The Mental and Emotional Impact of Being a College-Aged Black Woman Amid the Current Sociopolitical Climate

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Abstract

Although many Americans assume that systemic racism has been washed away through history, research shows that this is far from reality. Across a range of interdisciplinary scholarly research exists a consensus that systemic racism induces Black women's suffering.

The main question guiding my research asks how systemic racism facilitates college-aged Black women's mental and emotional health outcomes. The goals of this study included documenting where systemic racism is prevalent, analyzing the mental and emotional impact of systemic racism on college-aged Black women, examining the coping mechanisms that college-aged Black women employ to minimize race-based distress, understanding how media attention to systemic racism impacts college-aged Black women's mental and emotional health, and learning how college-aged Black women value public support for Black lives.

Upon culminating a semester of quantitative and qualitative research, I assert that by virtue of the policies and practices sustaining the politico-economic exploitation and social marginalization of Black women, college-aged Black women are structurally vulnerable to adverse mental and emotional health. The consequences of the structural inequities burdening Black women's lives deserve comprehensive understanding and solutions. My research advances an emerging scholarly call to action to uproot the systemic racism and structural inequities devastating the welfare of Black lives.
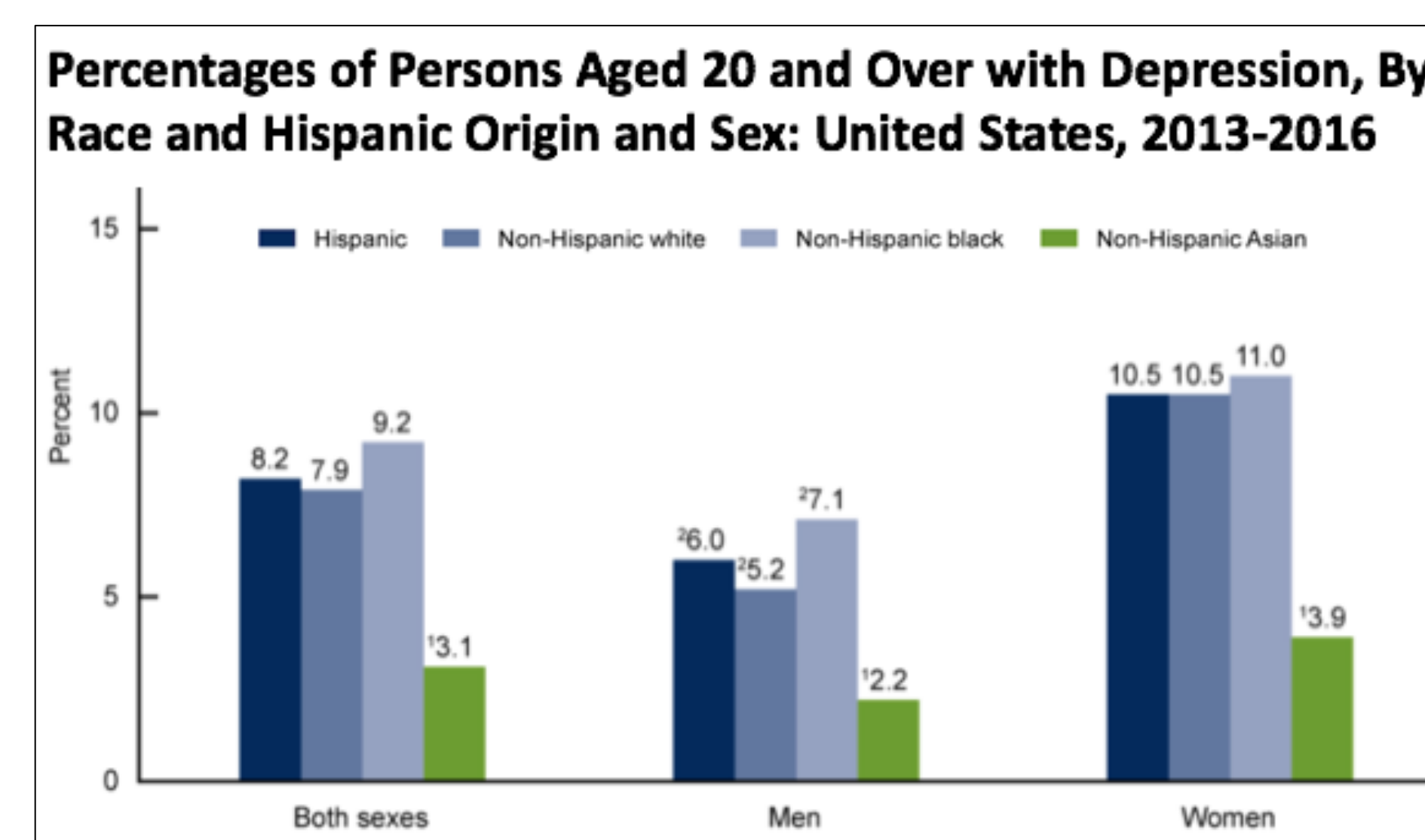
Background

Research suggests that structural inequalities are embodied in race-based health disparities (Bell et al. 2019). Structural and social inequalities are biologically reflected among Black Americans (Gravlee 2009). Critically examining health through an intersectional lens highlights the simultaneous and interdependent influence of class, race, and gender on Black women's health (Pouget 2017). An intersectional approach to Black women's health emphasizes that these three interconnecting systems of power require collective investigation to accurately understand the disproportionately adverse health outcomes among Black women (Mullings 2005). As a product of their subordinate status in the politically and economically constructed hierarchical social order, Black women are structurally vulnerable to embody their suffering (Quesada, Hart, and Bourgois 2011). Through a critical medical anthropological approach, structural vulnerability highlights how systemic racism engenders Black women's suffering.

My research is inspired by the work of Black female scholars, including Lewis and Neville (2015), Lewis, Mendenhall, Harwood, and Huntt (2012), and Woods-Giscombé (2011). Lewis and Neville (2015) identified a relationship between gendered racism and psychological distress. Lewis, Mendenhall, Harwood, and Huntt (2012) analyzed the coping mechanisms Black women employ to minimize the distress of discrimination. Woods-Giscombé (2011) determined that the cultural trope of a strong Black woman leads Black women to internalize and embody their stress. To acquire a thorough understanding of Black women's biopsychosocial health, more research explicitly spotlighting the mental and emotional consequences of systemic racism is essential.

Methods

I employed qualitative and quantitative research methods. First, I conducted nine interviews over Zoom. Eight interviews were life-history interviews with undergraduate Black cisgender women attending predominantly white institutions in New York, and one was a key-informant interview with an associate professor of psychology with numerous additional professional engagements pertaining to Black mental health. I recruited college-aged Black women for my life-history interviews to answer my research questions with lived experiences. After transcribing and coding all interviews, I analyzed two datasets from the Pew Research Center and the C.D.C. to accompany and strengthen my qualitative findings. This study received human subjects research approval from SUNY Geneseo's Institutional Review Board.
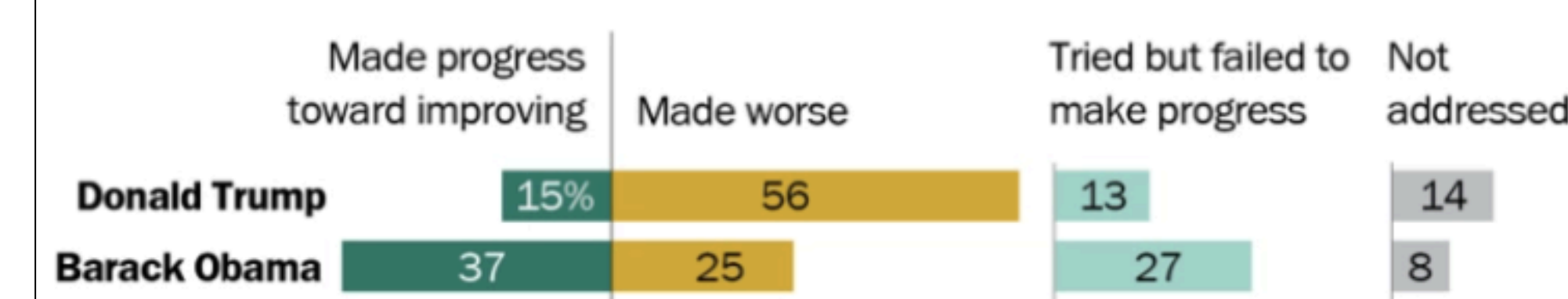
Key Datasets

Percentages of Persons Aged 20 and Over with Depression, By Race and Hispanic Origin and Sex: United States, 2013-2016

https://www.cdc.gov/nchs/products/databriefs/db303.htm

A majority of U.S. adults say Trump has made race relations worse

https://www.pewsocialtrends.org/2019/04/09/race-in-america-2019/

Major Findings

1. **White-dominated institutions perpetuate racism and discrimination insofar that it fosters college-aged Black women's poor mental and emotional well-being.**

2. **The strong Black woman stereotype engenders emotionally burdensome expectations that manifest in adverse mental and emotional health outcomes.**

3. **College-aged Black women's mental and emotional health is agonized by the systemic racism ingrained throughout the American judicial structure.**

Conclusion

Racial discrimination from white people exacerbates Black women's mental and emotional health. Moreover, the strong Black woman stereotype forces Black women to internalize their psychological distress insofar that it is embodied in their poor mental and emotional health. Lastly, the growing racial tension in our current social and political climates has adverse and long-term effects on Black women's mental and emotional well-being. Evidently, systemic racism is a public mental and emotional health crisis.

The results of this study serve to inspire public policy that structurally progresses racial equity. First, systemic racism must be uprooted from institutions and practices. Second, college-aged Black women need accessible and affordable mental and emotional health services. Third, all states must require comprehensive education on mental and emotional health and systemic racism. This research prompts the inclusion of mental and emotional health in the assertion that racism is a public health crisis. Further research is needed on the long-term mental and emotional impacts of systemic racism.

It has been 400 years since colonizers kidnapped and enslaved Africans, 155 years since slavery was legally abolished, and 56 years since institutional discrimination was outlawed. While these systems may no longer exist in their established intent, the racist ideologies supporting them persist. Instead of being born into slavery, Black women today are born into systemic racism. By virtue of the policies and practices that sustain the politico-economic exploitation and social marginalization of Black women, Black women are structurally vulnerable to adverse mental and emotional health. The consequences of the structural inequities burdening Black women's lives deserve comprehensive understanding and solutions. My research advances an emerging call to action to uproot the systemic racism and structural inequities devastating the welfare of Black lives. Regardless of your race, socioeconomic status, gender, sexuality, ethnicity, age, ability, or political affiliation, join the fight for justice and equity for our Black sisters with pride.

References

Bell, Hannah S., Funmi Odumosu, Anna C. Martinez-Hume, Heather A. Howard, and Linda M. Hunt. 2019. "Racialized Risk in Clinical Care: Clinician Vigilance and Patient Responsibility." Medical Anthropology 38 (3): 224-238. https://doi.org/10.1080/01459740.2018.1476508.

Brody, Debra J., Laura A. Pratt, and Jeffery P. Hughes. 2018. "Prevalence of Depression Among Adults Aged 20 and Over: United States, 2013-2016." The Centers for Disease Control and Prevention. Last modified February 2018. https://www.cdc.gov/nchs/products/databriefs/db303.htm.

Gravlee, Clarence C. 2009. "How Race Becomes Biology: Embodiment of Social Inequality." American Journal of Physical Anthropology 139 (1): 47-57. https://doi.org/10.1002/ajpa.20983.

Horowitz, Juliana Menasce, Anna Brown, and Kiana Cox. 2019. "Race in America 2019." Pew Research Center. Last modified April 9, 2019. https://www.pewsocialtrends.org/2019/04/09/race-in-america-2019/.

Lewis, Jioni A. and Helen A. Neville. 2015. "Construction and Initial Validation of the Gendered Racial Microaggressions Scale for Black Women." Journal of Counseling Psychology 62 (2): 289-302. https://doi.org/10.1037/cou0000062.

Lewis, Jioni A. Ruby Mendenhall, Stacy A. Harwood, Margaret Browne Huntt. 2012. "Coping with Gendered Racial Microaggressions among Black Women College Students." Journal of African American Studies 17: 51-73. https://doi.org/10.1007/s12111-012-9219-0.

Mullings, Leith. 2005. "Resistance and Resilience: The Sojourner Syndrome and the Social Context of Reproduction in Central Harlem." Transforming Anthropology 13 (2): 79-91. https://doi.org/10.1525/tran.2005.13.2.79.

Pouget, Enrique Rodriguez. 2017. "Social Determinants of Adult Sex Rations and Racial/Ethnic Disparities in Transmission of HIV and Other Sexually Transmitted Infections in the USA." Philosophical Transactions of the Royal Society of London Series B: Biological Sciences 372 (1729): 1-13. https://doi.org/10.1098/rstb.2016.0323.

Quesada, James, Laurie Kain Hart, and Philippe Bourgois. 2011. "Structural Vulnerability and Health: Latino Migrant Laborers in the United States." Medical Anthropology 30 (4): 425-449. https://doi.org/10.1080/01459740.2011.576725.

Woods-Giscombé, Cheryl L. 2010. "Superwoman Schema: African American Women's Views on Stress, Strength, and Health." Qualitative Health Research 20 (5): 668-683. https://doi.org/10.1177/1049732310361892.

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