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The Interactive Roles of Gender and Ethnicity in  
African American Women's Mental Health

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### Abstract

For African-American women, female gender and African-American (AA) ethnicity combine to create experiences of discrimination, discrimination related stress, and mental health issues that are not encountered by individuals who occupy only one of these status variables. Gender and ethnicity also influence socioeconomic status, an additional variable affecting the experiences and issues that AA women uniquely encounter.

The first goal of this study was to examine the ways in which the combined social statuses of gender and ethnicity influence the discriminatory experiences and mental health of AA women. The second goal was to determine the ways in which AA women's self-reported personal experiences with discrimination affect their mental health. The third goal was to examine how these relationships vary between AA women and individuals who share only one of their social status variables: European American (EA) women and AA men. The final goal was to determine the contribution of socioeconomic status to these relationships.

A community sample of 358 participants was recruited, consisting of 104 AA women, 82 AA men, 97 EA women, and 75 EA men. Participants completed a composite socioeconomic status measure, The Combined Schedule of Sexist and Racist Events, the Satisfaction with Life Scale, and a Symptom Checklist.

Results indicated that AAs report more racism and interactive racism and sexism than EAs; and women reported more sexism than men. AA women did not differ significantly from other groups in reported discrimination or mental health. As a group, women reported more psychological distress symptoms than men and AAs reported poorer life satisfaction than EAs. Sexism predicted greater psychological distress symptoms in the total sample, but when AAs and AA women were examined separately, only racism predicted symptoms. SES contributed to life satisfaction but not symptoms, and did not attenuate the roles of sexism and racism in mental health. Preliminary analyses also suggested SES did not contribute to racial and gender group differences in reported discrimination or mental health.

## The Interactive Roles of Gender and Race in African-American Women's Mental Health

A large body of theoretical work and a smaller, but growing body of empirical work indicates that multiple social statuses interact to create unique social spaces that have unique effects on the mental health of African-American (AA) women (Greene, 1994; hooks 1981, 1990 & 1992; Klonoff, Landrine, & Ullman, 1999; Krieger, Rowley, Herman, Avery, & Phillips, 1993; McDonald, 1997; Robins & Regier, 1991; Warren, 1997; Yanick and Feagin, 1998). Mental health, in the context of this research, most often refers to areas of psychological well-being that are especially affected by life stressors and experiences. These include mood related psychological distress and life satisfaction. Racial and gender differences in types and frequencies of stressors, perceived stress, and mental health have been found. Because female gender and AA racial classification generally predict greater frequency and impact of sexist or racist discrimination as well as various indicators of psychological distress and poor life satisfaction, the assumption has been made that the impact of these oppressions is additive. Yet research demonstrates that with regard to life experiences and some aspects of well-being, AA women fare differently than would be anticipated from additive gender and racial oppression (Adams, 1983; DeFour, 1990; Gerrard, 1991; Leggon, 1980; Lykes, 1983; Martin, 1994; Weber & Higgenbotham, 1997). These findings suggest an interactive and contextual relationship between gender and race. Because the research addressing the interactive impact of gender and race is lacking in quantity and quality, it has not been possible to draw empirically based conclusions about the impact of these variables on the lives and mental health of AA women. It is important to determine exactly how and in what contexts gender and race interact to impact AA women's experiences with discrimination, psychological distress, and life satisfaction so that relevant and effective clinical and community interventions can be formulated.

Socioeconomic status (SES) variables are complicating factors in the study of how life satisfaction, perceived stress, and mental health are impacted by gender and race (Kessler & Neighbors, 1986). Because many of these issues are affected by SES variables as well as gender and race, it is not always clear whether gender and race have an effect beyond that of SES. Some empirical work that has

controlled for class has found that racial differences disappear, while other work has found racial disparities even within social classes (Eaton & Kessler, 1981; Kessler & Neighbors, 1986; Williams, Takeuchi, and Adair, 1992). It is likely that both findings are accurate to some degree and that social class variables contribute significantly to the multiple social statuses and their effects on the experiences and well-being of AA women. To date, there is no research that has examined the roles of socioeconomic status, gender, and race simultaneously in regard to their effects on AA women's reported experience of discrimination and related stress, life satisfaction, and symptoms of psychological distress.

The present research will focus on determining how gender and race interact to influence the types of discrimination, stress, and psychological distress symptoms experienced by AA women. The relative influence of social class variables in these relationships will also be considered. This research is important to clinical and community work because it contributes to a more accurate and relevant understanding of the sociocultural and related psychological issues facing AA women. The mental health issues that AA women present are inextricably related to their life experiences and the sociocultural context in which they live. Therefore, their mental health issues need to be examined in light of the multiple social statuses they occupy and the social consequences of those statuses.

### African American Women's Experience of Racism and Sexism

#### *Racism and Sexism as Forms of Discrimination*

Racism is a defining element in the social status of African-Americans (AAs) in the United States. Racism is an ideology of superiority of one racial group over another, negative attitudes and beliefs regarding those of another racial group, and differential treatment of them by individuals and institutions of society (Williams, Spencer, & Jackson, 1999). Racism leads to group differences in life chances and socioeconomic conditions (e.g. housing quality, employment, and education), and thus limits socioeconomic mobility and creates patterns of systemic variation in the distribution of socially desirable resources (Williams, Spencer, & Jackson, 1999). As a result, racial categories are generally indicative of exposure to different social conditions.

Racial discrimination has both overt and subtle as well as acute and ongoing manifestations. It can be experienced personally or vicariously as direct, blatant, acute interpersonal encounters; daily small and subtle acts of degradation that are called “microaggressions”; unequal institutional, social, and political treatment; collective social, political, and economic oppression of one’s racial group as a whole; and transgenerational transmission of the effects of historical oppression and trauma (Harrell, 2000).

A salient disadvantage associated with women’s social status in the United States is sexism. Sexism includes discrimination against women because they are women, the perception that women are inferior to men, as well as gender based limitations on personal, social, and occupational roles and opportunities. Klonoff and Landrine (1995) state that sexist events are gender-specific negative life events that happen to women, because they are women. Examples of sexism that all women may experience include being perceived as incompetent based on gender; evaluated based on physical attributes; paid and promoted unfairly compared to males of similar training and experience; and receiving less attention in educational settings (Downie, 1998). Sexism is often covert and unconscious, and can be perpetrated by many individuals in a woman’s life: spouses, supervisors, family, friends, and strangers across all settings. The majority of empirical studies on women’s experiences with sexism have not specifically examined AA women, assuming that that there are no significant racial differences in the experience of sexism (Bray, Camlin, Fairbank, Dunteman, & Wheelless, 2001; Klonff & Landrine, 1995; Yoder and McDonald, 1998).

### *The Combination of Racism and Sexism*

In light of the discussion of racism and sexism up to this point, it is clear that AA women are subject to the influence of both. Therefore, it is important to examine racism in the context of gender oppression, and vice versa. Psychological research and theory do not typically address the impact of gender on reactions to race or the impact of race on sexist discrimination. Historically, both AA men and AA women were denied authority, power, or respect based on their racial or racial group membership. Therefore, there has been the assumption that AA men and AA women are true equals with regard to discrimination and social status. This assumption is been evident in the literature that discusses racism

without attention to the influence of gender on forms of racial discrimination (Trotman-Reid, 1988).

However, reactions of the larger society toward AAs are different for women than for men.

*Theoretical Association Between Manifestations of Racism and Sexism*

AA feminist writers and other theorists collectively indicate that gender is highly influential in AA women's experiences of racism, and that their experiences were different from those of AA men and European American women (EA women). Greene (1994a) asserts that racism intensifies the effects of other social variables, and therefore exacerbates the effects of sexism for AA women. She argues that the history of racial oppression of AA people in the United States provides a sort of precedent for sexist discrimination and stereotypes toward AA women. Her point is echoed by hooks (1981, 1990 & 1992), who discusses and illustrates the ways in which assumed racial inferiority of AA women heightens the degree to which male domination and privilege can be exerted.

According to Essed (1991), AA women's experiences of racial oppression cannot be neatly separated from gender oppression, but instead, represent a convergence of discrimination based on gender and race. She suggests that the racial oppression of AA women is structured by racist perceptions of gender roles, and referred to it as gendered racism. This view of racism as experienced by AA women is also discussed by hooks (1981), who stated that the sexism perpetrated against African American women is not like the sexism perpetrated against EA women. Rather, it is a particular type of sexism that constitutes a racist response to AA women as women.

The devaluation and stereotyping of AA women is a particularly insidious form of gendered racism that forms the basis for their experiences with racism and sexism. Collins (2000) argues that AA women have historically been considered less feminine because their more variable and flexible roles within their families and communities differs from the middle and upper class European American (EA) model of women's roles. In association with this view of AA women as less than feminine, race-specific gender ideologies and stereotypical images exist that have historically been adopted to rationalize the suitability of AA women for heavy, degrading, and poorly paid forms of labor; to permit their sexual exploitation;



and to minimize their role as mothers (Essed, 1991).

Interactive sexism and racism also manifests in the context of sexual harassment. In a discussion of sexual harassment on college campuses, DeFour (1996) suggests that by virtue of the lower social status accorded their gender and race, as well as racial stereotypes, AA women are especially vulnerable to various types of harassment and abuses of power by university faculty. Types of discrimination include being refused advisory help or class credit for scholarly work focusing on AAs, sexual advances based on stereotypes about racial minority women, and the use of sexual coercion or bribery to help a minority woman succeed in an environment known to be limiting due to racism and/or sexism (De Four, 1996). De Four also suggests that AA female university students at all levels are particularly vulnerable to sexual harassment because they are often in a weaker financial position than males and European Americans (EAs), and are associated with various sexual stereotypes that justify exploitation and minimize consequences.

*An Interactive Model of Racism and Sexism.* As part of the effort to make sense of the unique social position of AA women, it has been suggested that the effects of racism and sexism are additive and cumulative (Beal, 1970). This is called Double Jeopardy, indicating that AA women are doubly disadvantaged due to doubly oppressed status. There is limited empirical support for Double Jeopardy. With regard to socioeconomic position and power, AA women are less advantaged than EAs or AA men and have less access to positions of power or authority (Greene, 1994a; Jackson, 1989; Landrine, Klonoff, Alcaraz, Scott, & Wilkins, 1995a). Collins (2000) also indicates that AA women's paid labor is organized and restricted by systems of racial and gender oppression. This is exemplified by the fact that although various forms of labor are open to AA women; these jobs are largely low status and low paying, exploitative, and alienating. In addition to the vulnerability of African-Americans overall to exclusion from professional and managerial occupations, AA women who do get such positions are more likely to hold lower paying and lower status jobs than AA men (Collins, 2000).

Contrary to the double jeopardy concept, theory and research in this area suggest that racism and sexism interact to form a new product rather than simply having parallel or cumulative effects (Smith &

Stewart, 1983). Dugger (1991) suggests that for AA women, racism and sexism combine to create to distinct social location rather than an additive form of double disadvantage. Ransford's (1980) multiple-jeopardy hypothesis also suggests that multiple status positions combine to create a unique social space through their individual and interactive effects (Landrine et al., 1995a) that is different from the sum of the social status variables and their associated forms of discrimination as suggested by the double jeopardy theory.

Essed (1991) indicates that the simultaneous effects of gender and racial discrimination results in AA women having experiences with racism that overlap with some forms of sexism encountered by EA women as well as forms of racism experienced by AA men. Smith & Stewart (1983) suggested that racism and sexism are "processes standing in dynamic relation to each other" (Smith & Stewart, 1983, p. 1) and called for development of an interactive model of racism and sexism that would enable researchers to examine the effects of each separately and interactively. This approach would allow for a more accurate description of the experience of AA women. Others support this view (Thomas & Miles, 1995; Trotman Reid & Comas Diaz, 1990).

*Empirical Evidence That Sexism and Racism are Related and Interactive.* Empirical support for an interactive model of racism and sexism has existed for many years, and continues to surface as more researchers explore this area. Early researchers noted racial differences in the experience of sexism, and gender differences in the experience of racism. Their research indicated that outcomes for AA women on various indicators could differ from those of EA women and AA men (Adams, 1983).

The combined influence of racism and sexism has received the most attention in studies of AA women's experiences in employment settings. Martin (1994) conducted interviews with 106 AA and EA mid-ranking police officers and supervisors, command officers, and administrative staff from five different municipalities. Of the AA officers, 31 were women and 17 were men. Of the EA officers, 35 were women and 21 were men. The interviews indicated that AA women police officers were more likely to report racist discrimination than AA men officers. Furthermore, they reported more overall discrimination than the men, with 48% reporting both sexism and racism. AA women officers reported a

lack of respect from European American (EA) men, lack of concern or protection from AA men, and lack of support and unity with EA women. AA women also reported that in contrast to the protection given to EA women in assignments and on patrol, they could not count on 'back-up' from their EA men partners while on patrol. These results support the idea that AA women are at the intersection of various types of discrimination, where they experience different, and in some cases more, discrimination than AA men or EA women.

Early research by Lykes (1983) and Leggon (1980) indicated that in their professional lives, AA women perceive discrimination based on both their race and gender. In more recent research by Weber and Higgenbotham (1997), AA women were significantly more likely than European American women to perceive both sexist and racist discrimination. In addition, AA women were significantly more likely to report personally experiencing discrimination due to their gender and/or race than EA women. For AA women, the question was whether they had experienced unfair treatment because they were AA women (as opposed to discrimination just because they were women or AA). Forty-two percent of AA women and 25% of EA women reported unfair treatment because of their gender or racial/gender status. They stated that the unfair treatment manifested mostly as subtle, indirect, and informal ways that they are treated (i.e. racist and sexist jokes, exclusion from networks, subtle put-downs, sexual innuendos, etc.). Many noted that women and AAs were excluded from top level positions and projects, and from lucrative or important areas of the company that provide opportunities to demonstrate skill and compete for advancement. These results suggest that relative to EA women, AA women may be more aware of manifestations of sexism and racism in their environments and often experience the two types of discrimination simultaneously.

Interactions of racism and sexism in university (DeFour, 1990) and counseling (Gerrard, 1991) settings have also been discussed. In a qualitative study of women of color who had received mental health services, Gerrard (1991) relates the experiences of 3 women of African descent who reported encountering both racism and sexism (either simultaneously; or at different points during counseling) during the course of their therapeutic relationships. The women indicated that counselors' assumptions

about their culture, viewing their current behavior/feelings in light of cultural stereotypes, failure to listen and validate, distancing body language, and their controlling and limiting language when discussing their options as clients were both racist and sexist in nature.

The studies cited here provide evidence that multiple social status variables connect to create social experiences, perceptions, and outcomes that are unique in comparison to those created by one status variable alone. In addition, this research provides evidence that AA women experience and are affected by both sexism and racism, jointly and interactively. However, this area of research has several drawbacks that necessitate continued and more focused work. The preliminary and exploratory nature of this area of research means that many of the studies have used small samples of women, based conclusions on anecdotal data, and failed to test for statistical significance of the findings. Few of these studies have specifically addressed AA women's perceptions of interactive racism and sexism in their lives. An additional liability of this area of research is that many of the studies were done 20 or more years ago. Because social contexts change, the experiences and perceptions of contemporary AA women with regard to interactive racial and gender issues may be different from those found in earlier research.

#### *The Influence of SES on Experiences with Racism and Sexism*

All forms of racism are not experienced to an equal degree by all AAs. Socioeconomic status (SES) is an important influence on African American's (AA's) perceptions of and experiences with various types of racial discrimination. Furthermore, it is likely that perceptions of racism among different SES groups varies with the type of racism being measured. According to this hypothesis, higher SES groups would report more subtle forms of racism, while lower SES groups would report more overt interpersonal and institutional forms of racism because that is what they are more likely to experience in their respective social environments (Clark, Anderson, Clark, Williams, 1999). Harrell (2000) suggests a similar idea, in that people of color who live in poverty experience more severely the chronic effects of institutional racism through disparities in health care, educational resources, and housing quality; whereas people of color with middle and upper income status encounter more subtle interracial tensions and

microstressors, tokenism, and problems related to economic and career advancement. Smith (1985) suggests that higher educational attainment exposes AAs to different, and in some cases, more severe forms of discrimination that negatively affects their ability to increase their income and social class standing.

Research indicates that lower SES is associated with fewer resources and more intense experiences with racial discrimination. Demographic survey research indicates that AAs of low SES are more likely than EAs of low SES to live in hypersegregated areas that are isolated from the resources, opportunities, and amenities that affect social and economic well-being (Anderson & Armstead, 1995). Sigelman and Welch (1991) analyzed data regarding AA's perceptions of racism among working and middle class AAs. They found that those who were under more economic pressure, considered themselves working class (versus middle class), and received government assistance were significantly more likely than those who rated themselves as economically better off to perceive racial discrimination against themselves and AAs in general. However, there was a small, but significant effect in the opposite direction for education. This effect indicated that AAs with more education perceived significantly more discrimination than those less educated. Taken together, these results suggest two conclusions. The first is that advanced education creates increased sensitivity to racial discrimination. The second is that AAs with less economic resources are more often the targets of more intense and overt racism than those in better economic circumstances.

There is also evidence that the type of sexism women experience varies by race and class (Krieger, Rowley, Herman, Avery, & Phillips, 1993). McDonald (1997) proposed that dependence on institutional resources for assistance is a unique stressor for poor women and perhaps for poor AA women in particular. This dependence is considered a stressor because of the everyday encounters that these women must have with institutions and policies that devalue their needs and the extent to which they deserve adequate services based on preconceived notions of their minority and lower class status. Other research suggests that middle class AA women encounter additional stressors because of confronting sexism and racism in the workplace. In her sample of corporate managers, Toliver (1998) found that women reported

stress from feeling over-observed, that their performance was more likely to be criticized, that they had to work harder to be accepted, and that there was no support for their efforts to be promoted.

There is insufficient research exploring the influence that SES has on experiences with racism and sexism for AAs or women in general or for AA women in particular. The extent to which class, gender, and race combine to create differences in the types of discrimination perceived by AA men, AA women, and EA women is unknown. No studies have deliberately compared the experiences of AA men, AA women, and EA women of different SES categories to determine how their exposure to stressors is similar or different.

### Multiple Status and Mental Health

#### *Racism as a Source of Stress*

The experience of racism has been described as a stressor in itself. Harrell (2000) indicated that racism-related stress consists of racially motivated social transactions that are perceived as taxing or exceeding individual and collective resources or threatening well-being. As discussed previously, racism has a variety of manifestations, and Harrell (2000) discusses the different ways in which these manifestations contribute to stress. Acute experiences with racism, either personally or vicariously, are related to episodic stress. However, Harrell (2000) discusses more pervasive forms of racism that are related to chronic stress. One of these is cultural racism, ethnocentrism and maintenance of the status quo through media, scholarly and scientific practice, language, art and literature, paradigms, and common values. Others are institutional and political racism, which is the systemic oppression and/or exploitation of an ethnic group in functioning of social institutions as well as in political discussions and processes. Harrell indicates that other contributors to chronic racism-related stress include 'microaggressions', which are subtle, racially based slights and exclusions that occur on a daily basis; as well as observing the effects of racism on one's group as a whole. Often both episodic and chronic forms of stress are encountered by an individual because racism negatively impacts well-being through single racist events, as well as chronic political and institutional factors that limit access to resources that would aid in coping.

Minor recurrent experiences are more likely to lead to adverse, long-term mental health outcomes than acute episodes of stressful events (Lepore, 1995). Cultural racism is one of these, and refers to ethnocentrism and maintenance of the status quo through media, scholarly and scientific practice, language, art and literature, paradigms, and common values. Cultural racism, in particular, has been associated with higher levels of racism-related stress (Utsey, Ponterotto, Reynolds, & Cancelli, 2000) because it pervades multiple aspects of an individual's life rather than affecting them at a single point in time. 'Microaggressions' are stressful because of their chronicity, as well as the fact that they are difficult to 'prove' and to act on. Pierce (1995) describes the stress inherent in the process of determining whether or not an adverse experience was due to racism - processing the event, deciding whether or not to act on it, and assuming the burden of proof when explaining the act of discrimination to others. This process consumes such a degree of emotional and cognitive energy for AAs that it easily fits the definition of racism-related stress offered by Harrell (2000).

Because manifestations of racism are possible in every domain of human experience for AAs, encountering race-related stressors is a certainty even if not all manifestations of racism are experienced by a given individual. Furthermore, Feagin (1991) suggests that the cumulative impact of incidents of racism through personal experience, as well as vicarious experience, constitutes a greater stressor than would be expected based on the individual instances of racism.

There is consistent empirical evidence that individuals who report experiencing unfair treatment based on race consider their experiences a source of stress. In their study of the prevalence and appraisal of racist events for AAs, Landrine & Klonoff (1996) found that 99% of their sample perceived their experiences with racial discrimination as stressful. Thompson Sanders (2002) also found that AAs reported significantly more stress relating to their experiences with discrimination than EAs. In a sample of 1,301 AA women, Mays, Coleman, and Jackson (1996) found that perceived racial discrimination at work increased the reported experience of work related distress. Participants' reported job stress scores increased in direct relation to the extent to which they perceived systemic or social factors as responsible for their race related problems on the job, believed in past and future discrimination against AAs in

general, and reported experiences with racial/ethnic discrimination in their own employment. In a qualitative study of 191 AA middle and upper middle level corporate managers, Toliver (1998) found that participants reported more work related stress than home and family related stress, which is the opposite of what is found in the literature on corporate stress with EA populations. The additional work related stress of AA managers came from elements of individual and institutional racism in their workplace.

This empirical evidence provides support for the idea that racism is experienced as stressful by African-Americans. However, this area of research could be improved. Many of the existing studies investigating the relationship between experiences with racism and stress have assessed only major and time-limited experiences with discrimination. Yet, the stress literature and the literature on racism indicates that it is the ongoing minor events that are more frequently encountered and that have the most impact on health. Institutionalized racism is another important and pervasive manifestation of racism that impacts stress because it is the systemic oppression and/or exploitation of an ethnic group in the functioning of social institutions. However, much of the current research on racism-related stress does not capture institutionalized racism because it isn't clearly visible to the individual and cannot be easily measured via self-report (Williams, Spencer, & Jackson. 1999).

There is no empirical work that examines the influence of gender in the relationship between racism and stress. For AA women, unfair treatment based on gender is an additional form of discrimination that may be encountered. Yet there is no research that examines AA women's experience of stress in relation to their experiences with sexism. Finally, there is no research that examines AA women's stress in relation to experiencing both types of discrimination, relative to the discrimination stress experienced by EA women in response to sexism alone, or by AA men in response to racism alone. Due to these omissions in the empirical literature, a clear and complete picture of the impact that racism and sexism have on stress among AA women has yet to be obtained.

#### *Racial Differences in Mental Health and the Role of Racism*

There is substantial empirical evidence that AAs who report experiences with racial discrimination



also report higher levels of general psychological distress and decreased life satisfaction than those who do not report such experiences (Broman, 1997; Jackson, Brown, Williams, Torres, Sellers, & Brown, 1996; Williams, Yu, Jackson, and Anderson, 1997). Using data from the 1995 Detroit Area study, Williams et al. (1997) found that AAs reported significantly more experiences than EAs with both ongoing and acute manifestations of discrimination. Even when variance due to education, income, chronic stressors, and life stressors was accounted for, acute and everyday experiences with discrimination still significantly predicted poorer life satisfaction, and everyday experiences with discrimination significantly predicted higher ratings of psychological distress (Williams et al, 1997).

Two other studies have demonstrated that increased reporting of racist experiences and appraising these experiences as stressful is significantly predictive of a range of symptoms characteristic of generalized psychological distress (Klonoff, Landrine, & Ullman, 1999; Landrine & Klonoff, 1996). These symptoms included obsessive-compulsive traits, interpersonal sensitivity, somatization, depression, and anxiety. In addition, the reported frequency of racist events and the extent to which the appraisal of racist events was stressful was related to cigarette smoking. The Schedule of Racist Events (SRE), developed and validated in Landrine and Klonoff (1996), was used by both studies to measure the experience of racist events and the appraisal of events as stressful. Symptoms were measured using the Hopkins Symptom Checklist (HSCL-58). In these studies, the contribution of racial discrimination to symptoms was unique and exceeded the contributions of age, income, gender, education, and life stressors (stressors unrelated to race or gender that could happen to anyone) (Klonoff, et al, 1999). Both studies used large and demographically diverse samples of African-Americans from various socioeconomic backgrounds.

Using a sample of 623 AA adults who participated in the National Survey of Black Americans, Jackson and colleagues (1996) found that self-reported ratings of life satisfaction and happiness were negatively related to reported personal or family experiences of racial discrimination in the past month and holding the belief that 'Whites want to keep blacks down'. Broman (1997) used a sample of 312 AA adults from a random telephone panel survey in Detroit to investigate the relationship between AA's

racial contexts, their experiences with racial discrimination, and life satisfaction. The results indicated a negative correlation between reported racial discrimination and subjective life satisfaction. Other literature suggests a relationship between experiencing racial discrimination and symptoms of depression (Jackson, Williams, & Torres, 1995 cited in Williams et al, 1999) as well as somatization (Comas-Diaz & Greene, 1994). Additional research is needed regarding the relationship between racial discrimination and somatization, because there is little more than theory in this area. Furthermore, the research that has been done concerning somatization has not used large numbers of AA women or reliable measures.

An overall weakness in the research linking experiences of racism to psychological symptoms is the variation in the ways that racist experiences were defined across studies. While some studies used one or two questions about recent or lifetime experiences of racism, others used interviews or standardized measures of the frequency and perceived stress of racist events. This discrepancy makes it difficult to interpret the relationships between experiences of racism and mental health. An additional difficulty common in this area of research is the reliance on retrospective reports of racism and symptoms. Retrospective reports of any type are vulnerable to the response tendencies of the individual, which can be influenced by mood as well as character traits that would make them more likely to recall things in a favorable or unfavorable manner. In this area of research, the use of retrospective reporting creates the possibility of reporting bias in which individuals who are experiencing negative affect might over-report negative experiences. However, there is empirical evidence that in reporting personal discrimination, or in citing discrimination as the reason for unfavorable treatment, AAs and women are more likely than men and EAs to under-report than to over-report (Ruggiero & Major, 1998; Ruggiero & Marx, 1999; Ruggiero & Taylor, 1997). Thus over-reporting of discrimination is not likely to be an issue in this area of research. Furthermore, the fact that significant numbers of AAs did report discrimination, and that relationships were found between discrimination and symptoms, suggests that under-reporting was not a hindrance.

Despite the prevalence of experience with racism among AAs and the association between the experience of racism and symptoms of poor mental health, some research has failed to find that AAs have

poorer mental health than EAs. Research by Williams, Yu, Jackson, and Anderson (1997) suggests that perceived racial discrimination is the key factor in accounting for more psychological distress among AAs than EAs. They used an adult sample of 520 EAs and 586 AAs from the Detroit Area Study to investigate racial differences in life satisfaction and psychological distress. The contribution of racial discrimination to these differences was also investigated. The results indicated that AAs do not report significantly different ratings of their life satisfaction or symptoms of psychological distress than EAs when demographic and social class (education, household size, and income) are taken into account. Only when acute and daily experiences with discrimination were accounted for did the relationship between race and psychological distress become significant, and the relationship between race and life satisfaction become marginally significant. When racial discrimination was controlled, results indicated that AAs reported significantly fewer symptoms of psychological distress than EAs. However, even when racial discrimination was accounted for, AAs still did not report significantly lower life satisfaction than EAs.

Even research that has not accounted for the experience of discrimination has failed to find poorer mental health among AAs than EAs. Zhang and Snowden (1999) conducted a study comparing rates of 16 Diagnostic and Statistical Manual of Mental Disorders-III (DSM-III, 3<sup>rd</sup> ed., American Psychological Association, 1980) mental disorders among White, African-American, Hispanic, and Asian Americans using an epidemiological sample of 18,152 participants (12,176 EA and 4,301 AA) from the Epidemiological Catchment Area (ECA) study, conducted in the early 1980's, from 5 sites across the United States. The National Institute of Mental Health Diagnostic Interview Schedule (DIS) was used to assess participants for symptoms consistent with a DSM-III mental disorder, and demographic variables (education, socioeconomic status, personal income, age, gender, and marital status) were statistically controlled. Their results showed that AAs were significantly less likely than EAs to have major depressive episode, major depression, dysthymia, obsessive-compulsive disorder, drug and alcohol abuse or dependence, antisocial personality, and anorexia nervosa. However, they were significantly more likely than EAs to have phobia and somatization.

Considering the results of these two studies, the associations between race, racism, and mental health

are unclear and the findings are contradictory. If racist experiences are predictive of psychological distress and symptoms of poor mental health, then how can AAs exhibit better mental health than EAs? At this point the role of discrimination in racial differences in mental health has not been sufficiently investigated. Additional research is required to investigate the degree to which racial differences in mental health are accounted for by differences in the experience of racial discrimination.

### *SES and Racial Differences in Mental Health*

In addition to racism, SES is another variable that may also account for racial differences in mental health, although there is controversy over the manner in which SES contributes to this relationship. Within SES categories, there are racial differences in a variety of life circumstances and outcomes that impact mental health (Anderson & Armstead, 1995; Smith, 1985; Williams & Collins, 1995). These differences suggest racial disparities in mental health are not completely accounted for by SES, but may be a function of an interaction between SES and race. In this type of interaction, racial differences in mental health would vary within levels of SES. For example, Kessler and Neighbors (1986) suggested higher SES may not be as beneficial to AA mental health as it is to the mental health of EAs. They proposed that, rather than experiencing better mental health than lower SES AAs, financially successful AAs would experience psychological distress associated with occupying the marginal position that is created by the disparity between their achieved and ascribed statuses.

Evidence for the existence of a race by SES interaction in mental health is inconsistent. Some research has found racial differences in mental health that are not significantly associated with social class variables. In an early study by Eaton and Kessler (1981), epidemiological data from the first Health and Nutrition Examination Survey indicated AAs demonstrated significantly higher rates of depression regardless of socioeconomic status variables (education, income, employment status). Other research, such as the previously discussed studies by Williams et al. (1997) and Zhang and Snowden (1999) found that AAs demonstrated significantly lower rates of mental health diagnoses than EAs, regardless of SES. Regardless of the direction of the difference, these studies suggest that SES is not a significant factor

influencing racial differences in mental health.

While the previously cited research found no role of SES in mental health at all, other studies have found that when included, SES accounted for racial differences in mental health (Kessler and Neighbors, 1986). Kessler and Neighbors (1986) suggested that the failure of most studies to find the race by SES interaction was due to their use of smaller, less diverse samples of AAs and an omnibus interaction test that did not have power to detect the type of interaction that would be likely to exist. They also suggested that the failure to test for a possible SES by race interaction will lead to overestimation of SES effects and underestimation of the effects of race.

In order to test their assumption, Kessler and Neighbors (1986) reanalyzed data from past large scale studies in which the original results indicated that SES accounts for all differences between AAs and EAs in mental health, rendering race irrelevant. They designed their analyses to test for a race by SES interaction (which had not been done before) and pooled the results in order to increase sample size. Their reanalysis indicated a systematic pattern of interaction between SES and race in which AAs of low income reported more depression and anxiety/mood related somatization than EAs of all SES categories and upper income AAs. Upper income AAs still had more depression than upper income EAs, but the differences were less than one-third the size of the difference between low income AAs and EAs.

Research by Williams, Takeuchi, and Adair (1992) found racial discrepancies in the rates of mental disorders at specific levels of SES. These discrepancies also varied across gender. That research indicated alcohol and drug abuse were more prevalent among AA women, but only in the lowest SES categories; and drug abuse was only more prevalent among AA men in the highest SES categories. AA women were less likely than EA women to report panic, dysthymia, obsessive compulsive, somatization, and other symptoms at the highest level of SES. AA men were significantly less likely than EA men to report symptoms of any disorder at the second lowest level of SES.

A more recent study by Jones-Webb and Snowden (1993) also found evidence of racial differences in the effects of SES on mental health. The study examined racial differences in depressive symptoms, among AAs and EAs, controlling for various demographic variables, including social class and

employment status. The sample included 414 AAs and 224 EAs, and depression was indicated by a score of 16 or higher on the Center for Epidemiological Studies Depression Scale. Results indicated that AAs who were unemployed, in the middle class, or the lower-middle class were significantly less likely to be depressed than EAs of similar employment status and social class. However, there were no significant racial differences in depression for individuals at the lowest levels of social class, or for those who were homemakers or retired.

The results of these studies indicate high likelihood that there are significant differences in the mental health disparities existing at each social class level. However, the research raises a question about whether AAs have more or less mental health problems than their EA counterparts at a given level of SES. Considering the variation in SES measures used in these studies, it may be that long the existence and direction of racial differences in mental health depend on the SES variable assessed. As discussed previously, education and professional status do not always result in the same resources and social position for AAs as for EAs. In brief, the interaction of race and SES in predicting mental health is worth further empirical exploration because these relationships are likely to be complex and important in understanding the consequences of the interaction between racial and socioeconomic status.

#### *Gender Differences in Mental Health and the Role of Sexism*

Empirical evidence indicates that women report significantly more subjective nonspecific psychological distress than men (McDonough & Walters, 2000; Williams et al., 1997). Epidemiological surveys and other studies using large, representative samples indicate that women report more symptoms of stress related mental disorders, especially depression and anxiety. Initial data from three National Institute of Mental Health Epidemiological Catchment Area sites indicated that the rates for major depressive disorder, dysthymia, phobias and panic disorder, OCD, and somatization disorder were significantly higher in women than in men (Robins & Reigier, 1990 and Russo & Greene, 1993). Similar results were reported in the previously discussed study by Jones-Webb and Snowden (1993), where women were significantly more likely to be depressed than men in both AA and EA samples. In each of the studies mentioned, samples were taken from the community rather than psychiatric settings, so the

gender differences could not be accounted for by the possibility that women were more willing to seek help. Data from the National Comorbidity Survey (NCS) conducted between 1990 and 1992 also supports the general empirical consensus of higher rates of depression among women (Kessler, McGonagle, Swartz, Blazer, & Nelson, 1993). Other research using large, community based samples also indicates that women are more likely to exhibit depressive symptoms than men (Nolen-Hoeksema, Larson, & Grayson, 1999). In a sample of 400 female and 301 male AA college students, Chambers, Kambon, Birdsong, Brown, Dixon, and Robbins-Brinson (1998) found that females had significantly higher scores than males on the SCL-90 subscales for somatization and depression.

The research evidence for gender differences in depression, anxiety, and somatization disorders is strong and generalizable. There have been many large, community based surveys using reliable instruments to measure psychological distress. Moreover, regardless of instrumentation, the results have been consistent. Furthermore, the finding that women experience more symptoms of depression, anxiety, stress, somatization, and other psychological disorders than men has been replicated with women of diverse racial backgrounds and SES levels.

Perceived sexism may contribute to women's greater psychological distress. Klonoff and Landrine (1995) assert that sexist events damage women's mental health because they are demeaning and degrading in nature and constitute a personal attack on or negative response to an essential and unchangeable aspect of the self: being a woman. There is a substantial amount of empirical research indicating the effects of sexism on women's mental health.

The relationship between daily sexist events and psychiatric symptoms in 631 women of various races was explored by Landrine et. al (1995b). Sample demographics have been described in more detail in a previous section. Lifetime and Recent Sexist Events scores from the Schedule of Sexist Events (SSE) were used to predict psychiatric symptoms on the Hopkins Symptom Checklist (HSCL-58). Lifetime and recent sexist events contributed significantly to the variance in total psychiatric symptom scores as well as scale scores on the somatization, depression, obsessive-compulsive, and interpersonal sensitivity subscales.

Other research by Klonoff, Landrine, and Campbell (2000) indicates that women who reported experiencing more sexist events had significantly more symptoms as rated by the HSCL, than women who had reported few sexist events. Their symptoms represented generalized and interrelated indicators of distress, encompassing symptoms of depression, anxiety, somatization, and obsessive compulsive disorder. Furthermore, only those women with high levels of exposure to sexist events had more symptoms of anxiety, depression, and somatization than men. However, the sample was predominantly European American and Latino. The number of AA women was not reported and no results were reported separately for them.

Using the SSE as a measure of sexist events, Downie (1998) found that for AA women college students, sexism was a significant predictor of depression; and more experiences with sexism were associated with higher levels of depression. Specifically, exposure to sexist events was related to feelings of sadness, fatigue, and hopelessness for this sample. Landrine et. al. (1995b) found that lifetime sexist events contributed more strongly to total symptom scores on the HSCL for women of color, than for EA women, which suggests that other social status variables may moderate the effect of sexist discrimination on psychological well-being through cultural differences in coping styles, social support, and material resources. The significance of this finding for AA women is questionable, however, since they constituted only 38 of the 228 racial minority women included in the sample and the results were not analyzed separately for women of each racial group.

The use of small sample sizes of AA women is an ongoing problem in the empirical research exploring a relationship between sexism and psychological distress in women. As with research linking race and discrimination to symptoms of psychological distress, this research pertaining to gender differences and the role of sexism in psychological distress also relies on retrospective reporting. Thus, it is vulnerable to the same types of reporting error in which women's reporting of their symptoms and encounters with sexism reflect their own response tendencies as well as their actual experiences.

#### *SES and Gender Differences in Mental Health*

There is limited evidence indicating the possibility of an interaction between SES and gender in



determining various indicators of psychological distress. Data from the Epidemiologic Catchment Area (ECA) study (Robins & Regier, 1991) indicate that there are interactions between gender and SES for a range of psychiatric disorders. According to their results, both AA women and EA women in the lowest two SES categories were significantly more likely than men in their respective racial groups to report symptoms associated with a range of other disorders, including: OCD, panic disorder, somatization, dysthymia, and schizophreniform disorders. These disorders were combined to create a residual category of mental disorder in the analyses, so it is not clear that women displayed higher rates of all of the disorders. In addition, there are interactions between gender, race, and SES, whereby lower SES is related to an increased rate of psychiatric disorders overall (excluding depression, and drug or alcohol abuse) for AA women and EA men relative to their higher SES counterparts, but not for AA men and EA women relative to their higher SES counterparts (Williams, et al., 1992).

There has not been enough research investigating SES and gender differences in mental health simultaneously to determine the role of SES in gender differences in mental health. Some of the previous research seems to indicate that gender differences in mental health are consistent across SES categories. However, other research indicates that the influence of SES on gender differences in mental health is not consistent across disorders. It may be that women's experiences with sexism or inequities in social roles vary with SES, and therefore contribute to mental health in a variety of ways across SES categories.

### *Dual Status and Mental Health*

The literature discussed thus far has indicated that women as a group report poorer mental health than men, and that sexism contributes to women having more symptoms. The literature also indicates that AAs' experiences with racism contribute to their reporting poorer mental health than EAs. Some of the empirical work has sampled AA women, and demonstrated that AA women also experience poorer mental health than men (including AA men). However, since AA women are likely to be subject to both sexism and racism; it is important to determine how their mental health issues differ from not only men, but also from EA women.

As previously discussed, there is ample empirical evidence that the social experiences of AA women differ in complex ways from those of EA women and AA men. It is possible that the overlapping effects of racism, sexism, and other gender based stressors create unique demands and mental health issues for AA women (Greene, 1994). For example, some theoretical work suggests that AA women encounter unique stressful daily hassles and social devaluation related to sexism and racism that erodes their sense of self-efficacy and leads to depression (Warren, 1997). Based on their interviews with a sample of 209 middle-class AAs from a national sample, Yanick and Feagin (1998) report that AA women experience stress from their male partner's perception of women's greater ease in finding good employment and assuming the functional role of 'breadwinner'. These women reported experiencing domestic violence, sexism, and general verbal or emotional abuse from their male partners as a result. This is an example of how effects of racism, socioeconomic opportunities, and sexism in family roles can interact to create unique stressors and mental health issues for AA women.

Some research suggests that there are interactive effects of gender and race in predicting AA women's mental health. The Epidemiologic Catchment Area Survey, conducted by the National Institute of Mental Health throughout the 1980's, made comparisons in prevalence rates for a variety of disorders based on gender, race, and SES (Robins & Regier, 1991). In this study, AA women were more likely than EA women and AA men to report symptoms of somatization, generalized anxiety, and phobic disorders. Although AA women experienced a higher lifetime prevalence of affective disorders than both AA men and EA men, their prevalence rate was lower than that of EA women. This research supports the idea that there are interactive effects of race, gender, and type of disorder whereby AA women do not necessarily experience more psychological distress than men of all races or EAs of both genders. Furthermore, it suggests that racial and gender differences in distress for AA women are likely to vary by the type of disorder.

Results of more recent research using an AA sample suggests that while reported racist events significantly contribute to symptom scores on the HSCL, women had higher levels of symptoms than men (Klonoff et al., 1999). This finding could mean that AA women are experiencing more racism, have

experiences with both sexism and racism that increase their total experience with discrimination, have additional stressors unrelated to discrimination, are more vulnerable to psychological distress in reaction to discrimination, or simply experience more psychological distress unrelated to specific variables measured in the study.

A recent study by Moradi and Subich (2003) sought to determine whether the interaction of racism and sexism contributed to variation in psychological distress beyond the contributions of either racism or sexism alone in a sample of 133 AA women. The Schedule of Racist Events (SRE; Landrine and Klonoff, 1996) and Schedule of Sexist Events (SSE; Klonoff & Landrine, 1995) were used as measures of perceived experiences with sexism and racism, while the Brief Symptom Inventory (BSI; Derogatis, 1993) was used as a measure of psychological distress. Interactive sexism and racism was operationalized as an interaction term composed of SRE and SSE scores. Results indicated significant positive correlations between global BSI scores and participants' reports of their experiences with racism and sexism. However, when contributions of all variables were examined concomitantly, the interaction of racism and sexism did not account for unique variance in psychological distress, and only sexism accounted for unique variance in symptoms. This is the only known study that has attempted to examine the interactive roles of sexism and racism in AA women's mental health.

It is possible that Moradi and Subich (2003) did not find a significant effect of interactive racism and sexism on mental health because the two forms of discrimination were measured as distinct variables. If racism and sexism are experienced by AA women as interactive phenomena, then it would be easier to capture that experience using a measure that combined the two forms of discrimination as a single multifaceted variable. Indeed, Moradi and Subich (2003) indicated in their discussion that participants expressed a need for this type of option rather than having to say their experiences were either racism or sexism. The current study will measure interactive racism and sexism as one combined variable. This will give participants the option of classifying their experiences with discrimination as a response to their gender and race in combination and therefore capture more of participants' experiences of discrimination than was possible in Moradi and Subich (2003). Pulling in more of the participants' experiences with

discrimination will increase this study's ability to demonstrate a significant impact of interactive racism and sexism on psychological distress symptoms.

To date, too few studies have investigated the interactive roles of sexism and racism in the mental health of AA women. No contemporary research has examined psychiatric symptoms in AA women compared to AA men and EA women to determine if there are unique mental health differences between AA women and these other groups. Most of the studies that have yielded results pertaining to the influence of gender and race have not been designed to investigate that issue specifically and do not address AA women specifically. Furthermore, these studies generally have not included adequate numbers of AA women.

Since, as a group, AA women occupy a lower socioeconomic status than AA men or EAs of either gender, and socioeconomic status is related to mental health, it may be that socioeconomic status rather than gender and race account for the findings that AA women have poorer mental health than the aforementioned groups. This possibility has yet to be explored in research that makes simultaneous group comparisons. As a result of the limitations and omissions in this area of research, little is known about AA women's unique perceptions and experience of gender and racial oppression together as they relate to stress and mental health.

#### Summary and Study Goals

AA women experience both racism and sexism. There is evidence that they are more aware of both racism and sexism than EA women. Furthermore, there is research suggesting that in comparison to AA men, AA women report more experiences with racism. Thus, the literature suggests the possibility that AA women may experience more discrimination than AA men or EA women. Socioeconomic status may also influence the types of racism and sexism that AAs and women experience. The majority of evidence supporting this point pertains to AA's experiences and perceptions of racism, but some work suggests that SES interacts with gender and race to influence AA women's experience with institutionalized forms of discrimination.

The majority of research investigating differences in psychological distress between AAs and EAs has investigated the role of racism in accounting for the greater prevalence of psychological distress among AAs. The existing empirical literature is clear that perceived acute racial discrimination is experienced as stressful by AAs, and that AAs who report experiencing racism also report more symptoms of psychological distress and poorer life satisfaction. However, this research is limited in that it has not addressed the extent to which AAs' experience stress related to chronic and less severe forms of racism. Furthermore, no research has addressed the role of gender in racism-related stress, or the ways in which racism and sexism can jointly or interactively be experienced as stressful.

Other research has suggested that differences in psychological distress between EAs and AAs is due to SES. However, the role of SES in these mental health disparities is unclear. It is widely held that racial differences in mental health are largely due to African American's greater representation in the lower SES categories. Yet, there is theory and limited empirical support for the idea that SES interacts with race to create disparities between AA's and EA's mental health across classes. Failure to test for an SES by race interaction may be the reason for the discrepant findings, and will be an important error to correct in future research pertaining to racial differences in mental health.

There is also well established empirical evidence that women have higher rates of depression, anxiety, obsessive compulsive, and somatization symptoms than men. Sexism accounts for a significant amount of variance in symptoms of psychological distress for women. The small amount of empirical evidence that exists pertaining to AA women suggests that sexism is also related to increased depression for them and may be related to other areas of psychological distress as well. However, the body of literature investigating the role of sexism alone and in conjunction with racism in AA women's mental health is extremely small and often has not included sufficient numbers of AA women to lead to firm conclusions. An overall limitation is the virtual absence of studies that have jointly examined AA women's mental health in comparison to AA men and EA women to determine how they differ from these groups in terms of symptom prevalence and the effects of interactive sexism and racism on their mental health.

Although the majority of research suggests that gender differences in psychological distress are consistent across SES, there is limited empirical evidence that SES may be differentially associated with gender differences in mental health across disorders. This evidence also suggests that SES may influence the interactive impact of gender and race on mental health. Very few studies have investigated this possibility, and what is known does not provide sufficient detail to draw firm conclusions about the role of SES in interactive gender and racial differences in mental health.

Throughout this area of research, there are many uncertainties and areas of incomplete information due to the small number of studies, lack of adequate sample sizes, and failure to simultaneously consider multiple status variables. Further, most studies examining gender and race issues in discrimination and mental health have not considered possible interactions between gender, race, racism, sexism, and SES. The goal of the current study was to simultaneously explore the interactive roles of gender and race in predicting experiences of racism, sexism, life satisfaction, and psychological distress. An additional goal was to explore the individual and interactive impact of racism and sexism on life satisfaction and psychological distress. In order to reach these goals, the sample comprised sufficiently large groups of AA women, AA men, EA women, and EA men to allow for meaningful comparisons.

The following questions were addressed:

1. How do race, gender, and their combination relate to the types of discrimination and discrimination-related stress?
2. To what extent do AA women identify experiences with interactive racism and sexism relative to their identification of experiences with racism or sexism separately?
3. How does socioeconomic status affect relationships between race, gender, and discrimination?
4. How do race and gender, and reported experiences of discrimination relate to variations in psychological distress and life satisfaction and how are these relationships affected by SES?

## Hypotheses

### *Hypothesis 1*

It was hypothesized that women would report more experiences than men with gender-based discrimination. AA women were expected to report a larger number of discriminatory experiences than AA men and EA women due to their reports of racial or gender discrimination as well as incidents of discrimination based on others' reactions to their gender and race together. AA women were not expected to report more discrimination based on their race alone than AA men. However, it was predicted that when their reports of discriminatory experiences based on the combination of their race and gender combined were considered, they would result in AA women reporting as much, if not more, race based discrimination than AA men.

### *Hypothesis 2*

It was expected that with SES statistically controlled, the predicted relationships between status variables and reported experiences with discrimination would still exist.

### *Hypothesis 3*

It was expected that individuals who reported more discrimination (measured as a composite of frequency and stressfulness) during the last year would report lower life satisfaction and more psychological distress symptoms. This relationship was expected to remain when SES and response set (measured as life satisfaction) were statistically controlled.

### *Hypothesis 4*

It was predicted that gender and race would predict reported life satisfaction and psychological distress symptoms. However, these relationships were expected to attenuate when variation due to SES and reported experiences with discrimination were controlled.

## Method

### *Sample*

The sample was taken from the St. Louis Metropolitan Area community as well as the University of Missouri-St. Louis. A door-to-door sampling strategy as well as convenience sampling was used to recruit participants from homes and businesses in various census tracts in the community. The total sample consisted of 104 AA women, 82 AA men, 97 EA women, and 75 EA men to form a total of 358 participants. The percentage of participants taken from the door-to-door versus convenience sample was not tracked. Of the total sample, fifty participants were students recruited from two undergraduate psychology courses at the university (Personality Theory and African American Studies). Of the 50 students, there were 5 AA men, 14 AA women, 10 EA men, and 21 EA women. Mean demographics and SES ratings given by each subgroup as well as the total sample is displayed in Table 1. Subgroup demographics were similar, with the majority of individuals cohabiting or married and living with one or two other people. The overall sample was most likely to be in their 30's although AAs tended to be somewhat younger than EA's and women as a group tended to be younger than men. The entire range of income and wealth was represented in this sample, with the number of individuals in a household ranging from 1 to 9,  $M = 3$ ,  $SD = 1.56$ . In the current sample, educational attainment ranged from some high school to professional degree, although mean education ratings suggest the majority of the sample had obtained some college up to an Associate's degree. The entire range of occupational status ratings was represented in the current sample. Subgroup demographics and SES differences were not significant.

### *Measures*

*Socioeconomic Status.* Participants were given a questionnaire asking their age, gender, marital status, household income, number of individuals living in the household, personal educational attainment, and occupation. Participants were asked to indicate their income on 6-point scale corresponding to the quintiles and upper 5% of national income distribution as determined by the 2001 U.S. Census, where 1 represented an annual income of \$17,970 or less and 6 represented an annual income of \$150,499 or



higher. Participants rated their educational attainment on a 9-point scale corresponding to divisions of educational attainment used in the 2000 Census, where 1 represented less than a 9<sup>th</sup> grade education, and 9 represented attainment of a professional degree. Occupational status ratings were on a 13-point scale, where 0 represented unemployment and the ratings 1 through 12 represented the range of occupational categories used in the 2000 U.S. Census ranging from lowest to highest prestige occupations. In addition, the demographic questionnaire contained four questions assessing wealth, requiring yes/no answers. These questions were included because wealth is, at times, a more accurate indicator than income or education of the stability of economic resources and socioeconomic status (Krieger, Rowley, Herman, Avery, Phillips, 1993). In addition, socioeconomic status may be attained by wealth that is independent of current education and income. For the four items assessing wealth, individuals received one point for each 'yes' answer, so that the total possible Wealth Score ranged from 0 to 4. Items included in this measure can be found in Appendix A.

Participants' ratings of their household income were divided by the number of individuals living in the household to create the Income Index, which allowed for an estimation of the economic circumstances of the household. The economic circumstances of a household at a given level of income can change dramatically depending on the number of individuals for whom that income must provide food, clothing, medical, and other resources. The Income Index was therefore created to provide a more accurate estimation of the economic situation of the household than the actual dollar amount of income. In the current sample, Income Indices ranged from .13 to 6,  $M = 1.44$ ,  $SD = 1.04$ . The points for items assessing wealth were summed to create a Wealth Score. In the current sample, the entire range of wealth scores were represented (0 to 4),  $M = 2.85$ ,  $SD = 1.12$ . The ratings from the Income Index, Educational Attainment Rating, Occupational Status Rating, and Wealth Score were converted to percentiles based on the sample. The SES score was created from the sum of these percentiles. In the current sample, the range of SES scores was 29 to 374.

Table 1

*Mean Demographic and SES Item Ratings and Percentiles for Current Sample*

Group	N	Age	Marital Status	People in Household	Household Income <sup>a</sup>	Education Level	Occupational Category	Car Owner <sup>b</sup>	Home Owner <sup>b</sup>	Savings Acct <sup>b</sup>	Business Owner/Investments <sup>b</sup>	Wealth Score Percentile
All Men	150	37	3(married)	3	3.39 (53)	4.98 (52)	7.61 (50)	.89	.62	.84	.54	52
AA men	78	34	2	3	3.24 (50)	4.73 (47)	7.31 (49)	.82	.55	.81	.45	45
EA men	72	40	3 (cohabiting)	3	3.49 (57)	5.25 (57)	7.96 (51)	.96	.70	.87	.63	59
All Women	197	33	2	3	3.23 (49)	4.82 (50)	7.71 (51)	.90	.64	.81	.48	50
AA women	100	34	2	3	3.11 (49)	4.80 (49)	7.68 (51)	.89	.63	.80	.46	49
EA women	97	31	2	3	3.34 (48)	4.84 (51)	7.75 (51)	.92	.65	.82	.49	50
Total Sample	347	34	3	3	3.28 (51)	4.89 (51)	7.67 (50)	.90	.63	.82	.50	50
EA	169	35	2	3	3.40 (52)	5.02 (53)	7.84 (51)	.93	.67	.85	.55	54
AA	178	34	2	3	3.17 (49)	4.77 (48)	7.51 (50)	.86	.59	.80	.46	47

*Note.* Mean percentiles are in parentheses rounded up to nearest whole number. Age, marital status, and people in household are also rounded to nearest whole number.

<sup>a</sup> The percentile score refers to mean income index score.

<sup>b</sup> Values represent the proportion of participants who answered “yes” to these items.

*Discrimination.* A questionnaire was created for this study using modified items from the Schedule of Racist Events (SRE; Landrine & Klonoff, 1996) and the Schedule of Sexist Events (SSE ; Klonoff & Landrine, 1995). This new measure was called the Combined Schedule of Sexist and Racist Events (CSSRE).

Each of the original SSE and SRE scales contained many of the same questions with the wording changed to refer to gender or race. In addition, each contained some items regarding situations that are believed to be specific to race or gender (i.e. sexual harassment or being called a racist name). Because of this overlap in item content, items from the SSE that dealt specifically with sexism were added to items from the SRE to create a scale that included all of the repeated items, race specific situation items from the SRE, and gender specific situation items from the SSE. The resulting scale included 26 items, and can be found in Appendix B.

Each item asks how frequently a specific instance of unfair treatment has occurred in the last year, and the respondent indicated how often it has occurred due to their race, their gender, and their particular combination of race and gender; and provide a rating of how stressful it was separately for race, gender, and their combination of race and gender. The ratings for occurrence of the event ranged from 1, indicating that the event never happened in the past year, to 6, indicating that the event happened almost all of the time in the past year. The rating for stressfulness of the event ranged from 1, indicating that the event was not stressful at all, to 6, indicating that it was extremely stressful. Responses pertaining to gender, race, and their combination were summed separately so that a score for frequency of occurrence over the past year and one for stressfulness was created for each type of discrimination. As mentioned earlier, measuring interactive racism and sexism as one combined variable, rather than an interaction of two separate racism and sexism variables was expected to capture more of participants' perceived experiences of discrimination than was possible in previous research. This is because participants would be given the option of classifying their experiences with discrimination as a response to their gender and race in combination if that is how they perceived it.

To create scores for each of the three types of discrimination, the frequency score was multiplied by the mean stressfulness score. This scoring system provided a way to weight the frequency of discrimination experiences by the amount of impact they have on the individual. Using one score instead of two was also done to cut down on the number of variables used with the limited sample size in some groups (i.e. African-American men). A total discrimination score was created by summing the scores for each of the three types of discrimination.

The reliability and validity of the items as measures of sexism and racism has previously been established by Klonoff and Landrine (1995) and by Landrine and Klonoff (1996). Internal consistency reliability of the SRE is high, ranging from alphas of .93 to .95 for the scales measuring frequency and stressfulness of racist events. Convergent validity for the SRE has been established using the HSCL-58 and cigarette smoking behavior; two measures of stress-related symptoms and behavior. SRE scores were significantly and positively correlated with smoking and with stress-related symptoms of anxiety, somatization, obsessive-compulsive tendencies, and interpersonal sensitivity as measured by the HSCL-58 (Landrine and Klonoff , 1996).

Internal consistency reliability alphas for the SSE is also high, ranging from .90 to .92 for the scales measuring frequency of sexist events (Klonoff & Landrine, 1995). Split-half reliability was also good, ranging from .83 to .87 for the scales. Convergent validity for the SSE was established using the Hassles-F, which measures frequency of daily, minor stressors; and the PERI-LES, which measures frequency of major stressful life events. The SSE scales correlated positively and significantly with these two instruments (Klonoff & Landrine, 1995).

Convergent validity was not established for the CSSRE because there are no existing instruments measuring the combination of sexism and racism with which to compare it. In a pilot study, the internal consistency and split half reliability for the CSSRE was established using a sample of 37 university students ages 18 and over. The sample included 16 men (8 AA and 8 EA) and 21 women (12 AA and 9 EA). Internal consistency and split-half reliability analyses were performed on the racism, sexism, and

combination frequency scales of the CSSRE, as well as the total frequency and stress scales. Reliability was very good for all scales as well as the measure overall; with alpha coefficients ranging from .96 to .98, and Guttman split half coefficients ranging from .79 to .88. The coefficients for the total measure as well as for items on each scale can be found in Table 2. In the total sample (N=347) used for the current study, Cronbach's alpha was calculated for the entire CSSRE ( $\alpha = .99$ ) as well as the Racism ( $\alpha = .98$ ), Sexism ( $\alpha = .98$ ), and Combination Discrimination ( $\alpha = .98$ ) scales.

Table 2

*Internal Consistency and Split Half Reliability of the CSSRE in the Pilot Sample (N = 37)*

	Internal Consistency <sup>a</sup>	Split half <sup>b</sup>
All frequency items	.98	.86
All stress items	.97	.88
Racism frequency items	.96	.89
Gender frequency items	.96	.78
Combination (race and gender) frequency items	.97	.84

<sup>a</sup>Coefficient Alpha

<sup>b</sup>Guttman Split-half coefficient

*Life Satisfaction.* The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen & Griffin, 1985) was used to assess individual's cognitive assessment of how satisfied they were with their life as a whole. It is a self-report measure consisting of five items that pertain to global satisfaction with life. Items have a Likert response scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Response ratings were summed to create an overall life satisfaction score with a range of 5 to 35. Items are listed in Appendix C.

The SWLS has demonstrated good convergent and discriminant validity. It demonstrated high positive correlations ( $r = .58$  to  $.75$ ) with other measures of subjective well-being and with peer rated measures of the target individual's life satisfaction (Diener et al., 1985; Pavot, Diener, Colvin, & Sandvik, 1991). The SWLS correlated negatively with a measure of negative affect ( $r = -.32$  and  $-.37$ ), and with a symptom checklist that is similar to the Hopkins Symptom Checklist ( $r = -.41$ ) (Diener et al, 1985). In

addition, Diener and colleagues (1985) found that scores on the SWLS did not correlate highly with social desirability ( $r=.02$ ). The SWLS demonstrated a modest positive correlation ( $r=.42$ ) with a memory differential task indicative of the tendency to recall positive rather than negative events positively (Pavot et al., 1991). The SWLS has also shown good test-retest reliability ( $r=.87$  and  $.83$ ) in two studies (Diener et al., 1985; Pavot et al., 1991). Inter-item correlations for the scale ranged from  $.61$  to  $.81$ , demonstrating good internal consistency. In the current sample, internal consistency of the SWLS was high ( $\alpha = .88$ ).

*Psychological Distress Symptoms.* Symptoms of psychological distress were measured using the Symptom Checklist (SCL), a brief instrument using items from the Hopkins Symptom Checklist-58 (HSCL-58; Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974). The HSCL-58 is a frequently used and well-validated measure of generalized psychological distress that is characterized by depression, anxiety, somatic symptoms, interpersonal sensitivity, and obsessive-compulsive thinking and/or behaviors. The HSCL contains 58 items that can be broken down into five scales assessing these clusters of symptoms or used as a general measure of psychological distress. The instrument yields five symptom scale scores based on the clusters as well as a global score indicating overall psychological distress.

Of the 58 items on the HSCL-58, forty-five items have demonstrated the strongest relationships to the five symptom clusters in factor analyses (Derogatis et al, 1974). The other 13 items do not consistently load on any specific symptom cluster. In the interests of brevity, the 45 symptom specific items were used in the current study to assess general psychological distress. These items are referred to as the Symptom Checklist (SCL), and are listed in Appendix D. SCL items consisted of symptom statements (e.g. nervousness or shakiness inside; your feelings being easily hurt; etc), which were rated on a Likert scale ranging from 0 (*not at all*) to 4 (*extremely*). The global symptom score was the total of the responses for all items, converted to a T-score with a mean of 50 and standard deviation of 10.

Other research has used subsets of items from the HSCL-58 in order to assess one or more of the symptom clusters mentioned above (Barnett & Marshall, 1991; DuBois, 1997; Mattson, Williams,

Rickels, Lipman, & Uhlenhuth, 1969). The items being used as the SCL have also been used as part of the HSCL-58 or its longer version, the SCL-90 in studies assessing symptoms of psychological distress (Barnett, Brennan, & Marshall, 1994; Chambers et al., 1998; Klonoff et al, 2000; Klonoff et al., 1999; Landrine & Klonoff, 1996; Landrine et al., 1995; Mathiesen, Tambs, and Dalgard, 1999; Nakao, Fricchione, Zuttermeister, Myers, Barsky, & Benson, 2001).

Previous research demonstrated that the scales tend to be highly correlated with each other, and some studies have used the global score rather than individual scores because of this. In past research, depression and anxiety have most often been used together as indicators of generalized psychological distress. These scales have demonstrated high correlations with each other ( $r = .80$ ; Barnett & Marshall, 1991; Barnett, Brennan, & Marshall, 1994; Mathiesen, Tambs, and Dalgard, 1999). In the current study, similar high correlations were found between the scales as well as between the scales and the global score (See Table 4). The high correlation between depression, anxiety, and the global symptoms scores in this sample suggested that the global score is tapping into a generalized distress that encompasses the symptoms measured by previous studies similar to this one. The global SCL score has been used in previous studies that successfully demonstrated group differences in overall symptoms and a relationship between symptoms and experienced discrimination. In addition, the decision to use the total score from the SCL items was made because this score encompasses the major types of distress that have been consistently found to vary with gender, race, and discrimination in past research: depression, anxiety and somatization. Thus, the results of the current study, using only the global score in the analyses, were expected to be comparable to those of previous research.

The internal consistency and test-retest reliabilities for the HSCL total score were not reported by Derogatis et al. (1974). In the current sample, internal consistency reliability was high for the entire SCL,  $\alpha = .97$ . The HSCL also demonstrated consistency with clinician ratings of outpatients, with correlations ranging from .64 for depression to .80 for interpersonal sensitivity. With regard to criterion validity, the creators of the HSCL-58 reported that it demonstrated sensitivity to the treatment effects associated with anxiolytic and antidepressant medication, as well as changes in the emotional status of

nonpsychiatric outpatients. Construct validity has also been established for the HSCL-58, based on its ability to rank order patient groups in a manner that was identical to that recommended by external independent criteria and clinicians ratings (Derogatis et al., 1974). In addition, the HSCL-58 scale and total scores were significantly different for patient and community samples used in the normative sample.

### *Procedures*

Data were collected from the community by one EA and two AA undergraduate research assistants who were in their third and fourth years of college. The majority of data collection consisted of a door-to-door sampling of individuals dwelling in various communities across seven census tracts in St. Louis City and eleven census tracts in St. Louis County. These communities were selected according to socioeconomic characteristics indicated by recent census tract data. Thus, data were collected from communities representing a range of socioeconomic status levels. Data were also collected from workplaces of the research assistants and primary investigator, which included police and security officers, administrative or secretarial staff, cooks, wait staff, retail workers and managers, and social workers. These participants were not offered any compensation for participation. Data were also collected from 50 students in two undergraduate psychology courses. Extra course credit was offered to the students for their participation in the research.

Research participants were trained to explain the nature of the study and provide instructions for each of the questionnaires before leaving participants to complete them. Participants were told that the study was an investigation of how racial and gender groups differed in their mental health and perceptions of discrimination, as well as an investigation of how experiences with discrimination affected people differently depending on their gender and race. They were presented with a consent form and verbally briefed on the highlights of this form, including: risks and benefits, voluntary nature of their participation, anonymity of their responses, how consent forms would be handled to maintain their confidentiality, and where to direct any later questions about the study. Participants were directed not to put identifying information on any of the questionnaires, and consent forms were placed in a separate envelope from the questionnaires after participants' signed them. Although directions for completion were printed on each



questionnaire, research assistants verbally reviewed these instructions to be sure that participants understood the response format they were to use.

In the door-to-door recruiting, research assistants waited for participants to complete the questionnaires, or went back later the same day to collect completed questionnaires. For convenience samples, questionnaires were dropped off with people and picked up a day or so later. The refusal rate was not tracked.

## Results

### *Data Screening*

The original data consisted of 358 cases. The raw data were checked for errors visually and using SPSS Frequencies to identify out of range values for gender, race, discrimination scores, income index, wealth, life satisfaction, and symptom scores. Error correction was done by checking the raw data set against the hard copies of questionnaires (which were marked with a case number), and this resulted in correction of all errors in gender and race entry as well as many other types of erroneous entries. SPSS Case Summaries was used to obtain means, medians, and standard deviations of scores for each of the four groups separately. There were 11 cases with half or more of the items missing from the CSRE or SCL, and these were deleted from the data set, leaving 347 cases to be used in the analyses.

The distributions of scores from the SES measure, CSSRE, SCL, and SWLS were evaluated for normality and outliers. CSSRE and SCL scores demonstrated a mild positive skew within acceptable range (2 to 2.8). Casewise diagnostics were requested through SPSS Regression to identify multivariate outliers. Four cases were identified as multivariate outliers, but when the analyses were re-run without them, the results were identical. Therefore, those cases were retained. Group means, medians, and standard deviations of scores used in the analyses can be found in Table 3.

Scatterplots were used to check for linearity between the dependent variable combinations. Most revealed a clear linear pattern. However, the scatter plots between life satisfaction scores with SES and CSSRE scale scores were very diffuse, and did not demonstrate a clear relationship. Similarly, plots of

the relationships between CSSRE scale scores and SES scores failed to demonstrate a clear pattern. Data were screened for multicollinearity using a correlation matrix of all variables to be used in the analysis (Table 4). Multicollinearity was found between the racism and combination discrimination scores of the CSSRE and the CSSRE total discrimination score ( $> .90$ ). Based on multicollinearity between the SCL scales and between the CSSRE scales, only the global symptom score was used from the SCL, and CSSRE total discrimination score was not used in the MANOVA together with the specific discrimination scale scores.

Table 3

*Group Mean and Median scores with Standard Deviations*

GENDER	RACE		AGE	SES Score	CSSRE Racism Score	CSSRE Sexism Score	CSSRE Combination Discrimination Score	Total CSSRE Discrimination Score	SWLS Score	Global Symptoms T Score	
male	White	N	72.0	71.0	72.0	72.0	72.0	72.0	72.0	72.0	
		Mean	39.7	222.8	102.5	90.0	96.2	288.7	23.5	47.9	
		Median	38.5	211.0	70.6	67.2	61.0	202.5	24.0	45.4	
	Black	Std Dev	12.7	72.5	104.7	78.1	104.2	281.5	6.1	6.9	
		N	78.0	78.0	78.0	78.0	78.0	78.0	78.0	78.0	78.0
		Mean	34.1	189.7	256.9	148.3	223.4	628.6	22.0	48.3	
	Total	Median	32.5	189.0	211.2	81.9	150.4	462.4	23.0	43.6	
		Std Dev	10.9	82.9	215.1	151.0	203.9	540.1	7.5	10.9	
		N	150.0	149.0	150.0	150.0	150.0	150.0	150.0	150.0	150.0
	female	White	Mean	36.8	205.5	182.8	120.3	162.3	465.4	22.7	48.1
			Median	35.0	205.0	91.9	77.3	82.7	266.4	23.0	44.7
			Std Dev	12.1	79.6	187.4	124.7	175.3	466.4	6.9	9.2
Black	N	97.0	97.0	97.0	97.0	97.0	97.0	97.0	97.0	97.0	
	Mean	31.1	198.2	99.5	173.1	122.1	394.7	24.1	52.1		
	Median	27.0	198.0	71.8	117.3	71.4	264.1	25.0	49.1		
Total	Std Dev	10.3	74.6	73.2	167.3	127.7	341.9	6.6	10.2		
	N	100.0	100.0	100.0	100.0	100.0	100.0	99.0	100.0		
	Mean	33.9	195.2	258.4	198.0	231.6	687.9	20.4	50.9		
Total	Median	31.0	196.0	195.8	111.0	150.7	498.9	21.0	47.8		
	Std Dev	11.8	74.2	244.6	208.8	249.0	685.0	7.1	10.5		
	N	197.0	197.0	197.0	197.0	197.0	197.0	196.0	197.0		
Total	White	Mean	32.5	196.7	180.1	185.7	177.7	543.6	22.2	51.5	
		Median	28.0	198.0	105.0	115.5	91.8	352.0	23.0	48.4	
		Std Dev	11.2	74.2	198.0	189.4	205.7	562.0	7.1	10.4	
	Black	N	169.0	168.0	169.0	169.0	169.0	169.0	169.0	169.0	
		Mean	34.8	208.6	100.7	137.7	111.1	349.5	23.8	50.3	
		Median	32.0	210.0	70.6	86.3	64.5	239.1	24.0	47.7	
	Total	Std Dev	12.1	74.5	87.7	142.4	118.6	321.0	6.4	9.2	
		N	178.0	178.0	178.0	178.0	178.0	178.0	177.0	178.0	
		Mean	34.0	192.8	257.8	176.2	228.0	661.9	21.1	49.7	
	Total	Median	31.5	192.5	199.2	105.7	150.7	479.0	22.0	45.6	
		Std Dev	11.4	78.0	231.5	186.8	229.8	624.7	7.3	10.7	
		N	347.0	346.0	347.0	347.0	347.0	347.0	346.0	347.0	
Total	Mean	34.35	200.46	181.28	157.45	171.05	509.78	22.43	50		
	Median	32	200.5	99.04	95.65	87.61	297.35	23	46.54		
	Std Dev	11.74	76.58	193.21	167.53	193.04	523.56	6.99	10		

*Note.* Ranges of scores in this sample are as follows: SES Score 29-373; CSSRE Racism Score 47-1374.61; CSSRE Sexism Score 46-1362.17; CSSRE Combination Discrimination Score 48-1408; CSSRE Total Discrimination Score 142-4144.78; SWLS Score 0-35; SCL Depression Score 42.20-96.33; SCL Anxiety Score 43.77-107.67; SCL Somatization Score 42.07-100.93; Interpersonal Sensitivity Score 41.03-94.50; Obsessive Compulsive Score 41.87-92.68; Global Symptoms Score 41.31-98.73

Table 4

*Correlations, Means, and Standard Deviations (in parentheses) of Variables Used in Analyses (N=347)*

	1.	2.	3.	4.	5.	6.
1. SES	200.5 (76.7)					
2. SWLS Score	.27**	22.4 (6.9)				
3. CSSRE Racism Score	-.08	-.15**	182.1 (193.5)			
4. CSSRE Sexism Score	-.13*	.15**	.75**	158.1 (167.8)		
5. CSSRE Total Discrimination score	.074	.137*	.94**	.89**	509.8 (523.6)	
6. SCL Global symptoms score	-.11*	-.29**	.43**	.54**	.54**	50 (10)

*Hypotheses One and Two: Group Differences in Reports of Discrimination*

*Preliminary Analyses for Hypotheses One and Two.* Multiple Analyses of Covariance were planned for testing Hypotheses 1 and 2. The independent variables were gender and race, creating 4 groups. The SES score was to be the covariate. However, in preliminary analyses, relationships between the independent variables and covariate were tested and a significant relationship was found between race and SES. EA participants had significantly higher ( $p < .05$ ) SES scores than AA participants. If SES were included as a covariate, the variance that race shared with it would be removed before the relationship between race and discrimination was tested. Therefore, any possible relationship between race and discrimination would be attenuated. Thus, SES was not used as a covariate in the final analysis.

Although income and education did not demonstrate significant relationships with gender or race, homogeneity of regression could not be established with them as covariates. Thus, the final MANOVA was run using only gender and race as independent variables with racism, sexism, and combination discrimination as dependent variables. Box's and Levene's tests for homogeneity of variance were requested in SPSS GLM Multivariate. Both were significant, indicating heterogeneity of variance between cells. In consideration of this, Pillai's criterion and a conservative alpha of .025 were used

throughout the analyses.

A separate ANOVA was used to test group differences on Total Discrimination scores. Again, Box's and Levene's tests for homogeneity of variance were significant and an alpha of .025 was used. The Type III Model for calculating Sums of Squares was used to compensate for unequal cell sizes in all analyses.

*Results for Hypotheses One and Two:* Hypothesis 1 stated that gender, race, and their interaction would significantly predict reported discrimination overall; and specifically predict reported racism, sexism, and combination discrimination. This was partially supported by the overall test of gender and racial differences in sexism, racism, and combination discrimination. Pillai's Trace criterion indicated that the combined dependent variables were significantly affected by gender  $F(3, 341) = 14.93, p < .025, \eta = .12$  and race,  $F(3, 341) = 37.90, p < .025, \eta = .25$ ; but not the gender by race interaction  $F(3, 341) = .96, p > .025, \eta = .01$ .

The corresponding univariate tests (Table 5) supported the prediction that women would report greater frequency and stressfulness of sexism than men  $F(1, 343) = 14.00, p < .025, \eta = .04$  and AAs would report more frequency and stressfulness of racism than EAs  $F(1, 343) = 66.48, p < .025, \eta = .16$ . AAs also reported greater frequency and stressfulness of sexism  $F(1, 343) = 5.49, p < .025, \eta = .02$  and combination discrimination  $F(1, 347) = 34.99, p < .025, \eta = .09$  than EAs. However, race is more strongly associated with racism than race or gender is with sexism and combination discrimination. The univariate test of group differences in total discrimination scores revealed only significant racial differences. AAs had significantly higher total discrimination scores than EAs;  $F(1, 343) = 34.11, p < .025, \eta = .09$ . There were no other significant gender differences, and no interactive effects of gender and race. The effect size indicates the interaction of gender and race had no impact on any form of discrimination or on total discrimination. Thus, the predictions that AA women's discrimination experiences were different from those of the other groups or greater than those of other groups was not supported.

Table 5

*Multiple Analyses of Variance for the Total Sample - Effects of Gender, Race, and their Interactions on Racism, Sexism and Combination Discrimination*

Sources of Variance for Each DV	<i>Df</i>	Univariate <i>F</i>	$\eta$	<i>p</i>
<b>Racism</b>				
Gender	1	.002	.00	.97
Race	1	66.48	.16	.00
Gender x Race	1	.013	.00	.91
Error	343			
<b>Sexism</b>				
Gender	1	14.00	.04	.00
Race	1	5.49	.02	.02
Gender x Race	1	.89	.00	.35
Error	343			
<b>Combination Discrimination</b>				
Gender	1	.73	.00	.39
Race	1	34.98	.09	.00
Gender x Race	1	.20	.00	.66
Error	343			
<b>Total Discrimination</b>				
SES	1	.36	.00	.55
Gender	1	3.45	.01	.06
Race	1	30.51	.08	.00
Gender x Race	1	1.17	.00	.28
Error	343			

Preliminary analyses using the SES score as a covariate supported Hypothesis 2 which stated that with SES statistically controlled, the predicted relationships between status variables and reported experiences with discrimination would still exist. Pillai's Trace criterion indicated that the combined dependent variables were not significantly affected by the SES score,  $F(3, 338) = 1.00, p > .025$ . Univariate tests indicated that the SES score had no significant main effects on any form of discrimination, and no significant interaction with race or gender in their effects on any form of discrimination. The stated relationships between race or gender and any form of discrimination remained significant regardless of the SES score.

*Hypothesis Three: Discrimination and Reported Symptoms*

*Preliminary Analyses for Hypothesis Three.* Hypothesis 3 was tested by multiple regression analyses. Of the three CSSRE scale scores, only the CSSRE racism and sexism scores were used in the final analyses because of multicollinearity between the combination discrimination score and both the racism and sexism scales. Initial analyses revealed very low tolerance between the combination discrimination scale and both the racism and sexism scales.

The effects of CSSRE racism and sexism scores on the SCL global symptom scores was tested, controlling for SWLS (life satisfaction) and SES scores. Life satisfaction was added to the first step of the analyses to control for the potential effects of a response. SWLS scores have demonstrated a modest positive correlation with the tendency to recall positive rather than negative events (Pavot et al., 1991), which could potentially account for variation in symptom scores. These relationships were tested in steps, as follows: (a) life satisfaction and SES (b) racism and sexism (c) the interactions of these variables. The effects of discrimination on life satisfaction were then tested, controlling for the contributions of SES. These relationships were tested in steps, as follows: (a) SES (b) racism and sexism (c) the interactions of these variables. Separate regressions were done for the total sample, males, females, AAs, and EAs. Because the female sample was sufficiently large, regressions were performed with AA women and EA women separately to see if there were group differences. However, due to the

smaller sample sizes in these subgroups of women, only main effects were tested.

*Results for Hypothesis Three.* Hypothesis three predicted that more discrimination, as indicated by a composite of frequency and stressfulness, would be associated with lower life satisfaction and more psychological distress symptoms. Furthermore, this relationship was expected to remain when SES was statistically controlled. Life satisfaction was also statistically controlled in the regressions on total symptoms to account for variation in reported symptoms due to response set. See Table 6 for details of these results.

Sexism significantly predicted higher global symptom scores for the total sample, as well as most subgroups. For the subgroups composed of AA and AA women only, sexism was not a significant predictor of symptoms, but racism was. Entered at the first step, higher life satisfaction significantly predicted lower global symptom scores for all but AA women, for whom it was not significantly predictive of symptoms. As predicted, life satisfaction did not decrease the significance of racism or sexism as predictors of symptoms. The SES score did not demonstrate a significant relationship to global symptoms for the total sample or any of the groups. Neither did it decrease the significance of sexism or racism as a predictor of symptoms.

Relative to SES and life satisfaction, sexism and racism each accounted for the largest percentage of variation in symptoms (23-31%) in the subgroups where they were significant predictors. As a group, the interactions of racism and sexism with life satisfaction and SES, added at the third step produced a small, but significant  $R^2$  change for the subgroups of AAs, men, and women; as well as the total sample. However, the individual interactions were not significant predictors of symptoms for any of the subgroups, or the total sample.

The portion of hypothesis 3 predicting that reported experiences with discrimination would significantly predict life satisfaction after SES was statistically controlled was not supported. These results are in Table 7. Discrimination did not significantly predict life satisfaction in the total sample or any of the subgroups. Higher SES scores predicted greater life satisfaction for the total sample, as well as



the subgroups composed of men, AA, AAW, and EA. Although SES accounted for a larger percentage of life satisfaction relative to racism and sexism, it still only accounted for a very small amount of variation in life satisfaction for most groups. No variables predicted life satisfaction for women or EA women. Despite their individual insignificance as predictors of life satisfaction for EA women, racism and sexism together accounted for 11.3 % of life satisfaction in this group; more than it had accounted for in any of the other subgroups or in the total sample. The interactions of racism and sexism with SES, added at the third step, did not significantly predict life satisfaction as a group or individually and only accounted for a very small percentage of variation in life satisfaction.

Table 6

*Sequential Multiple Regression of Life Satisfaction, SES, and Discrimination Scores on Global Symptom Scores*

Symptom scales with independent variables	$R^2$	$R^2$ Change	$B$	$SE B$	$\beta$
Total Sample (N=345)					
Step 1	.083	.083			
Life Satisfaction			-.395	.077	-.276**
SES			-.005	.007	-.036
Step 2	.338	.255			
Life Satisfaction			-.301	.066	-.210**
SES			.002	.006	.012
Racism			.002	.003	.047
Sexism			.028	.004	.477**
Step 3 <sup>a</sup>	.385	.048**			
EA (N = 168)					
Step 1	.120	.120			
Life Satisfaction			-.465	.106	-.323**
SES			-.010	.009	-.082
Step 2	.427	.307			
Life Satisfaction			-.360	.087	-.250**
SES			.004	.008	.031
Racism			-.008	.008	-.075
Sexism			.040	.005	.620**
Step 3 <sup>a</sup>	.433	.006			
AA (N = 177)					
Step 1	.072	.072			
Life Satisfaction			-.391	.114	-.265**
SES			-.002	.011	-.012
Step 2	.374	.302			
Life Satisfaction			-.331	.095	-.224**
SES			.001	.009	.006
Racism			.022	.005	.464**
Sexism			.006	.006	.101
Step 3 <sup>a</sup>	.449	.074**			
Men (N = 149)					
Step 1	.096	.096			
Life Satisfaction			-.439	.117	-.328**
SES			.006	.010	.050

Symptom scales with independent variables	$R^2$	$R^2$ Change	$B$	$SE B$	$\beta$
Step 2	.326	.231			
Life Satisfaction			-.385	.103	-.287**
SES			.013	.009	.113
Racism			.008	.006	.161
Sexism			.026	.009	.347**
Step 3 <sup>a</sup>	.378	.052*			
Women ( N = 196)					
Step 1	.079	.079			
Life Satisfaction			-.380	.102	-.260**
SES			-.010	.010	-.075
Step 2	.334	.255			
Life Satisfaction			-.276	.089	-.189**
SES			-.005	.008	-.033
Racism			.001	.005	.025
Sexism			.027	.005	.493**
Step 3 <sup>a</sup>	.384	.050**			
EA Women (N = 97)					
Step 1	.202	.202			
Life Satisfaction			-.660	.143	-.426**
SES			-.017	.013	-.124
Step 2	.513	.311			
Life Satisfaction			-.374	.120	-.242**
SES			-.007	.011	-.049
Racism			.020	.016	.143
Sexism			.029	.007	.480**
Step 3 <sup>a</sup>	.558	.045			
AA Women ( N = 99)					
Step 1	.032	.032			
Life Satisfaction			-.243	.152	-.164
SES			-.006	.015	-.046
Step 2	.338	.306			
Life Satisfaction			-.217	.127	-.147
SES			-.004	.012	-.026
Racism			.028	.008	.654**
Sexism			-.006	.009	-.116
Step 3 <sup>a</sup>	.403	.064			

\*\*  $p \leq .01$ , \* $p \leq .05$ , † $p \leq .10$

<sup>a</sup> The third step included life satisfaction, SES, racism, and sexism. The interactions of racism with life satisfaction and SES, and interactions of sexism with life satisfaction and SES were added at this step. None of the interactions was significant.

Table 7

*Sequential Multiple Regression of SES and Discrimination on Life Satisfaction*

Groups and independent variables	$R^2$	$R^2$ Change	$B$	$SE B$	$\beta$
Total Sample (N=345)					
Step 1	.073	.073			
SES			.025	.005	.270**
Step 2	.089	.017*			
SES			.023	.005	.256**
Racism			-.003	.003	-.085
Sexism			-.002	.003	-.053
Step 3	.095	.006			
EA (N = 168)					
Step 1	.024	.024*			
SES			.013	.007	.156*
Step 2	.041	.017			
SES			.011	.007	.130
Racism			-.001	.008	-.007
Sexism			-.006	.005	-.126
Step 3	.041	.000			
AA (N = 177)					
Step 1	.113	.113**			
SES			.031	.007	.336**
Step 2	.123	.011			
SES			.031	.007	.330**
Racism			.002	.004	.077
Sexism			-.006	.005	-.159
Step 3	.128	.004			
Men (N = 149)					
Step 1	.189	.189**			
SES			.037	.006	.434**
Step 2	.201	.013			
SES			.036	.006	.424**
Racism			.005	.005	.134
Sexism			-.011	.007	-.194
Step 3	.208	.006			
Women (N = 196)					

Groups and independent variables	$R^2$	$R^2$ Change	$B$	$SE B$	$\beta$
Step 1	.019	.019			
SES			.013	.007	.139†
Step 2	.052	.033*			
SES			.013	.007	.134†
Racism			-.007	.004	-.185
Sexism			.000	.004	.005
Step 3	.056	.004			
AAW (N = 99)					
Step 1	.049	.049*			
SES			.021	.009	.221*
Step 2	.050	.002			
SES			.021	.010	.220*
Racism			-.002	.006	-.086
Sexism			.002	.007	.066
Step 3	.051	.000			
EAW (N = 97)					
Step 1	.002				
SES			.004	.009	.050
Step 2	.116	.113**			
SES			.004	.009	.042
Racism			-.024	.014	-.264
Sexism			-.004	.006	-.091
Step 3	.118	.002			

\*\*  $p \leq .01$ , \* $p \leq .05$ , † $p \leq .10$

<sup>a</sup> The third step included SES, racism, and sexism. In addition the interaction of racism with SES, and the interaction of sexism with SES were both added at this step. None of the interactions was significant.

*Hypothesis Four: Group Differences in Reported Symptoms*

*Preliminary Analyses for Hypothesis Four.* Multivariate Analysis of Covariance was planned for testing Hypotheses 4 to determine the effects of gender and race on SCL global symptom scores and SWLS scores, controlling for the effects of SES and CSSRE Total Discrimination scores. In preparation for a MANCOVA to test Hypotheses 4, relationships between the independent variables and covariates were tested and a significant relationship was found between race and SES as well as between race and Total Discrimination. EA participants had significantly higher ( $p < .05$ ) SES scores and significantly lower Total Discrimination scores than AA participants. If either SES or Total Discrimination were included as covariates, then the variance that race shared with them would be removed before the relationship between race, symptoms, and life satisfaction was tested. These relationships would possibly be attenuated. Thus, neither SES nor Total Discrimination scores could be used as covariates. However, some exploratory analyses were conducted, using the SES and Total Discrimination as covariates, in order to determine what effect these would have had if they were included in the main analyses.

Although income and education did not demonstrate significant relationships with gender or race, homogeneity of regression could not be established with them as covariates. Thus, the MANOVA was run using only gender and race as independent variables with SCL Global Symptoms Scores and SWLS scores as the DV. Because Box's test for equality of covariance matrices was significant, a more conservative alpha criteria was used ( $p < .025$ ) was used. The Type III Model for calculating Sums of Squares was used to compensate for unequal cell sizes.

*Results for Hypothesis Four.* This hypothesis predicted that gender and race would predict symptoms and life satisfaction, but that these relationships would attenuate when variation due to SES and reported discrimination were controlled. The first part of the hypothesis, that gender and race would predict reported life satisfaction and symptoms was supported by both the overall test and the Univariate tests. Pillai's Trace criterion indicated that the combined dependent variables (global symptom scores and life satisfaction scores) were significantly associated with gender  $F(6, 341) = 5.20, p < .025, \eta = .03$  and

race,  $F(6, 341) = 7.15, p < .025, \eta = .04$ . The contribution of the gender by race interaction was not significant. Univariate results are presented in Table 8. These results indicated a significant gender difference for symptoms but not life satisfaction, with women reporting significantly more symptoms than men. However, the strength of association between gender and symptoms was very small ( $\eta = .03$ ). Although gender did not predict life satisfaction, race did. EAs reported higher life satisfaction than AAs. Despite the significance of race as a predictor of life satisfaction, it was weakly associated with life satisfaction ( $\eta = .03$ ).

Preliminary analyses using the Total Discrimination scores as a covariate demonstrated that discrimination did not attenuate or nullify the group differences in symptoms and life satisfaction. In addition, when SES was included as a covariate, it did not attenuate or nullify group differences in symptoms and life satisfaction. As previously discussed, the details of these analyses are not reported here because of significant relationships between the covariates and independent variables found during the preliminary analyses. However, these findings suggest that the prediction made in the latter part of Hypothesis 4 that discrimination and SES would affect group differences in symptoms and life satisfaction, was not supported.

Table 8

*Tests of Gender, Race, and their Interaction on Global Symptoms & Life Satisfaction*

Sources of Variance for Each DV	<i>Df</i>	<i>Univariate F</i>	$\eta$	<i>p</i>
Global Symptoms				
Gender	1	10.34	.03	.00
Race	1	.13	.00	.72
Gender x Race	1	.50	.00	.48
Error	342			
Life Satisfaction				
Gender	1	.45	.00	.50
Race	1	12.17	.03	.00
Gender x Race	1	2.07	.01	.15
Error	342			



## Discussion

The first goal of the current study was to determine how African-American women's dual status related to their experiences of discrimination relative to all women and all African-Americans. The second goal was to determine if African-American women's dual status created different relationships between discrimination and general indicators of mental health (life satisfaction and symptoms of mental disorder) for them in comparison to other groups. The final study goal was to determine if African-American women's mental health indicators were different from those of other groups. Whether or not SES would supersede other status variables in predicting discrimination or mental health indicators was an additional question tested throughout the study.

### *Group Differences in Discrimination*

The results of the current study clearly supported predictions regarding racial and gender differences, but not those regarding interactive group differences. Results clearly indicated racial differences, in that African-Americans reported significantly more racism, sexism, combination discrimination, and total discrimination relative to European-Americans. The results of this study also supported the prediction that women would report significantly more sexism relative to men. Despite the significance of these relationships, effect sizes indicated that for the total sample, as well as most subgroups, they were not large enough to be meaningful. With an effect size of .16, the relationship between race and reported racism was the most meaningful. Yet, this effect size suggests race accounts for less than one fifth of the variation in reported racism. Effect sizes were not reported in previous research exploring group differences in mental health so it's not possible to compare the current results compare to previous results.

In the preliminary analyses, SES did not change the relationships between race, gender, and reported discrimination. SES did not have a significant effect on discrimination, and did not demonstrate a meaningful relationship with discrimination, so the relationship between race and racism could not have been accounted for by lower SES of African-American participants. There were no interactive effects of race and gender to suggest that African-American women reported additional experiences with

discrimination by virtue of their dual status over and above those associated with the separate effects of racism and sexism. Based on the significance tests and effect sizes, the results suggested there are other variables not measured in the study that may be more influential in accounting for reported discrimination.

*Limitations in Measurement of Discrimination.* It is possible that methodological issues in the current study prevented detection of group differences in interactive racism and sexism and also prevented detection of a significant race by gender interaction for discrimination. It is also important to note that the discrimination experiences reported by this Midwestern sample may not be representative of the entire population of the United States or of those in other countries.

Measurement problems may have created an inaccurate picture of how participants perceived their experiences with discrimination. In this study, the wording, instructions, and arrangement of the CSSRE could have made it difficult for participants to separate their experiences with discrimination into those they believed were due primarily to sexism, racism, and combination discrimination. In the best of circumstances it may be difficult for individuals to discriminate the basis of discrimination that is directed toward them. Instead, it is likely that individuals who were inclined to report adverse events related to any form of discrimination tended to select all possible response options rather than just one. It is especially likely that this occurred among African-American participants and women, given the increased salience of discrimination for those groups relative to European-American participants and men. If African-Americans were more likely to report experiencing every form of discrimination because of the salience of racism, and women were more likely to report experiencing every form of discrimination because of the salience of sexism, then African-American women would report discrimination the same way their comparison groups did. Thus, African-American women's reports would not demonstrate significantly different patterns or frequency of discrimination relative to European-American women or African-American men. This is exactly what happened when the results failed to show an interactive effect of race and gender.

Taken in context with previous literature concerning African-American women's perceptions of discrimination, the participants' difficulty picking and choosing from among different forms of discrimination could have another meaning. A potential explanation for the difficulty could be that hooks (1981) was correct in her proposition that African-American women would have a tendency to perceive sexist treatment as racist because the sexism perpetrated against African-American women is a particular type of sexism that constitutes a racist response to African-American women as women. Moradi (2003) also suggested that the concepts of sexism and racism are fused in African-American women's perceptions of unfair treatment directed at them, and the distinctions between the two may be artificial. She also noted that in previous studies measuring discrimination experiences among African-American women, as well as in her own study, participants wrote in that they were discriminated against because of their dual identities or refused to classify their experiences as either racism or sexism for this reason. In combination with the results of the current study, these findings suggest that African-American women do perceive combined racism and sexism but that it is not easily assessed.

The efforts made in current study to directly ask about the experience of combined racism and sexism were correct in embracing a more holistic concept of African-American women's experiences with discrimination. However, the current study continued in the mistakes of previous research by attempting to separate racism, sexism, and combination discrimination. Attempting to measure this combination in the context of the distinct constructs of racism and sexism could have made it difficult for African-American women to describe their experience and for researchers to gain an accurate picture of the ways in which they perceive personal discrimination experiences and the effects of those experiences on their mental health.

Despite the benefits of using one score to capture the frequency and stressfulness of perceived discriminatory experiences, this decision also had drawbacks which could have hindered the study's ability to yield conclusive results about group differences in discrimination. As previously mentioned, the score provided a way to weight the frequency of discrimination experiences by the amount of impact they have on the individual and also may have improved the study's power by incorporating the

frequency and stressfulness variables into one variable. However, combining the scores this way may have weakened the study's ability to yield complete information about the group differences in discrimination by masking group differences in frequency of perceived discriminatory events regardless of their impact (stressfulness), or vice versa.

Societal factors also hinder the detection of differences between African-American women and other groups in interactive racism and sexism. Expressions of sexism and racism have become more subtle as tolerance for overt discrimination in American society has decreased. Furthermore, individuals are discouraged from labeling perceived slights and exclusions as discrimination and do not want to see themselves as victims of discrimination. Thus, although such individuals may feel discriminated against, there is likely to be a great deal of second-guessing and under reporting that hinders accurate measurement of perceived discrimination (Ruggiero et al., 2000). There is empirical evidence to suggest African-Americans particularly under report personal discrimination or are reluctant to cite discrimination as the reason for unfavorable treatment (Ruggiero & Major, 1998; Ruggiero & Marx, 1999; Ruggiero & Taylor, 1997).

The types of events that were used to represent interactive racism and sexism may also have limited detection of this form of discrimination as a separate construct from racism and sexism. The items may not have been sensitive to the types of experiences many African-American women would recognize as discrimination based on a combination of their race and gender rather than simply racism or sexism alone. For example, there were no items addressing devaluation, stereotyping, and subtle forms of social exclusion, which have been proposed as major forms of interactive racism and sexism for African-American women (Collins, 2000; Essed, 1991; Weber & Higgenbotham, 1997).

Given the measurement issues that hindered this study, future research in this area would benefit from taking a more multifaceted and detailed approach to measuring interactive sexism and racism. The measurement of combination discrimination should be done in a way that helps participants describe and classify their experiences of discrimination using more than one type of assessment. These measures would need to include more qualitative data, and might need to assess experiences with discrimination

near the time at which they occurred to provide a clearer picture of the ways in which participants understand their experiences. Collecting data using interviews and/or journals in addition to a quantitative measure would be a useful way of gathering more accurate information about how individuals perceive and categorize forms of discrimination directed at them.

*Current Findings in Context of Previous Research.* The results of this study are consistent with most earlier theoretical and empirical work in this area, especially work examining racial differences among women. Similar to earlier empirical work by Martin (1994) and by Weber & Higgenbotham (1997), the current findings indicate African-American women report more racism as well as more interactive racism and sexism than European-American women. The results of the current study echo those of contemporary research with African-American women, in which their reports of recent experiences with racism and sexism were highly correlated (Moradi & Subich, 2003). As suggested by Essed (1991) and Moradi & Subich (2003), the results of the current and previous research suggest African-American women perceive racism and sexism as overlapping constructs, rather than separate ones that can be easily discriminated. Consequently, the unique and interactive forms of these two types of discrimination are not easily teased apart, even in women's own self-reports.

The results are less consistent with theoretical and empirical work pertaining to gender differences among African-Americans, African-American women's unique experience of discrimination relative to the other groups, and the interactive model of racism and sexism itself. For example, the results of the current study are in direct opposition to the prior research suggesting African-American women report more racism than African-American men (Adams, 1983; Martin, 1994). The current results also contradict previous research indicative of racial differences in the experience of sexism, whereby African-American women experience more sexism than European-American women (Weber & Higgenbotham, 1997). Finally, as previously discussed, the results of this study suggest racism and sexism may be experienced by African-American women as one form of discrimination rather than two separate ones. This would mean whether they are considered additively or interactively, the result is the

same. Thus the interactive and additive models of discrimination for African-American women may both be valid, because they may be describing essentially the same phenomenon.

### *Discrimination and Mental Health*

Compared to other groups, African-American women were more similar to African-Americans as a group than to European-American women. Sexism did not have a significant impact on African-American women's mental health as it did for European-American women. As with African-Americans, racism was the only variable that significantly predicted symptoms for African-American women, whereas it did not predict symptoms at all for European-American women. However, African-American women were also different from African-Americans as a group as well as European-American women in that life satisfaction did not have a significant impact on symptoms for them.

The larger  $R^2$  change for sexism and racism relative to life satisfaction and SES provides strong support for the conclusion that the amount of racism and sexism individuals perceive directed against them is an important contributor to common subclinical symptoms of psychological distress for most groups. Although life satisfaction is a consistently significant predictor of symptoms, the actual impact of life satisfaction and SES on symptoms was actually relatively small for most groups, suggesting response set had a small contribution to symptoms. European-American women appear different from African-American women and other groups in the degree to which life satisfaction and SES contribute to symptoms. For European-American women, the combination of life satisfaction and SES, accounted for 20% of symptoms. In the context of the relatively higher correlations between life satisfaction and sexism ( $r = -.20, p < .01$ ) as well as racism ( $r = -.33, p < .01$ ) for European-American women relative to the total sample, African-American women, and other subgroups, this suggests life satisfaction accounts for such a larger percentage of variation in symptoms through its overlap with sexism and racism for European-American women rather than as a variable on its own. This finding further highlights the fact that different factors contribute to the mental health of African-American and European-American women.

The results of this study are consistent with most previous studies that have found a strong relationship between racism and symptoms of poor mental health among African-Americans (Comas-Diaz & Greene, 1994; Jackson, Williams, & Torres, 1995; Landrine & Klonoff, 1996; Klonoff, Landrine, & Ullman, 1999). One of the more recent and well done studies in this area (Williams et al 1997) indicated that discrimination predicted general psychological distress in a mixed sample of African-American and European-American adults. Yet, this was not the case for the total sample in the current study. Instead sexism was the only predictor of symptoms in the total sample consisting of both African- and European-Americans. Unlike the current study, (Williams et al., 1997) used a measure that asked participants to rate the frequency of unfair events, without referring specifically to racism. More individuals would have endorsed such items than would have endorsed items indicating that they perceived they had been the victims of racism. The lack of specific reference to racism is likely the reason why the results of that study were inconsistent with the current result, and it suggests when racism is assessed directly it is likely to be predictive of symptoms among African-Americans but not European-Americans.

In comparison to previous research examining the role of sexism in women's mental health, the current results are both similar and different. The finding that sexism predicts poorer mental health among European-American women is consistent with previous research using samples composed of women who were mostly European-American (Landrine et. al, 1995b & Klonoff, Landrine, & Campbell, 2000). However, the finding that sexism is not predictive of symptoms for African-American women adds conflicting information to the sparse pool of research on the contribution of sexism to African-American women's mental health. Only a few studies have shed any light on the role of sexism in African-American women's mental health, and those studies suggested women who report more experiences with sexism have more symptoms of depression and global distress (Landrine et. al, 1995b; Downie, 1998; Moradi & Subich, 2003).

The contrast between the current study and previous research in explaining the role of sexism in mental health alone and in combination with racism requires some examination and explanation. It is

unlikely African-American women did not experience sexism, or that their experiences of sexism had no impact on their mental health. The results of the current study indicate that African-American women did report sexism, since women as a group reported significantly more sexism than men. However, for African-American women, sexism did not stand out as a significant predictor of symptoms as it did in recent research by Moradi and Subich (2003). The main difference between that study and this one was the measurement of discrimination. As previously mentioned, measuring racism and sexism within the same instrument, and basing assessment of racism and sexism on the same items as was done in the current study could have made it more difficult for sexism to stand out as a statistically significant predictor of symptoms for African-American women.

#### *The Role of SES on Symptoms and Life Satisfaction*

Although the results of this study clearly demonstrated racial differences in SES, it also demonstrated that controlling for social class would not address the noneconomic factors related to discrimination that may influence mental health (Krieger et al, 1993). Although few past studies of discrimination and mental health sought to determine the impact of SES on the relationship between discrimination and mental health variables, those that have are in agreement with the results of the current study. Both Klonoff et al. (1999) and Williams et al. (1997) also found that SES does not affect the ability of discrimination to significantly predict symptoms. Similar to the current study, Klonoff et al, (1999) also found SES indicators (education and income) did not contribute significantly to symptoms in an African-American sample.

SES was more predictive of life satisfaction than it was of symptoms, and in the end, was a more important predictor of life satisfaction than either sexism or racism. In the total sample, as well as all subgroups except European-American women; higher SES was the sole significant predictor of better life satisfaction. Despite its significance as a predictor of life satisfaction, SES did not account for a large percentage of variation in symptoms for the total sample, European-Americans, women, and African-American women. The only groups for which SES appeared to be an important contributor to life satisfaction were men and African-Americans. This suggests that although individuals of higher SES



may report greater satisfaction with their lives, SES is not the most influential variable accounting for their high life satisfaction. European-American women were the only group for whom significant tests and effect sizes both indicated an inconsequential relationship between SES and life satisfaction.

It is unclear why racism did not predict life satisfaction for African-Americans and sexism did not predict life satisfaction among women. In the context of the total sample, as well as among European-Americans, men, and European-American women, SES is significantly correlated with sexism; and it is significantly correlated with racism among men. Although these correlations are small (the highest is -.20), they all indicate individuals reporting higher SES also report less discrimination and support previous research indicating a role of SES in the severity of discrimination individuals experience. Thus, although discrimination did not directly account for significant variation in life satisfaction, it may have done so indirectly through the variance it shared with SES. However, this explanation does not cover African-Americans or African-American women, for whom no significant correlation between SES and racism and/or sexism existed. In fact, racism and sexism had small and insignificant correlations with life satisfaction in the African-American sample. Thus, the best conclusion that can be drawn from these results is that the frequency and stressfulness of racist and sexist discrimination do not have as pervasive an impact on individual's quality of life as the resources related to their SES.

An interesting finding is that SES predicted life satisfaction for African-American women, but not for European-American women. It is not likely this finding is due to differences in variability of SES between African-American and European-American women, because variability for the subsample of European-American women was comparable to that of the other groups where an effect of SES was found. In previously cited research examining the impact of SES on mental health indicators, higher SES was related to better mental health for European-American samples as well as African-American samples (Murphy et al., 1991; Williams et al., 1992; Jones-Webb & Snowden, 1993; Williams & Collins, 1995). However, that research did not include life satisfaction as one of the mental health indicators. The results of the current study suggest SES plays a different and more active role in African-American women's life satisfaction than it does in European-American women's life satisfaction. The nature of this role is a

question for future research and may be best answered using more longitudinal and qualitative measures than those used in this study.

*Racial and Gender Differences in Mental Health*

The portion of the hypothesis specifying that gender and race would predict reported life satisfaction and psychological distress symptoms was partially supported. Race predicted life satisfaction, and gender predicted symptoms. Effect sizes suggest that while group differences in symptoms and life satisfaction were consistent enough to be significant, in most cases, the strength of association was not great between group membership and symptoms or life satisfaction. These low strengths of association between group membership and symptoms or life satisfaction suggest there are far more influential contributors to life satisfaction and symptoms than gender and race. Effect sizes were not reported in previous research exploring group differences in mental health so it's not possible to compare the current results compare to previous results. Neither SES nor overall discrimination rendered racial and gender differences in mental health or life satisfaction insignificant, as predicted by the hypotheses. The use of a global symptom score to capture generalized distress yielded similar results as those found in previous research using both global and symptom-specific measures to examine group differences in psychological distress as related to discrimination.

The lack of interactive effects of race and gender suggests each of the four groups is not unique from the others in terms of their life satisfaction and symptoms. The pattern of main effects for race and gender suggest African-American women have more symptoms than men of either race because they are women, and are therefore similar to European-American women in terms of symptoms. It is unclear whether the gender differences in symptoms that are likely to exist between African-American women and men are related to discrimination. On one hand, the lack of a relationship between sexism and symptoms among African-American women suggests the gender difference in symptoms is probably not due to African-American women experiencing more sexism. However, based on the previous discussion of African-American women's possible perception of sexism and racism as one entity, it may be that African-American women's higher degree of symptoms relative to men *is* related to discrimination.

Without interaction effects it is impossible to draw a firm conclusion. Relative to European-American women and men, African-American women demonstrated poorer life satisfaction because of their race, and were similar to African-American men in this respect. It is likely that African-American women experience poorer life satisfaction than European-American women because of their tendency to occupy a lower SES rather than their tendency to experience more discrimination, since SES and not discrimination was related to life satisfaction for African-American women.

### Conclusions

Gender and race predicted the types of discrimination individuals reported, but the current results do not support interactive effects of gender and race on reported discrimination. Thus, the question of whether African-American women are significantly different from both African-American men and European-American women in their reporting of interactive racism and sexism remains unclear. This is primarily due to previously discussed measurement and sampling limitations. Obtaining accurate measures and reports of discrimination requires more varied, qualitative, and sensitive measures than those used in the current research study. Operationalizing and measuring interactive racism and sexism in a manner that provides clear insight into African-American women's perceptions of discrimination is challenging. However, the results of the study do suggest that African-American women's experiences of sexism and racism are related.

The complicated relationship between SES, race, and discrimination that has been historically found in research comparing racial groups was also present in this study. It was difficult to tell how SES influenced African-American women's experiences with discrimination relative to other groups because, as a group, African-Americans tended to have lower SES than European-Americans. However, the results suggest that SES does not affect the relationships between race, gender, and discrimination, but could be indirectly related to racism in particular due to its variation with race. Contrary to what has been suggested by past research, the results of this study suggest that experiences with racism among African-Americans are not likely to vary with SES.

Discrimination and SES are clearly related to mental health, via symptoms and life satisfaction, for all groups. Group differences in the factors contributing to life satisfaction and global symptoms of mental disorder suggest that African-American women's dual status sets them apart from the larger gender and racial groups to which they belong. See Figures 1 through 4. These figures, based on significance tests, show there are different relationships between discrimination, life satisfaction, mental health, and SES for African-American women in comparison to African-Americans as a group, women as a group, and European-American women as a subgroup. Although they are more similar to African-Americans than to women, the combination of factors that influences African-American women's mental health is still unique among women and African-Americans. Even when the results are examined in terms of the proportion of variance in symptoms accounted for by SES, life satisfaction, and discrimination variables, they demonstrate that the factors contributing to mental health for African-American women are different from those contributing to the mental health of European-American women.

Although the variables contributing to mental health are different among African-American women in comparison to African-American men and European-American women, the results do not indicate that African-American women experience more mental health problems than their comparison groups. Although, the role of SES and discrimination in moderating racial and gender differences in mental health could not be directly assessed, it is unlikely that effects of SES and discrimination would create racial and gender differences in mental health.

The overall issue investigated in this study was whether multiple social statuses interact to create different experiences with discrimination and mental health outcomes for African-American women relative to African-Americans and women. The results of this study raised more questions than answers with respect to the influence of multiple statuses on experiences with discrimination. In most cases gender and race were not very influential contributors to reported discrimination. However, the results confirmed that African-American women's multiple status sets them apart from women and African-Americans in terms of the factors influencing symptoms associated with poor mental health. Yet, the results provided evidence that, regardless of the factors involved, African-American women may not be

significantly different from European-American women and African-American men in terms of mental health.

The study has some weaknesses that limit its generalizability and make it difficult to draw all of the conclusions desired from the data. As discussed previously, the measurement of discrimination could have contributed to the difficulty finding conclusive results about group differences in discrimination and obscuring the influence of sexism and combination discrimination in mental health symptoms. The inclusion of convenience sampling and the failure to track the refusal rate hinders limits this study's generalizability because makes it impossible to discuss possible characteristics of the sample that may have influenced the data. There may have been commonalities among those who refused to complete the questionnaires which would have influenced the data and therefore the results.

This study made significant contributions by asking questions and using methods that have not been used previously in this area of research. Examining multiple types of discrimination, particularly sexism among men provided more information about individuals' perceptions of discrimination directed at them than has been available from previous research in this area. Obtaining and reporting effect sizes and  $R^2$  changes provided insight about the "real world" group differences in addition to statistically significant ones. Adding life satisfaction to control for response set also had the added benefit of explaining additional variance in symptoms and providing another measure of well-being to the measurement of group differences in mental health. Overall, this study's results provided new information that can guide future research in further clarifying the impact of dual status on the social experiences and mental health of African-American women.

Figure 1

*Variables Contributing to Symptoms and Life Satisfaction for AA Women*

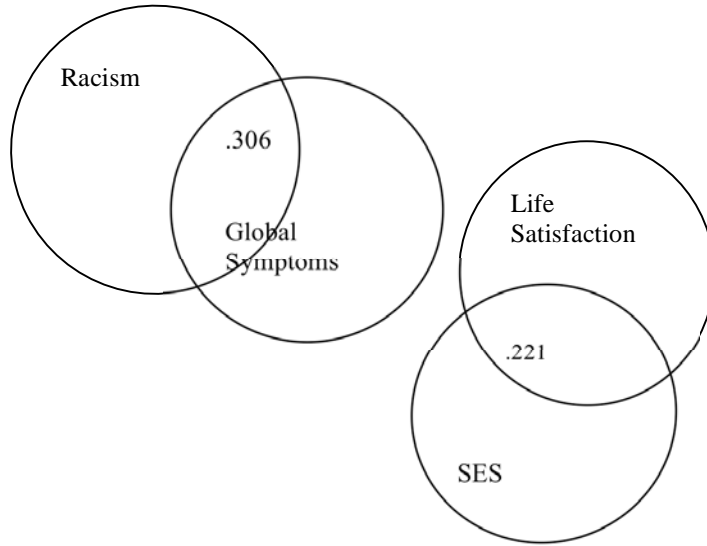


Figure 2

*Variables Contributing to Symptoms and Life Satisfaction for AA Sample*

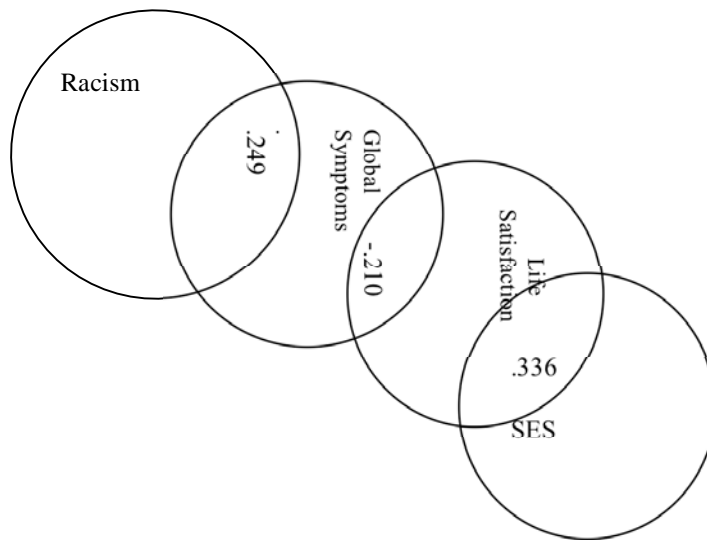


Figure 3

*Variables Contributing to Symptoms and Life Satisfaction for Women*

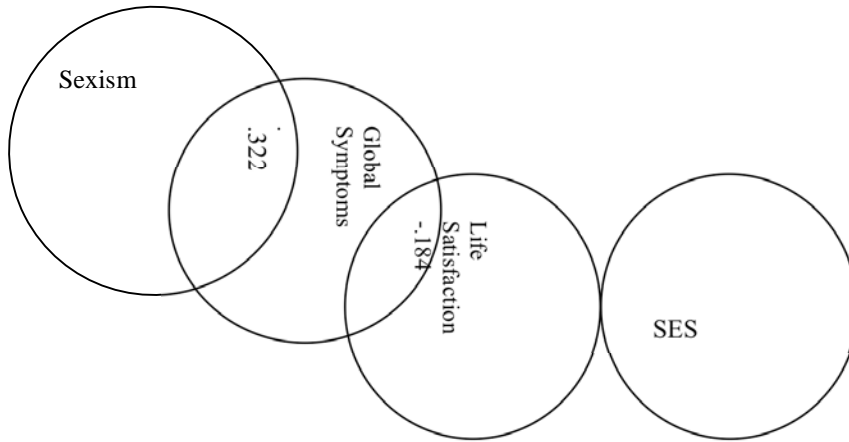
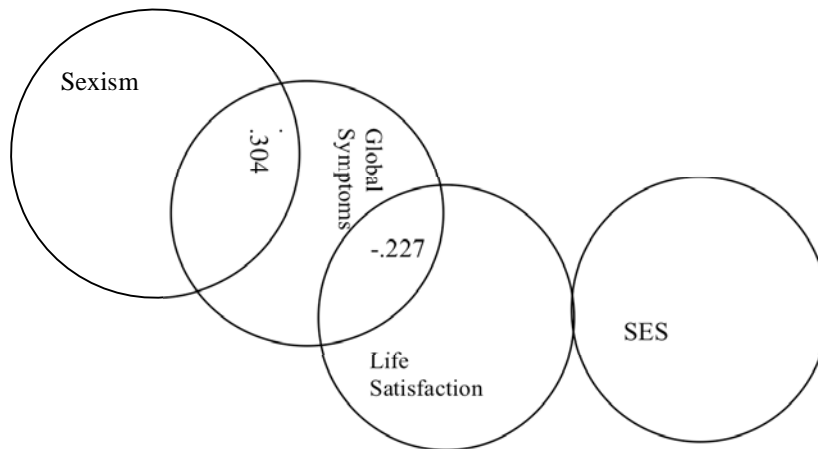


Figure 4

*Variables Contributing to Symptoms and Life Satisfaction for EA Women*



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## Appendix A

### Demographic and Socioeconomic Status Measure

1. What is your gender (i.e. male or female)? \_\_\_\_\_
2. How old are you ? \_\_\_\_\_
3. What is your race? \_\_\_\_\_
4. How many people live in your household ? \_\_\_\_\_

NOTE: If you are student away from home, then put down how many people live in your permanent or original home.

For the remainder of this questionnaire, circle the number corresponding to the most accurate answer for you or your household.

5. What is your marital status?

- |                                   |   |
|-----------------------------------|---|
| Single (never married)            | 1 |
| Cohabiting/ Common-law marriage   | 2 |
| Married                           | 3 |
| Married but separated from spouse | 4 |
| Divorced                          | 5 |
| Widowed                           | 6 |

6. What range of income does your annual household income fall into?

\$17,970 or less per year	1
\$17,971 to \$33,314	2
\$33,315 to \$ 53,000	3
\$53,100 to \$83,500	4
\$83,501 to \$150,498	5
\$150,499 and above	6

7. How many years of education have you had?

Less than 9 <sup>th</sup> grade	1
9 <sup>th</sup> to 12 <sup>th</sup> grades but NO HIGH SCHOOL DIPLOMA	2
High school graduate	3
Some college, but NO DEGREE	4
Associates Degree	5
Bachelor's Degree	6
Master's Degree	7
Doctorate degree	8
Professional degree	9

8. Which occupational category most closely describes your job?

Executive, administrative, managerial, or business owner	12
Professional specialty	11
Technical or technical support	10
Sales	9
Clerical or administrative support	8
Precision production, craft, or repair	7
Machine operator, assembler, or inspector	6
Transportation or material transport	5
Equipment handler or cleaner, helper, or laborer	4
Household service worker	3
Other service worker	2
Fishing, forestry, or farming	1

9. Circle your answer to the following four questions:

- |   |   |     |      |
|---|---|-----|------|
| a | Do you own a car? (Do not mark “yes” if you lease your car.)  | Yes | No   |
| b | Do you own or rent your home? (If you are a student and live with your family, does your family own or rent their home?)                                    | Own | Rent |
| c | Do you have a savings account of any kind (including standard savings or money market accounts) ? (Only answer “yes” if you maintain funds in this account) | Yes | No   |

d Do you own a business or have investments? (Including stocks, Yes No  
bonds, certificates of deposit, or shares in a corporation)



## Appendix B

### COMBINED MODIFIED SCHEDULE OF SEXIST AND RACIST EVENTS

Please think carefully about your life as you answer questions below. For each question, respond to parts A, B, and C by circling the appropriate number for how many times it has happened in your ENTIRE LIFE. Second, circle the appropriate number for how many times it happened IN THE PAST YEAR.

- 1= Event never happened
- 2= Event happened once in a while (less than 10% of the time)
- 3= Event happened sometimes (10-25% of the time)
- 4=Event happened a lot of the time (26-49% of the time)
- 5= Event happened most of the time (50-70% of the time)
- 6= Event happened almost all of the time (more than 70% of the time)

Then circle how stressful the event was for you on a scale of 1-6 with 1 being NOT AT ALL STRESSFUL and 6 being EXTREMELY STRESSFUL.

1. How many times have you been treated unfairly by teachers or professors because of:

a. Your race alone:

In the past year    1   2   3   4   5   6  
In your entire life 1   2   3   4   5   6  
How stressful was this for you? 1   2   3   4   5   6

b. Your gender alone

In the past year    1   2   3   4   5   6  
In your entire life 1   2   3   4   5   6  
How stressful was this for you? 1   2   3   4   5   6

c. The particular combination of your race and gender (For example: because you are a Black female, Black male, a White female, or White male).

In the past year    1   2   3   4   5   6  
In your entire life 1   2   3   4   5   6  
How stressful was this for you? 1   2   3   4   5   6

2. How many times have you been treated unfairly by your employers, bosses, and supervisors because of:

a. Your race alone:

In the past year    1   2   3   4   5   6  
In your entire life 1   2   3   4   5   6  
How stressful was this for you? 1   2   3   4   5   6

b. Your gender alone

In the past year    1   2   3   4   5   6

In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

- c. The particular combination of your race and gender (For example: because you are a Black female, a Black male, a White female, or White male).

In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

3. How many times have you been treated unfairly by your coworkers, fellow students, and colleagues because of:

- a. Your race alone:

In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

- b. Your gender alone

In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

- c. The particular combination of your race and gender (For example: because you are a Black female, Black male, a White female, or White male).

In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

4. How many times have you been treated unfairly by people in service jobs (store clerks, waiters, bartenders, bank tellers, and others) because of :

- a. Your race alone:

In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

- b. Your gender alone

In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

- c. The particular combination of your race and gender (For example: because you are a Black female, Black male, a White female, or White male).

In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

5. How many times have you been treated unfairly by strangers because of your:

- a. Your race alone:  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
  
  - b. Your gender alone  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
  
  - c. The particular combination of your race and gender (For example: because you are a Black female, Black male, a White female, or White male).  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
6. How many times have you been treated unfairly by people in helping jobs (doctors, nurses, psychiatrists, case workers, dentists, school counselors, therapists, social workers, and others) because of your:
- a. Your race alone:  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
  
  - b. Your gender alone  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
  
  - c. The particular combination of your race and gender (For example: because you are a Black female, Black male, a White female, or White male).  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
7. How many times have you been treated unfairly by neighbors because of your:
- a. Your race alone:  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
  
  - b. Your gender alone  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

- c. The particular combination of your race and gender (For example: because you are a Black female, Black male, a White female, or White male).  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
- 8. How many times have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because of your:
  - a. Your race alone:  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
  - b. Your gender alone  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
  - c. The particular combination of your race and gender (For example: because you are a Black female, Black male, a White female, or White male).  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
- 9. How many times were you forced to take drastic steps (such as filing a grievance, filing a lawsuit, quitting your job, moving away, and other big changes) to deal with something that was done to you because of your:
  - a. Your race alone:  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
  - b. Your gender alone  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
  - c. The particular combination of your race and gender (For example: because you are a Black female, Black male, a White female, or White male).  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
- 10. How many times have you been treated unfairly by institutions (schools, universities, law firms, the police, the courts, the Department of Social Services, the Unemployment Office, and others) because of your:

- a. Your race alone:  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
  
- b. Your gender alone  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
  
- c. The particular combination of your race and gender (For example: because you are a Black female, Black male, a White female, or White male).  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

11. How many times have you been accused or suspected of doing something wrong (such as stealing, cheating, not doing your share of work, or breaking the law) because of your:

- a. Your race alone:  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
  
- b. Your gender alone  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
  
- c. The particular combination of your race and gender (For example: because you are a Black female, Black male, a White female, or White male).  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

12. How many times have you been treated unfairly by people that you thought were your friends because of your:

- a. Your race alone:  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6
  
- b. Your gender alone  
In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

- c. The particular combination of your race and gender (For example: because you are a Black female, Black male, a White female, or White male).

In the past year 1 2 3 4 5 6

In your entire life 1 2 3 4 5 6

How stressful was this for you? 1 2 3 4 5 6

13. How many times have people misunderstood your intentions and motives because of

- a. Your race alone:

In the past year 1 2 3 4 5 6

In your entire life 1 2 3 4 5 6

How stressful was this for you? 1 2 3 4 5 6

- b. Your gender alone

In the past year 1 2 3 4 5 6

In your entire life 1 2 3 4 5 6

How stressful was this for you? 1 2 3 4 5 6

- c. The particular combination of your race and gender (For example: because you are a Black female, Black male, a White female, or White male).

In the past year 1 2 3 4 5 6

In your entire life 1 2 3 4 5 6

How stressful was this for you? 1 2 3 4 5 6

14. How many times have people failed to show you the respect you deserve because of your:

- a. Your race alone:

In the past year 1 2 3 4 5 6

In your entire life 1 2 3 4 5 6

How stressful was this for you? 1 2 3 4 5 6

- b. Your gender alone

In the past year 1 2 3 4 5 6

In your entire life 1 2 3 4 5 6

How stressful was this for you? 1 2 3 4 5 6

- c. The particular combination of your race and gender (For example: because you are a Black female, Black male, a White female, or White male).

In the past year 1 2 3 4 5 6

In your entire life 1 2 3 4 5 6

How stressful was this for you? 1 2 3 4 5 6

15. How many times have people made inappropriate or unwanted sexual advances toward you because of your:

- a. Your race alone:

In the past year 1 2 3 4 5 6

In your entire life 1 2 3 4 5 6

How stressful was this for you? 1 2 3 4 5 6

b. Your gender alone

In the past year 1 2 3 4 5 6

In your entire life 1 2 3 4 5 6

How stressful was this for you? 1 2 3 4 5 6

c. The particular combination of your race and gender (For example: because you are a Black female, Black male, a White female, or White male).

In the past year 1 2 3 4 5 6

In your entire life 1 2 3 4 5 6

How stressful was this for you? 1 2 3 4 5 6

16. How many times were you denied a raise, promotion, tenure, good assignment, a job, or other such thing at work that you deserved because of your:

a. Your race alone:

In the past year 1 2 3 4 5 6

In your entire life 1 2 3 4 5 6

How stressful was this for you? 1 2 3 4 5 6

b. Your gender alone

In the past year 1 2 3 4 5 6

In your entire life 1 2 3 4 5 6

How stressful was this for you? 1 2 3 4 5 6

c. The particular combination of your race and gender (For example: because you are a Black female, Black male, a White female, or White male).

In the past year 1 2 3 4 5 6

In your entire life 1 2 3 4 5 6

How stressful was this for you? 1 2 3 4 5 6

17. How many times have you heard people making jokes that were degrading toward people of your:

a. Your race alone:

In the past year 1 2 3 4 5 6

In your entire life 1 2 3 4 5 6

How stressful was this for you? 1 2 3 4 5 6

b. Your gender alone

In the past year 1 2 3 4 5 6

In your entire life 1 2 3 4 5 6

How stressful was this for you? 1 2 3 4 5 6

c. The particular combination of your race and gender (For example: because you are a Black female, Black male, a White female, or White male).

In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

18. How many times have you been treated unfairly by your family because of your:

a. Your race alone:

In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

b. Your gender alone

In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

c. The particular combination of your race and gender (For example: because you are a Black female, Black male, a White female, or White male).

In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

19. How many times have you been treated unfairly by your significant other because of your:

a. Your race alone:

In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

b. Your gender alone

In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

c. The particular combination of your race and gender (For example: because you are a Black female, Black male, a White female, or White male).

In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

20. How many times did you want to tell someone off for being racist but didn't say anything?

In the past year 1 2 3 4 5 6  
In your entire life 1 2 3 4 5 6  
How stressful was this for you? 1 2 3 4 5 6

21. How many times did you want to tell someone off for being sexist but didn't say



anything?

- In the past year 1 2 3 4 5 6
- In your entire life 1 2 3 4 5 6
- How stressful was this for you? 1 2 3 4 5 6

22. How many times did you want to tell someone off for being both sexist and racist at the same time but didn't say anything?

- In the past year 1 2 3 4 5 6
- In your entire life 1 2 3 4 5 6
- How stressful was this for you? 1 2 3 4 5 6

23. How many times have you been called a name that was:

a. Racist

- In the past year 1 2 3 4 5 6
- In your entire life 1 2 3 4 5 6
- How stressful was this for you? 1 2 3 4 5 6

b. Sexist

- In the past year 1 2 3 4 5 6
- In your entire life 1 2 3 4 5 6
- How stressful was this for you? 1 2 3 4 5 6

c. Both sexist and racist

- In the past year 1 2 3 4 5 6
- In your entire life 1 2 3 4 5 6
- How stressful was this for you? 1 2 3 4 5 6

24. How many times have you gotten into an argument or fight about something that was done to you or somebody else

a. When the thing was racist:

- In the past year 1 2 3 4 5 6
- In your entire life 1 2 3 4 5 6
- How stressful was this for you? 1 2 3 4 5 6

b. When the thing was sexist

- In the past year 1 2 3 4 5 6
- In your entire life 1 2 3 4 5 6
- How stressful was this for you? 1 2 3 4 5 6

c. When the thing was both racist and sexist at the same time

- In the past year 1 2 3 4 5 6
- In your entire life 1 2 3 4 5 6
- How stressful was this for you? 1 2 3 4 5 6

25. How many times have you been really angry about something someone did to you that was:

a. Racist

In the past year 1 2 3 4 5 6  
 In your entire life 1 2 3 4 5 6  
 How stressful was this for you? 1 2 3 4 5 6

b. Sexist

In the past year 1 2 3 4 5 6  
 In your entire life 1 2 3 4 5 6  
 How stressful was this for you? 1 2 3 4 5 6

c. Both racist and sexist at the same time

In the past year 1 2 3 4 5 6  
 In your entire life 1 2 3 4 5 6  
 How stressful was this for you? 1 2 3 4 5 6

26. How different would your life be now if you had not been treated unfairly because of your:

a. Your race alone:

	Same as it is now	A little different	Different in a few ways	Different in a lot of ways	Different in most ways	Totally different
In the past year	1	2	3	4	5	6
In your entire life	1	2	3	4	5	6

b. Your gender alone

	Same as it is now	A little different	Different in a few ways	Different in a lot of ways	Different in most ways	Totally different
In the past year	1	2	3	4	5	6
In your entire life	1	2	3	4	5	6

c. The particular combination of your race and gender (For example: because you are a Black female, a Black male, a White female, or White male).

	Same as it is now	A little different	Differ- ent in a few ways	Different in a lot of ways	Differ- ent in most ways	Totall y differe nt
In the past year	1	2	3	4	5	6
In your entire life	1	2	3	4	5	6

## Appendix C

### Satisfaction With Life Scale

Below are five statements with which you may agree or disagree. 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.

- 1 Strongly Disagree
- 2 Disagree
- 3 Slightly Disagree
- 4 Neither Agree nor  
Disagree
- 5 Slightly Agree
- 6 Agree
- 7 Strongly Agree

- 1. \_\_\_\_\_ In most ways my life is close to my ideal.
- 2. \_\_\_\_\_ The conditions of my life are excellent.
- 3. \_\_\_\_\_ I am satisfied with my life.
- 4. \_\_\_\_\_ So far I have gotten the important things I want in life.
- 5. \_\_\_\_\_ If I could live my life over, I would change almost nothing.

## Appendix D

## Symptom Checklist

Below is a list of problems and complaints that people sometimes have. Please read each one carefully and circle the number that best describes how much each problem has bothered or distressed you during the past week (7 days), including today.

	<b>No t at All</b>	<b>A Litt le Bit</b>	<b>Moderate ly</b>	<b>Qui te a Bit</b>	<b>Extreme ly</b>
1. Headaches	0	1	2	3	4
2. Nervousness or shakiness inside	0	1	2	3	4
3. Faintness or dizziness	0	1	2	3	4
4. Loss of sexual interest or pleasure	0	1	2	3	4
5. Feeling critical of others	0	1	2	3	4
6. Trouble remembering things	0	1	2	3	4
7. Worried about sloppiness or carelessness	0	1	2	3	4
8. Feeling easily annoyed or irritated	0	1	2	3	4
9. Pains in the heart or chest	0	1	2	3	4
10. Feeling low in energy or slowed down	0	1	2	3	4
11. Thoughts of ending your life	0	1	2	3	4

12. Trembling	0	1	2	3	4
13. Poor appetite	0	1	2	3	4
14. Crying easily	0	1	2	3	4
15. A feeling of being trapped or caught	0	1	2	3	4
16. Suddenly scared for no reason	0	1	2	3	4
17. Temper outbursts you could not control	0	1	2	3	4
18. Blaming yourself for things	0	1	2	3	4
19. Pains in the lower part of your back	0	1	2	3	4
20. Feeling blocked or stymied in getting things done	0	1	2	3	4
21. Feeling lonely	0	1	2	3	4
22. Feeling blue	0	1	2	3	4
23. Worrying or stewing about things	0	1	2	3	4
24. Feeling no interest in things	0	1	2	3	4
25. Feeling fearful	0	1	2	3	4
26. Your feelings being easily hurt	0	1	2	3	4
27. Feeling others do not understand you or are unsympathetic	0	1	2	3	4
28. Feeling that people are unfriendly or dislike you	0	1	2	3	4
29. Having to do things very slowly in order to be sure you are doing them right	0	1	2	3	4
30. Heart pounding or racing	0	1	2	3	4

31. Feeling inferior to others	0	1	2	3	4
32. Soreness of your muscles	0	1	2	3	4
33. Having to check and double check what you do	0	1	2	3	4
34. Difficulty making decisions	0	1	2	3	4
35. Trouble getting your breath	0	1	2	3	4
36. Hot or cold spells	0	1	2	3	4
37. Having to avoid certain places or activities because they frighten you	0	1	2	3	4
38. Your mind going blank	0	1	2	3	4
39. Numbness or tingling in parts of your body	0	1	2	3	4
40. A lump in your throat	0	1	2	3	4
41. Feeling hopeless about the future	0	1	2	3	4
42. Trouble concentrating	0	1	2	3	4
43. Weakness in parts of your body	0	1	2	3	4
44. Feeling tense or keyed up	0	1	2	3	4
45. Heavy feelings in your arms or legs	0	1	2	3	4