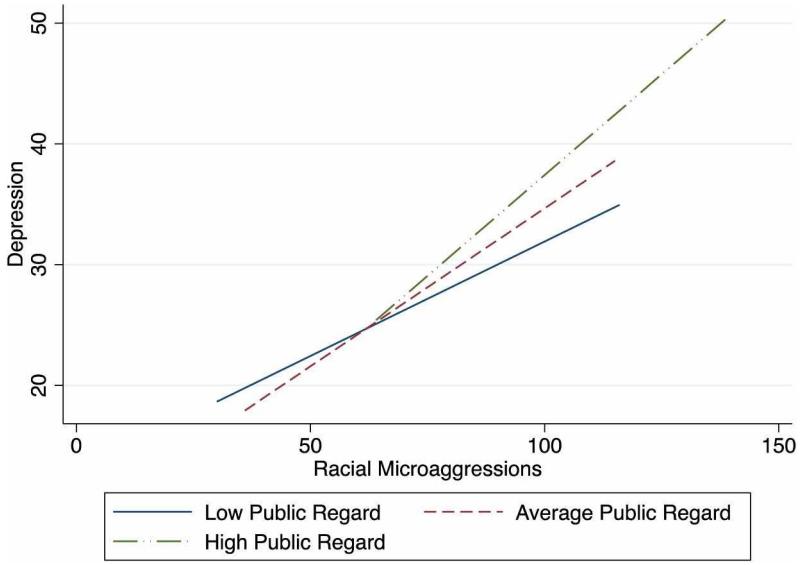

Figure 7.

Moderation effects of public regard on the racial microaggressions and depression relationship

Table 16

Moderation effects of Black identity on the racial microaggressions and depression relationship

	B	SE	z
RMAs	0.584***	0.042	13.97
PosBlkID	7.146***	1.321	5.41
R28remsXposblkid	-0.135***	0.016	-8.31

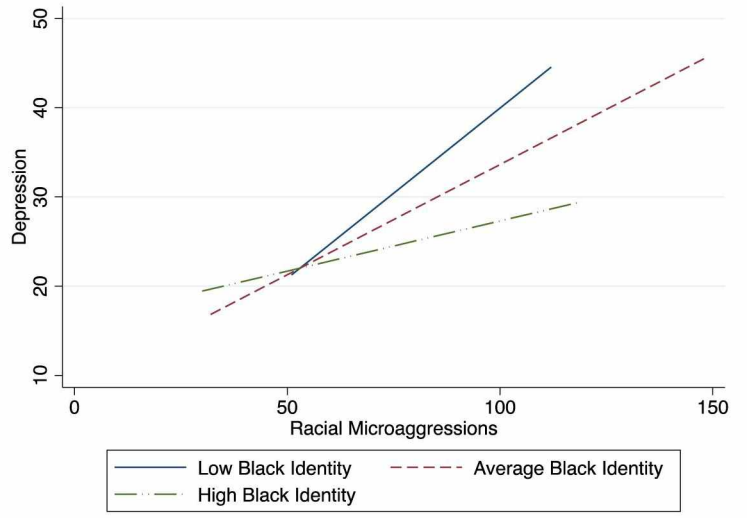

Figure 8

Moderation effects of Black identity on the racial microaggressions and depression relationship

Table 17

Moderation effects of centrality on the racial microaggressions and anxiety relationship

	B	SE	z
RMAs	0.710***	0.066	10.75
Centrality	4.501***	1.026	4.38
R28remsXcentrality	-0.089***	0.013	-6.63

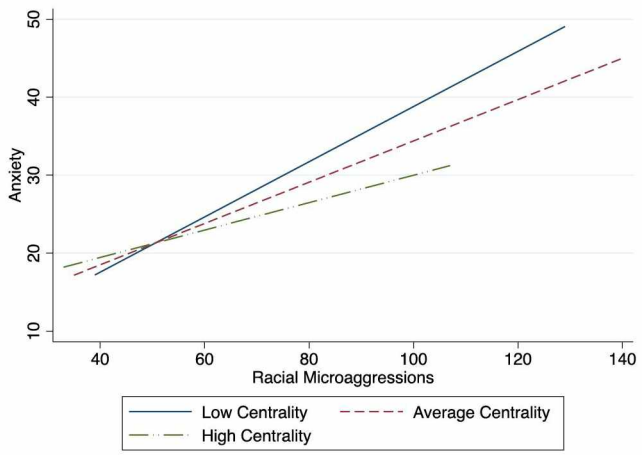

Figure 9

Moderation effects of centrality on the racial microaggressions and anxiety relationship

Table 18

Moderation effects of private regard on the racial microaggressions and anxiety relationship

	B	SE	z
RMAs	0.601***	0.083	7.28
privregard	2.646*	1.212	2.18
R28remsXprivregard	-0.057***	0.014	-4.11

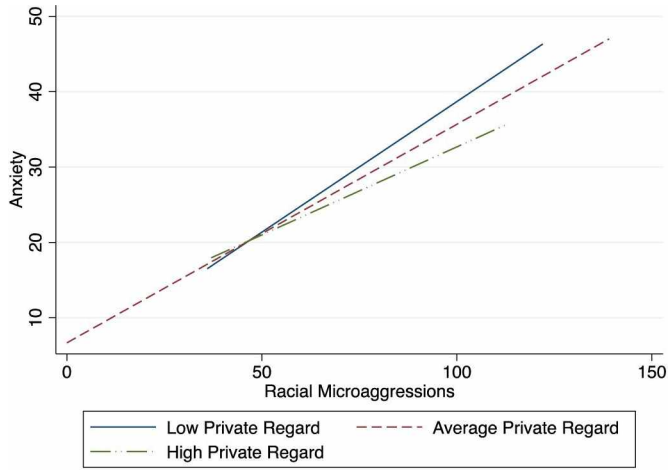

Figure 10

Moderation effects of private regard on the racial microaggressions and anxiety relationship

Table 19

Moderation effects of public regard on the racial microaggressions and anxiety relationship

	B	SE	z
RMAs	0.095**	0.066	10.75
pubregard	-2.779**	0.959	-2.90
R28remsXpubregard	0.057***	0.011	5.37

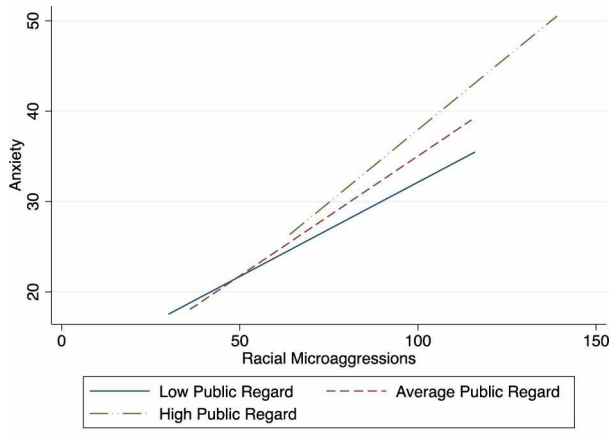

Figure 11

Moderation effects of public regard on the racial microaggressions and anxiety relationship

Table 20

Moderation effects of Black identity on the racial microaggressions and anxiety relationship

	B	SE	z
RMAs	0.551***	0.040	13.64
PosBlkID	5.792***	1.273	4.55
R28remsXposBlkid	-0.119***	0.016	-1.59

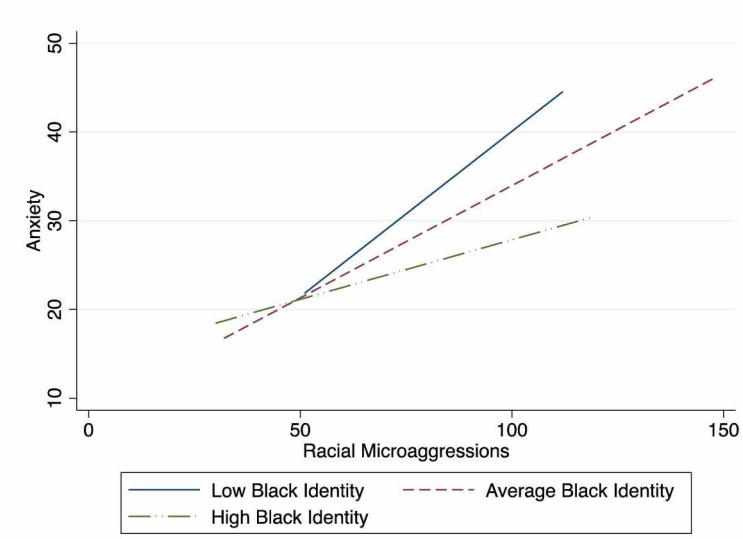

Figure 12

Moderation effects of Black identity on the racial microaggressions and anxiety relationship

Research Question 4: Perceived Social Support as a Moderator of the Microaggressions and Mental Health Outcomes Relationship

Hypothesis 4 stated that perceived social support moderates the relationship between racial microaggressions and mental health for Black people. Regarding life satisfaction, racial microaggressions were consistently a statistically insignificant positive predictor of depression. Regarding potential moderation, the family (B = 0.166, SE = 0.052, z = 3.21, p = .001; see Table 20), friends (B = -0.050, SE = 0.014, z = -3.49, p < .001; see Table 21), and significant other (B = 0.072, SE = 0.011, z = 6.53, p < .001, see Table 22) domains of social support were not statistically significant moderators. Additionally, total social support was not a statistically significant moderator of the racial microaggressions and life satisfaction association (B = 0.001, SE = 0.009, z = 0.10, p = .923; see Table 23). As there was not a statistically significant relationship between microaggressions and life satisfaction, there was no expectation that moderation would exist in this sample.

Regarding depression, family ($B = 0.022$, $SE = 0.001$, $z = 2.23$, $p = .026$; see Table 24) and friends ($B = 0.027$, $SE = 0.011$, $z = 2.52$, $p = .012$; see Table 25) social support were statistically significant moderators. However, significant other ($B = 0.011$, $SE = 0.010$, $z = 1.04$, $p = .299$; see Table 26) social support was not. Additionally, total social support ($B = 0.028$, $SE = 0.012$, $z = 2.43$, $p = .015$; see Table 27) was a statistically significant moderator of the relationship between racial microaggressions and depression. The family (see Figure 13), friends (see Figure 14), and total (see Figure 15) social support subscales *strengthened* the relationship between racial microaggressions and depression. These findings indicate that participants who have high levels of perceived social support from family (i.e., believing family members are readily available sources of support), friends (i.e., believing friends are readily available sources of social support), or total social support, when exposed to low levels of racial microaggressions have significantly *lower* levels of depression than their peers with lower levels of social support who are also exposed to low levels of racial microaggressions. However, that gap in depressive symptoms is narrower at higher levels of racial microaggressions. The participants who had higher levels of social support still had lower levels of depression, but the difference was much smaller. These findings indicate that the positive effects of social support in the context of depression exist at every level of racial microaggressions, but those positive effects diminish as the frequency of racial microaggression experiences increase.

Regarding anxiety, family ($B = 0.017$, $SE = 0.009$, $z = 1.88$, $p = .060$; see Table 28), friends ($B = 0.012$, $SE = 0.011$, $z = 1.17$, $p = .240$; see Table 29), and significant other ($B = 0.000$, $SE = 0.010$, $z = 0.00$, $p = .997$; see Table 30) social support were not

statistically significant moderators. Additionally, total social support (B = 0.017, SE = 0.011, z = 1.48, p = .140; see Table 31) was also not a statistically significant moderator of the relationship between racial microaggressions and anxiety. Taken together, these findings indicate that believing that one's social support network is able and willing to provide support does not, in a significant way, change the relationship between racial microaggressions and anxiety.

Table 21

Moderation effects of family social support on the racial microaggressions and life satisfaction relationship

	B	SE	z
RMAs	-0.010	0.042	-0.25
Fam_SS	0.923	0.574	1.61
R28remsXfamily	0.006	0.007	0.87

Table 22

Moderation effects of social support from friends on the racial microaggressions and life satisfaction relationship

	B	SE	z
RMAs	0.034	0.049	0.69
Frnd_SS	1.757*	0.693	2.53
R28remsXfriends	-0.001	0.008	-0.12

Table 23

Moderation effects of social support from a significant other on the racial microaggressions and life satisfaction relationship

	B	SE	z
RMAs	0.043	0.047	0.91
SigOther_SS	1.789**	0.647	2.76
R28remsXsigother	-0.002	0.008	-0.27

Table 24

Moderation effects of total social support on the racial microaggressions and life satisfaction relationship

	B	SE	z
RMAs	0.021	0.051	0.41
Total_SS	1.925**	0.722	2.67
R28remsXtotal	0.001	0.009	0.10

Table 25

Moderation effects of social support from family on the racial microaggressions and depression relationship

	B	SE	z
RMAs	0.136*	0.056	2.41
family_SS	-2.806***	0.776	-3.62
R28remsXfamily	0.022*	0.010	2.23

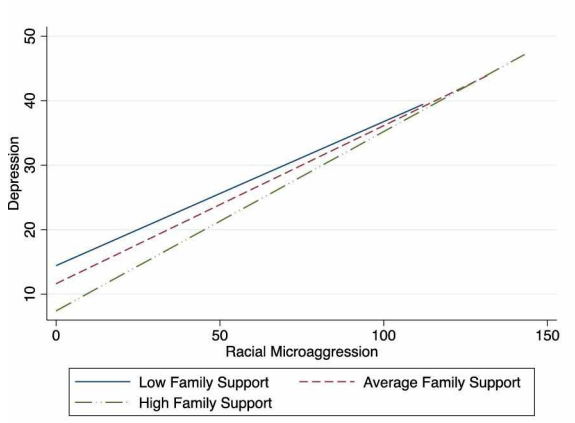

Figure 13

Moderation effects social support from family on the racial microaggressions and depression relationship

Table 26

Moderation effects of social support from friends on the racial microaggressions and depression relationship

	B	SE	z
RMAs	0.104	0.062	1.67
friends_SS	-3.999***	0.869	-4.60
R28remsXfriends	0.027*	0.011	2.52

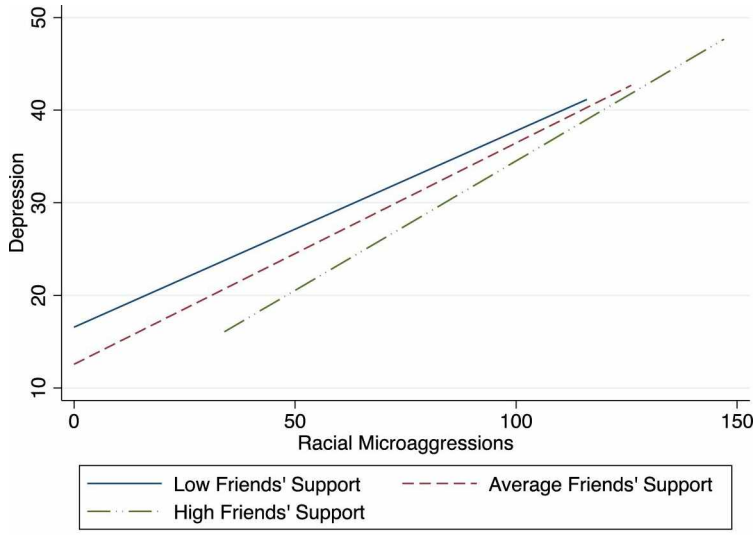

Figure 14

Moderation effects of social support from friends on the racial microaggressions and depression relationship

Table 27

Moderation effects of social support from a significant other on the racial microaggressions and depression relationship

	B	SE	z
RMAs	0.193**	0.061	3.19
sigother_SS	-2.165**	0.829	-2.61
R28remsXsigother	0.011	0.010	1.04

Table 28

Moderation effects of total social support on the racial microaggressions and depression relationship

	B	SE	z
RMAs	0.098	0.067	1.46
Total_SS	-4.015***	0.935	-4.30
R28remsXtotal	0.028*	0.012	2.43

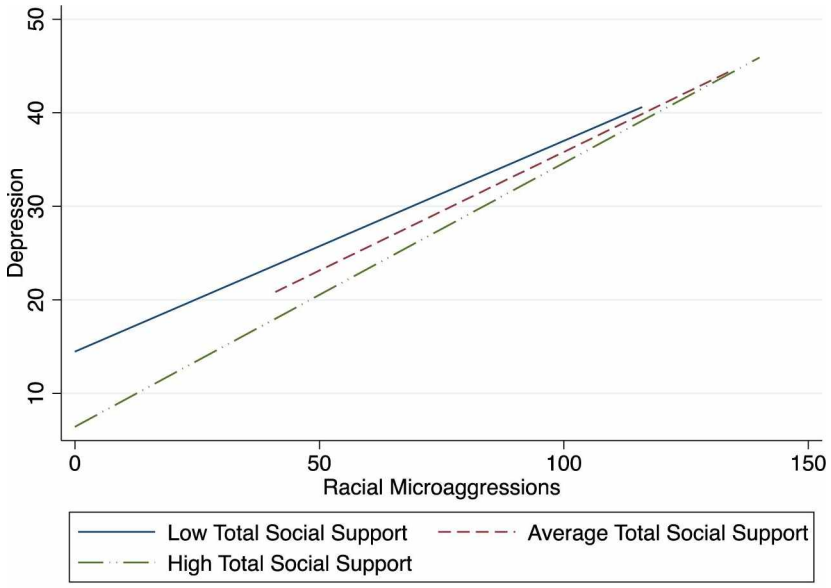

Figure 15

Moderation effects of total social support on the racial microaggressions and depression relationship

Table 29

Moderation effects of social support from family on the racial microaggressions and anxiety relationship

	B	SE	z
RMAs	0.166**	0.052	3.21
family_SS	-1.850**	0.713	-2.59
R28remsXfamily	0.017	0.009	1.88

Table 30

Moderation effects of social support from friends on the racial microaggressions and anxiety relationship

	B	SE	z
RMAs	0.189**	0.061	3.09
friends_SS	-1.900*	0.0061	3.09
R28remsXfriends	0.012	0.011	1.17

Table 31

Moderation effects of social support from a significant other on the racial microaggressions and anxiety relationship

	B	SE	z
RMAs	0.259***	0.059	4.36
sigother_SS	-0.538	0.816	-0.66
R28remsXsigother	0.000	0.10	0.00

Table 32

Moderation effects of total social support on the racial microaggressions and anxiety relationship

	B	SE	z
RMAs	0.167*	0.065	2.57
Total_SS	-2.098*	0.911	-2.30
R28remsXtotal	0.017	0.011	1.48

CHAPTER V

DISCUSSION

The Integrative Conceptual Model developed to cope with racism and racism-related stress, as developed by Brondolo and colleagues (2009), served as the theoretical framework to understand how racial microaggressions, mental health, Black identity, perceived social support, and internalized racism interact. This study explored the relationship between racial microaggressions and Black mental health, with internalized racism as a possible mediator and Black identity and perceived social support as possible moderators of that relationship. The Brondolo and colleagues' model suggests that racial identity development and seeking social support are coping strategies that can mitigate the psychological ramifications of racist experiences.

Findings

The first research question of this study aimed to explore the direct relationship between racial microaggressions and mental health. This study attempted to add to the extant literature by exploring a positive psychology construct (i.e., life satisfaction). The findings indicated that while racial microaggressions were a statistically significant predictor of life satisfaction, the relationship was *positive*, or the opposite that was hypothesized. Conceptually, the findings do not match with common-sense expectations.

Instead, the data suggests that as experiences of racial microaggressions increase, as does the general satisfaction one has with his or her life. One explanation for this paradoxical finding might be expectancy disconfirmation theory (EDT). EDT is a theory designed to measure customer satisfaction with a purchase or experience based on perceived quality (Elkhani & Bakri, xxx). EDT posits that customer satisfaction or dissatisfaction directly results from the customer comparing the received quality of a product or service with their preconceived expectation of the quality of that product or service, with the preconceived expectations operationally defined as predictive expectations (Oliver, 1996). Oliver (1996) suggests that there are three possible outcomes of that comparison. First, the received quality is better than the predictive expectation known as positive disconfirmation, in this condition the customer is typically delighted. Second, the received quality is perceived as exactly equal to the predictive expectation known as zero disconfirmation, in this condition the customer is likely to be satisfied. Finally, the received quality is perceived as inferior to the predictive expectation, known as negative disconfirmation. In this condition, the customer is dissatisfied and/or unhappy. In this context, it can be hypothesized that one potential explanation for this observed relationship between racial microaggressions and life satisfaction is that the sample's demographics (e.g., income) may have caused this paradoxical finding. Success in life (e.g., financially, vocationally, educationally) may cause the relationship between racial microaggressions and life satisfaction to invert from the expected direction, especially if those participants experience more racial microaggressions *because* they are more successful than their peers. Additionally, if the participants experienced an equal or lesser

level of racism than they expected, their satisfaction with life would be higher based on the principles of EDT.

Additionally, racial microaggressions were a statistically significant predictor of depression in this study's findings. These findings align with previous research, such as the study conducted by Fay (2015) with Black women. Both studies found that racial microaggressions positively predicted depressive symptoms. Another study with Black women conducted by Donovan (2012), found positive predictive characteristics of racial microaggressions on depression. A study with a mixed-gender sample found a strong positive correlation between racial microaggressions and depressive symptomology (Helm, 2013). In multiple studies across numerous contexts, racial microaggressions positively predicted depressive symptomology in Black participants. This study successfully replicated those findings. This study supports the current theory that racial microaggressions predict depressive symptomology. The findings of this study also provide additional support for the theorized relationship between racial microaggressions and anxiety. The aforementioned study with Black women also found that racial microaggressions were a statistically significant predictor of anxiety (Fay, 2015). However, the findings from this study, contradict findings of a previous study that found no predictive relationship between racial microaggressions and anxiety in Black women (Donovan, 2012). In the existing literature, that 2012 study was the only one with such findings. The findings of my dissertation study confirmed the previously established relationship between racial microaggressions and psychological distress as measured by depression and anxiety. The findings, however, did not establish a statistically significant relationship between racial microaggressions and life satisfaction. As this link was

explored to fill a gap in the literature potentially, there is nothing in the existing literature to compare it to. The participant characteristics may play a significant role in this particular finding. While it seems counterintuitive, anecdotally speaking, a person may be simultaneously satisfied with their life and experience racial microaggressions. Future research may be needed to tease out the specifics of this relationship.

The second research question sought to explore whether or not internalized racism mediated the racial microaggression and mental health relationship. The findings indicated that internalized racism mediates the relationship between racial microaggressions and depression and anxiety. According to the findings, approximately fifty percent of the relationships between racial microaggressions and depression and anxiety are explained by the internalization of racism. Previous research found statistically significant relationships between internalized racism and psychological distress (e.g., James, 2017; Mouzon & McLean, 2017; Szymanski & Gupta, 2009). This dissertation study built on the theoretical foundation established by these studies by examining the mediating properties of internalized racism in the context of the racial microaggression and psychological distress relationship. This study utilized a novel approach building on the extant literature by establishing support for the idea that the internalizing of racism helps explain the relationship between experiencing racial microaggressions and, in turn, experiencing symptoms of depression and anxiety.

Finally, this study's third and fourth research questions aimed to evaluate the applicability of the coping strategies (i.e., racial identity and social support) suggested by the Integrative Conceptual Model (Brondolo et al., 2009). The first potential moderator, racial identity, was a statistically significant moderator of the racial microaggression and

psychological distress relationship. These findings contribute to the canon of literature by confirming that one of the coping strategies suggested by the Integrative Conceptual Model effectively mitigates the psychological ramifications of racist experiences. Furthermore, the findings of this study indicate that holding Blackness as a central component of one's racial identity and having positive personal views of the Black race protects Black participants from the psychological ramifications of experiencing racial microaggressions. These findings align with previous research that found the centrality domain of Black identity moderated the relationship between gendered racial microaggressions and psychological distress (Lewis et al., 2017). The study by Lewis and colleagues (2017) found that participants who reported high levels of gendered racial microaggressions and high levels of centrality reported lower levels of psychological distress when compared to their peers with lower levels of centrality. The findings of the Lewis and colleagues' study was replicated by the findings of this dissertation, where participants who reported higher frequencies of racial microaggressions with high levels of centrality reported lower levels of depression and anxiety than their peers with average or low levels of centrality. Additionally, this study found that participants with high private regard (i.e., positive personal beliefs about the Black race at-large), suffer fewer adverse effects when confronted with racial microaggressions. This finding is in line with previous research studies regarding the moderating properties of the private regard domain of Black identity (Sellers & Shelton, 2003; Sellers et al., 2006). Positive in-group beliefs may prevent the internalizing of negative racial messages (i.e., internalized racism), which in turn may buffer Black individuals from the negative effects of racial microaggressions. Additionally, the findings of this dissertation study found that

participants with high public regard (i.e., those participants who believe that non-Blacks have a more positive view of the Black race collectively), suffer *harsher* consequences than their peers who do not have such views. This finding is in line with previous research finding that the public regard domain of Black identity is a liability for individuals who identify as Black (Sellers & Shelton, 2003; Sellers et al., 2006). These findings suggest that Black participants suffer less psychological harm from racial microaggressions when they believe non-Blacks have worse perceptions of the Black race at-large. This concept has multiple implications for research, practice, and psychology training and education. For example, the principles of EDT would suggest negative disconfirmation and greater dissatisfaction if a participant had high expectations for non-Black individuals and those expectations were not met. Specifically, if an individual believed that non-Blacks hold the collective Black race in high regard, and then that individual is exposed to a racial microaggression, the natural consequence may be higher levels of distress than those experienced by an individual with lower expectations of members of the non-Black race. Additionally, those individuals with high levels of positive regard may struggle with attributing a racial microaggression to the behavior of the perpetrator or systemic racism in general, they may have concerns about their own performance or behavior and inaccurately attribute the fault to themselves (i.e., personalization).

Regarding perceived social support, this construct only moderated the relationship between racial microaggressions and depressive symptomology. Additionally, the type of moderation was surprising as the friends, family, and total social support domains all made the relationship between racial microaggressions and depression *worse*. That is to

say, participants with higher levels of social support saw the most benefit as it relates to depression at lower levels of racial microaggressions. As the racial microaggressions became more frequent or severe, when the moderation is arguably needed the most, the positive benefit somewhat wanes as the difference in reported depressive symptoms between those with high levels of social support and those with lower levels of social support became smaller. At no level of racial microaggressions, however, do participants with high levels of social support have worse outcomes than their peers with lower levels of social support. These findings are in line with previous research such as studies showing that social support moderates the relationship between exposure to violence and aggression (Benhorin & McMahon, 2008), dating violence and depression for Black males (Holt & Espelage, 2005), and racial microaggressions and anxiety related to future employment (Salami et al., 2020). Unpacking this finding with more nuance is important for the future of this area of research. The construct of perceived social support, as measured in this dissertation study, explores the belief that respondents have support readily available from specific individuals or groups in their life. While perceived social support is an important construct in both psychological and education research, an additional construct that was not measured in this dissertation that needs to be considered is received (i.e., actual) social support. Previous research found that various types of social support (i.e., received versus perceived) uniquely contributed to psychological outcomes (Kaniasty & Norris, 2009). Additionally, previous research has shown that social support *received* from friends and family can buffer individuals from negative psychological effects of stressful events (Cohen & Wills, 1985). Additional research

showed that lower levels of received social support were associated with higher levels of depression (Chou, 1999).

There are several hypothetical explanations for why the moderation of the racial microaggressions to psychological distress relationship was in the opposite direction as was hypothesized. One possible explanation is the method of measurement. The items of the MSPSS measure a limited global understanding of perceived social support and may not fully encompass true feelings of support by participants. For example, the participants may feel their family is supportive and available, but that support may be limited. Especially with this sample full of high performing and successful participants. In their cases, it is possible their family is not able to reconcile experiences of racism and the participants' experiences of financial and educational success. Since these ideas are possibly not able to be reconciled, the *actual* support received may be negative or unhelpful to the participants who experienced those racial microaggressions. Future research may include both perceived and received social support to help differentiate the effects of both. Additionally, perceived social support may be at a high level for participants meaning they believe support is available, but that relationship may also come with additional stressors. There may be feelings of responsibility or pressure to succeed the participants may experience that is not represented in the data. This might require a mixed methods approach to tease out the intricacies of the relationships the participants have with their friends and families.

The findings of this study, possibly sheds light onto the nuanced relationships between social support and psychological health. Future research could continue to focus

on the moderating effects, positive and negative, of perceived social support regarding the racial microaggression and psychological distress relationship.

Limitations and Future Research Directions

This study was correlational in nature, which by definition rules out any drawing of causal conclusions or directionality. Although advanced statistical methods were deployed, the independent variable (i.e., racial microaggressions) was not manipulated, randomization was not employed, and temporal precedence was not established. While the findings of this study are useful and exciting, by definition they are limited. It is important for researchers and practitioners alike, to understand the general nature of the relationships between variables. However, it is equally, if not more important to understand the directionality and causal relationships between those same variables. While understanding general relationships can inform treatment modalities and practices, knowing causality and directionality improves the efficacy and effectiveness of those same treatments. Future research cannot use true experimentation as it will more than likely not receive IRB approval due to the ethical issues surrounding manipulating racist experiences. Using a laboratory or naturalistic setting to manipulate assignment of participants randomly to experimental conditions (e.g., racial microaggressions ranging from slight to relatively outrageous) may account for extraneous variables and participant characteristics to allow for the drawing of causal conclusions, but the associated risks of harm outweigh the potential benefits of the experiment.

Since a true experimental design is not ethical or feasible, the use of quasi-experimental designs (e.g., propensity score matching) may allow for the drawing of causal conclusions (Cook & Campbell, 1979). Using propensity score matching, for

example, a researcher could use a similar approach to this dissertation for gathering data but use theory and previous research to design profiles for participants experiencing racial microaggressions (e.g., cutoffs for low and high racial microaggressions). Once these are implemented, propensity score matching could be used to estimate average treatment effects (ATE) of moving participants from the high racial microaggressions group to the low racial microaggressions group as it relates to psychological distress. While this approach is not a true experiment, it allows researchers to understand what could happen if they were able to manipulate treatment group membership for participants. Future research studies using quasi-experimental designs further exploring this subject could make significant contributions to the literature regarding the relationship between racial microaggressions and psychological distress.

Additionally, this study was cross-sectional in nature. Meaning the data were gathered at one point in time for all participants. While that is not inherently an issue, temporal precedence cannot be truly established using a cross-sectional correlational design. Using a longitudinal approach would allow future researchers to establish the true sequence of events across multiple points in time for each participant. For example, future researchers could measure psychological health at Time Point 1 along with racist experiences. The Time Point 1 measurements could serve as the baseline for the study allowing the researchers to understand the relationships between the variables as time passes. Additionally, using a longitudinal design would allow for cross-lagged modeling which can help the future researchers account for the directionality between the variables.

Sample collected completely online due to COVID-19 protocols, limiting access to those individuals who may have a limited online presence. This study's sample was on

average highly educated with higher-than-median incomes. This may not be representative of the overall Black population, limiting the external validity of the study. Future research can combine online and in person recruiting, if applicable CDC, state, and IRB regulations/policies allow. Additionally, partnering with community partners (e.g., churches, barber shops, hair salons) to potentially recruit a more representative sample. The participant characteristics are important, because a representative sample is crucial to external validity. Additionally, collecting data during a global pandemic (i.e., COVID-19) and nationwide racial justice movements spurred by instances of unarmed people of color being killed by police officers impacted the research. Research found that global mental health was negatively impacted during the height of the COVID-19 pandemic (Ettman et al., 2022, Santomauro et al., 2021). These decreases to the overall mental health of the global population may be reflected in the sample of this dissertation study. The nationwide civil unrest and protests may have impacted the responses by the participants in multiple ways. The participants may have paid more attention to messages in the media, they may have modified their feelings about their own identity, and they may have changed their ideas about how non-Black people view the Black race as a collective unit. These changes, if temporary, may have caused the findings to be inaccurate or skewed in one direction or another. Future research replicating this dissertation study's design could further examine and potentially confirm the presented findings.

Life satisfaction may not have been the best positive psychology outcome to explore. Previous research used self-esteem as an outcome variable, which is more aligned with the self-concept theme of this research. In the future, more self-concept

related positive psychology variables could be used such as resilience or optimism. The findings regarding life satisfaction were interesting, but the construct itself may not be a conceptual fit for future research.

Implications

Practice. In the current study, the Integrative Conceptual Model informed the study as a guideline to cope with and react to racist experiences (Brondolo et al., 2009). The findings of the study support the Integrative Conceptual Model's assertion that racial identity can be a protective factor against the negative effects of racist experiences. The findings in this study indicate that when Black people have higher positive views of the Black race and Blackness is important to their views of themselves, the negative consequences of racist experiences are mitigated. The findings of this dissertation have important implications for psychologists working with Black clients.

Understanding the relationship between racist experiences (i.e., racial microaggressions) and psychological distress (i.e., depression and anxiety) can prove vital when working with Black clients who at any time are subject to those experiences. This relationship between racism and distress should not be discounted by practitioners and should inform their work with racial and ethnic minority clients, specifically with those who identify as Black. Understanding this link, even when clients may not be aware of its existence, can make clinicians culturally competent which is a vital and required component of clinical competence (Welfel, 2015). Additionally, understanding that the internalization of racist messages can explain the racial microaggressions and psychological distress link can be important when using psychoeducation and cognitive reframing in treatment with Black clients. Regarding weakening that link, treatment

interventions focused on increasing centrality and private regard could be helpful when working with these clients. Racial identity development work, optimal psychology interventions, or interpersonal process groups could provide space to Black clients to improve their racial identity and intragroup perceptions which in turn may weaken the negative effects of racist messaging or experiences.

Additionally, practicing psychologists should adhere to the American Psychological Association's Race and Ethnicity Guidelines in Psychology (2019). Specifically, the results of this research informs psychologists adhering to Guidelines 9, 10 and 12. Psychologists adhering to Guideline 9, which states that psychologists strive to provide assessment, intervention, and consultation free from the negative effects of racial and ethnocultural bias may be informed by the findings of this study. Specifically, by the results suggesting the centrality and aggregate Black identity constructs weaken the association between racial microaggressions and psychological distress in Black participants. To fully realize the potential of this finding, psychologists must be prepared to adopt and adapt treatments to improve the centrality and Black identity of their clients. While this is not strictly an evidence-based practice as of yet, this study, along with previous research cited in this dissertation, build a convincing case that this approach is both appropriate and demanding of additional efficacy research. Additionally, psychologists must understand the racial undertones of Eurocentric intervention and assessment approaches and how those modalities may not only be reduced in effectiveness for Black clients, but potentially harmful when introduced to a therapeutic setting.

Guideline 10 of the APA Guidelines states that psychologists strive to engage in reflective practice by exploring how their worldviews and positionalities may affect the quality and range of psychological services they provide. The findings of this study indicate that for Black people, the link between racial microaggressions and psychological health is complex and nuanced. This requires that non-Black psychologists recognize these relationships their clients may experience and how their own biases and preconceived notions about their clients and the experiences of their clients may affect their work in a negative manner. Psychologists must engage in introspection to understand first what their own biases and preconceived notions about racial and ethnic minority clients are, and then work toward understanding the possible ramifications of those internalized beliefs.

Finally, Guideline 12 from APA states that psychologists aim to promote health and well-being by challenging negative racial and ethnic biases that perpetuate oppression in practice settings, systems, and methods. Again, the findings indicate a wide variety of traumatic experiences that Black people are subjected to. The psychologists who work with these clients should subject them to the possibility of re-traumatization them through negligence in treatment. This negligence could be as simple as an unfair automatic negative assumption about behaviors, reporting of symptoms, or commitment to change. Additionally, this guideline implores practicing psychologists to actively challenge the oppression existing in psychological settings and systems. This guideline actively implores psychologists to not only name and identify these oppressive systems, but to intentionally fight against them while working with racially and ethnically diverse clients. The findings of this study indicate that an improvement of private regard

for Black clients may promote psychological health when those same clients are subjected to racial microaggressions. Psychologists adhering to this guideline may choose to target private regard for therapeutic work with Black clients as a protective factor against such racially charged situations. Increasing the private regard of Black clients may take several different forms regarding psychological interventions. One such intervention might be the providing of psychoeducation related to racism and racial biases. Previous research found that Black people who receive messages about racial biases during racial identity development have more positive psychological outcomes than their peers who do not (Fischer & Shaw, 1999). Additional, research is needed to develop, validate, and test the effectiveness and efficacy of interventions designed to increase the public and private regards domains of Black identity. Psychologists who are involved in this sort of work with clients must be aware of the nuances associated with the Black population. Psychologists must understand when working with Black clients and patients that although there are similarities in behavior and experiences, the Black race is not monolithic. As demonstrated by this relatively small sampling of Black individuals, there is diversity in income, education, gender, age, and location. These differences impact the lived experiences of individual Black people, and would therefore impact their conceptualization of Blackness and responses to treatment centered around their racial identity. Additionally, previous research suggests that racial identity domains' effectiveness as a protective factor against the psychological ramifications of racist experiences may differ whether it is a singular specific event or if it is an aggregate series of racist events (Hoggard et al., 2017).

Research. The focus of this current research study was the experiences of Black people related to racial microaggressions and mental health exploring moderation and mediation. It is clear from the findings that the research is needed and important. However, there is still room for research and exploration on the topic. However, psychological researchers, much like the clinicians, should adhere to the Race and Ethnicity Guidelines in Psychology (APA, 2019).

Guideline 16 from the American Psychological Association specifically addresses research by instructing psychologists to maintain racially and ethnoculturally responsive ethical standards in conducting research. This study's results show how important this guideline is, because the interpretation of the findings could lead someone to believe having a belief that family members are available to help you is inherently bad for Black people. While the data *would* possibly indicate that to the untrained or uncritical eye, a culturally sensitive researcher, who is adhering to this guideline, would take the additional step to interpret these findings using the appropriate statistical, cultural, and racial context(s).

Also, replicating this study in a manner that would allow for stratification of participants can possibly generalize findings to specific participant characteristics (e.g., gender, socioeconomic status, education). Additionally, replicating this study with various racial and ethnic minority groups could offer helpful information about their responses to racial microaggressions and helpful constructs for moderation. Also, while most of the research into internalized racism is with Black participants, using the novel approach of mediation in this study with other marginalized groups could potentially offer insights into the lived experiences of other historically marginalized groups. This

further research would also need to adhere to APA guidelines regarding research design and implementation, in addition to proper analysis and interpretation of the data and findings. The ethical and cultural considerations regarding research design (e.g., true experiments), are not to be taken lightly by psychological researchers as they have a duty to ensure that the potential benefits of the study far outweigh the potential harms to study participants. While research in the past has not always adhered to this expectation (e.g., Milgram), culturally competent and responsible researchers of the present and future must not only take this guideline into consideration but must follow it dogmatically to protect the integrity of the research and the psychological health of the communities the research is conducted with.

Future qualitative research could investigate the relationship between racial microaggressions and positive life satisfaction in people who identify as Black and/or African American. The findings in this study found a positive predictive relationship between these two variables, which does not make sense conceptually. Qualitative research could allow researchers to work with participants to elaborate on this relationship in their lived experiences. Future quantitative research could explore different types of support. This study focused on perceived social support from friends, family, and romantic partner(s). Other types of support (i.e., institutional gate keepers, professional mentors) could be explored as potential moderators of the racial microaggression and psychological distress relationship. Additionally, qualitative research could focus on *why* certain domains of social support (i.e., from friends and family) when they were higher made depressive symptoms worse for participants than their peers with lower levels of perceived social support from those domains.

Future experimental research (e.g., randomized control trials), could seek to explore the causational effects (i.e., the psychological health of Black participants) of interventions aimed at improving the domains of Black identity posited by Sellers and colleagues that were examined in this study (i.e., centrality, public regard, and private regard). These experiments could intentionally expose Black subjects to varying approaches and interventions (i.e., treatment conditions) aimed at modifying the Black identity domains in a controlled environment to better understand the relationship that has been observed in multiple correlational studies. Additionally, this experimental research could explore the moderation effects of those Black identity domains in a manner that allows for causal conclusions to be drawn in relation to the racism-psychological distress relationship.

Education and Training. Racism is pervasive in American culture and educational systems and structures. As such, educational policies, procedures, and decisions should be informed by research such as this dissertation. For graduate training programs, training directors, clinical supervisors, and faculty should be aware of the negative psychological effects of racial microaggressions for their students, supervisees, and trainees. The findings of this study show that experiencing racialized microaggressions can lead to both depression and anxiety at higher rates, which in turn may negatively affect academic performance, persistence, and completion. Institutional and clinical gatekeepers should be trained and knowledgeable in how to assist students in recovering from experiencing racial microaggressions, whether in clinical or academic settings. The recovery, as demonstrated by the results of this study, can be linked to improved Black identity and social support from multiple sources.

Additionally, training programs should adhere to the American Psychological Association's Race and Ethnicity Guidelines in Psychology (2019). Guideline 8 from the APA calls for psychologists to promote educational systems that address the negative effects of racial and ethnocultural biases and foster health, well-being, and justice. The results from this study indicate that Black participants holding their Blackness as a salient part of their individual identity serves as a potential buffering factor against the negative effects of racial microaggressions. This centrality should be targeted by psychology educators for improvement to help protect students and trainees from the negative psychological effects of racial microaggressions. Additionally, this study did not assess social support from educational or professional mentors. Future research could possibly add that as an additional construct to explore and explain the racial microaggression to psychological distress relationship. Psychology faculty, at all levels of postsecondary instruction, should incorporate approaches to working with their trainees and students that encourage discussion and facilitate growth for both students who are racial and ethnic minorities and those who are not.

For primary, intermediate, and secondary education (i.e., PK-12), the implications for this study are limited as all of the participants were adults. However, the findings of this study corroborate previous research with Black adolescents (e.g., Sellers et al., 2006; Sellers et al., 2003). These studies, including the current dissertation study, support the idea that the construct of centrality behaves as a buffer against the negative effects of racial microaggressions. These findings can inform PK-12 education by reinforcing the importance of educating racial and ethnic minorities on their history. Additionally, the findings of this study showed that the more positive personal views of Blackness the

participants held, the weaker the negative psychological effects of experiencing racial microaggressions were. This indicates that schools could work to impress upon Black adolescents the contributions their ancestors and predecessors made to society as a whole. While this might not improve the public regard (i.e., how participants feel non-Black individuals feel about the Black race at large), it might possibly improve those same adolescents' private regard, in essence buffering them from those negative psychological effects of racist experiences. The findings from this current study may bolster the arguments of local and state educational governing bodies who want to increase the inclusion of race specific history lessons. Whether that is the expansion of Black History Month lessons from teaching about the contributions to the world from Black people for four weeks, to teaching those same lessons and more throughout the entire curriculum.

Conclusions

The purpose of the current research was to examine the relationship between racial microaggressions and Black mental health. Additionally, the present study examined the role of internalized racism as a potential mediator (i.e., explanatory variable) of this relationship. And finally, Black identity and perceived social support were explored as possible moderators of that relationship with the Integrated Conceptual Model (Brondolo et al., 2009) as the theoretical framework. The findings of this study supported the hypothesis that racial microaggressions were positively related to both depression and anxiety. The hypothesis that racial microaggressions were negatively related to life satisfaction, however, was rejected. Therefore, the present study offers additional support suggesting that racial microaggressions are predictors of psychological distress in Black people. Additionally, the hypothesis that internalized racism mediates

the relationship between racial microaggressions and psychological health was supported by the findings of the study. However, the relationship between racial microaggressions and life satisfaction was not mediated by internalized racism. The third hypothesis, that Black identity moderates the relationship between racial microaggressions and psychological distress, was supported by the findings of this current study. Interestingly, the public regard domain of Black identity's (i.e., beliefs about the level of regard non-Black people have about the Black race at large) effect was in the opposite direction from the hypothesis suggesting future study is warranted. Finally, the fourth hypothesis, that perceived social support moderates the relationship between racial microaggressions and psychological distress, was partially supported by the findings. The relationship between racial microaggressions and anxiety was not moderated at all by any domain of social support. The relationship between racial microaggressions and depression, however, was moderated by both social support from family as well as friends. This moderation, however, was in the opposite direction as hypothesized suggesting that more support from friends and family makes the negative psychological consequences related to racial microaggressions *more severe*.

The findings of this study have implications for both psychological research as well as practice with racial and ethnic minorities, specifically clients who identify as Black. As only one coping strategy suggested by the Integrated Conceptual Model of the two tested moderated the relationship between racial microaggressions and psychological distress, the findings of this study suggest that future research into weakening this link is warranted and this model may not be the best framework for working with Black clients who are subjected to racist experiences.

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Appendix A: Internalized Racism Measure

Instructions: This questionnaire is designed to measure people's social attitudes, beliefs, feelings and behaviors concerning race. There are no right or wrong answers--- everyone's experience is different. We are interested in YOUR experiences with race. Be as honest as you can in your responses.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Agree	Strongly Agree

1. Although discrimination in American is real, it is definitely overplayed by some members of my race.
2. People of my race don't have much to be proud of.
3. "Good hair" (i.e., straight) is better.
4. I don't really identify with my racial group's values and beliefs.
5. People take racial jokes too seriously.
6. I feel that being a member of my racial group is a shortcoming.
7. I prefer my children not to have broad noses.
8. When interacting with other members of my race, I often feel like I don't fit in.
9. When I look in the mirror, sometimes I do not feel good about what I see because of my race.
10. I find people who have straight and narrow noses to be more attractive.
11. In general, I am ashamed of members of my racial group because of the way they act.
12. It is compliment to be told, "You don't act like a member of your race."
13. I would like my children to have light skin.
14. Sometimes I have a negative feeling about being a member of my race.
15. People of my race shouldn't be so sensitive about race/racial matters.
16. Whites are better at a lot of things than people of my race.
17. I wish my nose were narrower.
18. I feel critical about my racial group.
19. Whenever I think a lot about being a member of my racial group, I feel depressed.
20. I find persons with light skin-tones to be more attractive.
21. I wish I could have more respect for my racial group.
22. I wish I were not a member of my race.
23. There have been times when I have been embarrassed to be a member of my race.
24. Because of my race, I feel useless at times.

Appendix B: Revised Racial and Ethnic Microaggressions Scale

Instructions: Think about your experiences with race and ethnicity. Please read each item and think of how many times this event has happened to you in the PAST 6 MONTHS.

0 = I did not experience this event
1 = I experienced this event 1 time in the past six months
2 = I experienced this event 2 times in the past six months
3 = I experienced this event 3 times in the past six months
4 = I experienced this event 4 times in the past six months
5 = I experienced this event 5 or more times

1. I was ignored at school or work because of my race
2. Someone's body language showed they were scared of me, because of my race
3. Someone assumed that I spoke a language other than english
4. I was told that I should not complain about race
5. Someone avoided walking near me on the street because of my race
6. Someone told me that she or he was colorblind
7. Someone avoided sitting next to me in a public space (e.g., restaurants, movie theaters, subways, buses) because of my race
8. Someone assumed that I would not be intelligent because of my race
9. I was told that I complain about race too much
10. Someone acted surprised at my scholastic or professional success because of my race
11. I observed people of my race portrayed positively on television
12. Someone assumed that I would not be educated because of my race
13. Someone told me that I was "articulate" after she/he assumed I wouldn't be
14. I observed people of my race portayed positively in magazines
15. Someone told me that they "don't see color"
16. I read popular books or magazines in which a majority of contributions featured people from my racial group
17. Someone asked me to teach them words in my "native language"
18. Someone told me that they do not see race
19. Someone clenched her/his purse or wallet upon seeing me because of my race
20. Someone assumed that I would have a lower education because of my race
21. Someone assumed that I ate foods associated with my race/culture every day
22. Someone assumed that I held a lower paying job because of my race
23. I observed people of my race portrayed positively in movies
24. Someone assumed that I was poor because of my race
25. Someone told me that people should not think about race anymore
26. Someone avoided eye contact with me because of my race
27. Someone told me that all people in my racial group look alike
28. Someone assumed that I speak similar languages to other people in my race

Appendix C: Multidimensional Scale of Perceived Social Support

Instructions: We are interested in how you feel about the follow statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**
Circle the "2" if you **Strongly Disagree**
Circle the "3" if you **Mildly Disagree**
Circle the "4" if you are **Neutral**
Circle the "5" if you **Mildly Agree**
Circle the "6" if you **Strongly Agree**
Circle the "7" if you **Very Strongly Agree**

1. There is a special person who is around when I am in need	1	2	3	4	5	6	7
2. There is a special person with whom I can share my joys and sorrows	1	2	3	4	5	6	7
3. My family really tries to help me	1	2	3	4	5	6	7
4. I get the emotional help and support I need from my family	1	2	3	4	5	6	7
5. I have a special person who is a real source of comfort to me	1	2	3	4	5	6	7
6. My friends really try to help me	1	2	3	4	5	6	7
7. I can count on my friends when things go wrong	1	2	3	4	5	6	7
8. I can talk about my problems with my family	1	2	3	4	5	6	7
9. I have friends with whom I can share my joys and sorrows	1	2	3	4	5	6	7
10. There is a special person in my life who cares about my feelings	1	2	3	4	5	6	7
11. My family is willing to help me make decisions	1	2	3	4	5	6	7
12. I can talk about my problems with my friends	1	2	3	4	5	6	7

Appendix D: Positive Black Identity Measure

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Agree	Strongly Agree

1. Overall, being Black has very little to do with how I feel about myself
2. I feel good about Black people
3. Overall, Blacks are considered good by others
4. In general, being Black is an important part of my self-image
5. I am happy that I am Black
6. I feel that Blacks have made major accomplishments and advancements
7. My destiny is tied to the destiny of other Black people
8. Being Black is unimportant to my sense of what kind of person I am
9. In general, others respect Black people
10. Most people consider Blacks, on the average, to be more ineffective than other racial groups
11. I have a strong sense of belonging to Black people
12. I often regret that I am Black
13. I have a strong attachment to other Black people
14. Being Black is an important reflection of who I am
15. Being Black is not a major factor in my social relationships
16. Blacks are not respected by the broader society
17. In general, other groups view Blacks in a positive manner
18. I am proud to be Black
19. I feel that the Black community has made valuable contributions to this society
20. Society views Black people as an asset

Appendix E: Depression Anxiety and Stress Scale

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

0 Did not apply to me at all – NEVER
1 Applied to me to some degree, or some of the time – SOMETIMES
2 Applied to me to a considerable degree, or a good part of time – OFTEN
3 Applied to me very much, or most of the time – ALMOST ALWAYS

1.	I found it hard to wind down	0	1	2	3
2.	I was aware of dryness of my mouth	0	1	2	3
3.	I couldn't seem to experience any positive feeling at all	0	1	2	3
4.	I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5.	I found it difficult to work up the initiative to do things	0	1	2	3
6.	I tended to over-react to situations	0	1	2	3
7.	I experienced trembling (e.g., in the hands)	0	1	2	3
8.	I felt that I was using a lot of nervous energy	0	1	2	3
9.	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10.	I felt that I had nothing to look forward to	0	1	2	3
11.	I found myself getting agitated	0	1	2	3
12.	I found it difficult to relax	0	1	2	3
13.	I felt downhearted and blue	0	1	2	3
14.	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15.	I felt I was close to panic	0	1	2	3
16.	I was unable to become enthusiastic about anything	0	1	2	3
17.	I felt I wasn't worth much as a person	0	1	2	3
18.	I felt that I was rather touchy	0	1	2	3
19.	I was aware of the action of my heart in the absences of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	0	1	2	3
20.	I felt scared without any good reason	0	1	2	3
21.	I felt that life was meaningless	0	1	2	3

Appendix F: Satisfaction with Life Scale

Instructions: Below are five statements that you may agree or disagree with. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

7 – Strongly agree
6 – Agree
5 – Slightly agree
4 – Neither agree nor disagree
3 – Slightly disagree
2 – Disagree
1 – Strongly disagree

___ In most ways my life is close to my ideal.

___ The conditions of my life are excellent.

___ I am satisfied with my life.

___ So far I have gotten the important things I want in life.

___ If I could live my life over, I would change almost nothing.

Appendix G: Demographic Questionnaire

Age: _____

Gender: a. Male b. Female c. Transgender d. Other (please specify)

Highest Level of Education:
a. High School Graduate b. Some College c. College Graduate d. Some Graduate School e. Master Degree f. Doctorate/Professional Degree

Income Estimate in the past year:

$10,000-30,000	$30.001-50,000	$50,001-70,000
$70,001-90,000	$90,001-110,000	$110,001 and above

What is your employment status?

Full-time student	Employed part-time	Employed full-time
Self-employed	Unemployed	Retired

Did you receive counseling in the last 12 months?

Did you seek out counseling in the last 12 months?

In What state do you live? _____

What is your current relationship status?
a. Single b. in a dating/committed relationship c. married
d. divorced/separated e. widowed f. other

What is your religion? _____

What is your sexual orientation?

a. Gay	b. Straight	c. Lesbian	d. Bi-sexual
e. A-sexual	f. Pansexual		g. Other (please specify)

Appendix H: Informed Consent Non-MTurk Participants

Dear Research Participant,

My name is Steven Sanders. I am a PhD candidate in Counseling Psychology at Cleveland State University. I am requesting your participation in a research study. Drs. Adam Voight and Julia Phillips are supervising me. If you have any questions, please feel free to contact me by email at s.m.sanders@csuohio.edu. You can contact Dr. Voight by email (a.voight@csuohio.edu) or phone (216) 687-5437. You can contact Dr. Phillips by email (j.c.phillips6@csuohio.edu) or phone (216) 875-9869.

The purpose of this study is to understand the well-being of people who identify as Black or African American. If you do not consider yourself as a part of these groups, we thank you for your interest, but we ask that you stop this survey. You must be at least 18 years old to participate in this study. Participation in this study is voluntary. There are no direct benefits for participating in this research study, however, participants have the option to enter a raffle for five $20 gift cards upon completion of the survey where the odds of winning are 1 in 50. If you agree to join, you will be asked to complete a survey related to identity, stress, and well-being. It will take about 10-15 minutes to complete the survey. We hope that the data gained from this study will help us understand lived experiences among people who identify as Black or African American.

During the survey, you may skip any question that you do not wish to answer or that makes you feel uneasy. You may also stop the study at any time. There is no penalty for doing either. If you decide to participate, you will have the chance to enter a raffle for a $20 gift card, a total of 5 will be given away, and the odds of winning are 1 in 50. We will make sure that your responses to the survey and your contact info will never be linked. You may feel some unease when you answer questions related to your life. However, the effects are not likely to be significant or long-lasting. If you continue to experience distress after the end of the survey, you may call the NAMI hotline (1-800-950-626) or the National Suicide Prevention Line (1-800-273-8255).

The data we collect from you will be kept private and stored on a password-protected computer in Julka Hall at Cleveland State. When we report the results, they will be in the form of a summary and your data will not be recognizable. Participating in this study carries no more risk than that of everyday life. If you have any questions about your rights as a research participant you may contact the Cleveland State University Institutional Review Board at (216) 687-3630.

Thank you in advance for your help and support.

Please read the following: "I understand that if I have any questions about my rights as a research subject, I can contact the Cleveland State University Institutional Review Board at (216) 687-3630." If you would like to keep a copy of this informed consent for your records, print this page after you sign your name. Your signature below means that you understand the contents of this document. You also are at least 18 years of age. Finally, you voluntarily consent to participate in this research study.

_____

Signature Date

_____

Name (Printed)

Appendix I: Informed Consent MTurk Participants

Dear Research Participant,

My name is Steven Sanders. I am a PhD candidate in Counseling Psychology at Cleveland State University. I am requesting your participation in a research study. Drs. Adam Voight and Julia Phillips are supervising me. If you have any questions, please feel free to contact me by email at s.m.sanders@csuohio.edu. You can contact Dr. Voight by email (a.voight@csuohio.edu) or phone (216) 687-5437. You can contact Dr. Phillips by email (j.c.phillips6@csuohio.edu) or phone (216) 875-9869.

The purpose of this study is to understand the well-being of people who identify as Black or African American. If you do not consider yourself as a part of these groups, we thank you for your interest, but we ask that you stop this survey. You must be at least 18 years old to participate in this study. Participation in this study is voluntary. There is a direct compensation for participating in this research study for $0.60. If you agree to join, you will be asked to complete a survey related to identity, stress, and well-being. It will take about 20 minutes to complete the survey. We hope that the data gained from this study will help us understand lived experiences among people who identify as Black or African American.

During the survey, you may skip any question that you do not wish to answer or that makes you feel uneasy. You may also stop the study at any time. There is no penalty for doing either. We will make sure that your responses to the survey and your contact info will never be linked. You may feel some unease when you answer questions related to your life. However, the effects are not likely to be significant or long-lasting. If you continue to experience distress after the end of the survey, you may call the NAMI hotline (1-800-950-626) or the National Suicide Prevention Line (1-800-273-8255).

The data we collect from you will be kept private and stored on a password-protected computer in Julka Hall at Cleveland State. When we report the results, they will be in the form of a summary and your data will not be recognizable. Participating in this study carries no more risk than that of everyday life. If you have any questions about your rights as a research participant, you may contact the Cleveland State University Institutional Review Board at (216) 687-3630.

Thank you in advance for your help and support.

Please read the following: "I understand that if I have any questions about my rights as a research subject, I can contact the Cleveland State University Institutional Review Board at (216) 687-3630." If you would like to keep a copy of this informed consent for your records, print this page after you sign your name. Your signature below means that you understand the contents of this document. You also are at least 18 years of age. Finally, you voluntarily consent to participate in this research study.

_____

Signature Date

_____

Name (Printed)

Appendix J: Sample Characteristics

Table 33.

Gender characteristics

	N	Percentage
Male	338	53.1
Female	298	46.8
Other	1	0.2

Table 34

Education characteristics

	N	Percentage
High School	33	5.2
Some College	28	4.4
Associate's/Technical Degree	24	3.8
Bachelor's Degree	258	40.6
Some Graduate School	27	4.3
Master's Degree	216	34.0
Doctorate/Professional Degree	49	7.8

Table 35

Income characteristics

	N	Percentage
$10,000-30,000	89	14.2
$30,001-50,000	141	22.5
$50,001-70,000	201	32.1
$70,001-90,000	111	17.7
$90,001-110,000	62	9.9
$110,001 and above	23	3.7

Table 36

Employment characteristics

	N	Percentage
Full-time student	100	15.9
Employed part-time	44	7.0
Employed full-time	445	70.6
Self-employed	16	2.6
Unemployed	16	2.6
Retired	9	1.4

Table 37

Relationship characteristics

	N	Percentage
Single	204	32.1
In a dating/committed relationship	65	10.2
Married	342	53.8
Divorced/separated	23	3.6
Widowed	2	0.3

Table 38

Sexual orientation characteristics

	N	Percentage
Straight	473	74.1
Gay	10	1.6
Lesbian	7	1.1
Bi-Sexual	140	21.9
A-Sexual	5	0.8
Pan-Sexual	1	0.2
Other	2	0.3

Table 39

Counseling received

	N	Percentage
Yes	310	49.4
No	317	50.6

Table 40

Veteran status

	N	Percentage
Yes	124	19.4
No	504	78.9
Prefer not to respond	11	1.7