

Workplace Gendered Racism: Black Women's Anxiety, Depression, and Coping

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Abstract

Through a comprehensive literature review, this capstone addresses the correlation between workplace gendered racism (WGR), anxiety/depression symptoms, and counselling strategies to support engagement coping among Black women who experience WGR (WGR-BW). The literature on WGR-BW has shown a correlation between WGR and heightened symptoms of anxiety and depression, as well as an increase in the use of disengagement coping mechanisms. Cognitive-Behavioral Therapy (CBT) is discussed as a helpful modality for supporting WGR-BW, when culturally adapted. Culturally adapting CBT aids counsellors in challenging Black women's self-blame/criticism and promoting engagement coping. The recommendations for future research emphasize the need for Canadian-specific data, diverse demographic representation, and the integration of intersectional self-report measures. The capstone concludes with a reflective exploration of personal growth and perspective shifts, highlighting the integration of the Critical Race Theory (CRT) framework into counselling practice. Overall, this capstone project equips counsellors to provide more culturally competent and affirming support for WGR-BW, fostering safe therapeutic spaces and promoting engagement coping strategies.

Keywords: Anxiety, Depression, Black Women, Workplace Gendered Racism, Critical Race Theory, Disengagement Coping, Engagement Coping

List of Acronyms

APA – American Psychiatric Association

CBT – Cognitive-Behavioural Therapy

CCPA – Canadian Counselling & Psychotherapy Association

CRT – Critical Race Theory

WGR – Workplace Gendered Racism

WGR-BW – Black Women who have experienced Workplace Gendered Racism

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Dedication

I dedicate this capstone project to my amazing uncles, Glen DaCosta (February 15, 1967-February 17, 2017) and Cst. Garcia Brightley (August 9, 1968-July 28, 2023). Uncle Glen wanted me to be a doctor, so now I am one step closer. Uncle Cia taught me that you never know how strong you are until being strong is the only choice you have. Thank you both for believing I could accomplish things I never imagined I would.

Table of Contents

Abstract.....	2
List of Acronyms	3
Acknowledgements.....	4
Dedication.....	5
Table of Contents.....	6
Chapter One: Introduction	8
Problem Statement.....	10
Purpose Statement.....	11
Justification & Significance.....	11
Theoretical Framework.....	12
Definition of Terms.....	13
Positionality	16
Summary of Chapters	17
Chapter Two: Methodology	18
Research Parameters.....	18
<i>Search Methods</i>	18
<i>Search Terms & Inclusion Criteria</i>	19
<i>Research Categorization & Themes</i>	21
Chapter Three: Literature Review	23
Critical Race Theory (CRT).....	23
Workplace Gendered Racism (WGR)	25
Workplace Gendered Racism & Mental Health	26
<i>Anxiety</i>	27
<i>Depression</i>	28
Workplace Gendered Racism & Coping.....	29
<i>Disengagement Coping Strategies</i>	29
<i>Engagement Coping Strategies</i>	31
Research Methodology Analysis	34
<i>Methodological Themes</i>	34
Research Limitations and Implications.....	39
<i>Limitations in Reliability and Generalizability</i>	40

<i>Limitations in Study Duration and Research Variables</i>	41
<i>Ethical Considerations</i>	42
Discussion of Findings.....	44
Chapter Four: Application to Clinical Practice.....	46
Cultural Competency	47
<i>Culturally Relevant Counselling Interventions: Culturally Adapting CBT</i>	48
<i>Evidence-Based Treatment Planning</i>	49
Summary of Application.....	51
Chapter Five: Conclusion & Recommendations for Future Research.....	53
Summary of Findings.....	53
Recommendations for Future Research	54
<i>Canadian WGR-BW Research</i>	55
<i>Research Sample Demographics</i>	55
<i>Intersectional Coping Measures</i>	55
Self-Reflection & Conclusion.....	56
References.....	58
Appendix A: Literature Review WGR Themes & Author Terminology	63
Appendix B: Cultural Adaptations of CBT Interventions & Homework per Session.....	64

Chapter One: Introduction

In the counselling field, Canadian counsellors are expected to follow ethical standards of practice that outline their professional responsibilities and counselling relationships (Canadian Counselling & Psychotherapy Association [CCPA], 2021). Within professional responsibilities, counsellors are to recognize their need for further education and act to safeguard the dignity and rights of their clients (CCPA, 2021). Within counselling relationships, counsellors are asked to respect the integrity of clients and promote their welfare, consistent with client backgrounds (CCPA, 2021). Counsellors are asked to seek awareness and understand client identities in historical and current contexts (CCPA, 2021). Lastly, within counselling relationships, counsellors are asked to maximize benefits for their clients and reduce harm (CCPA, 2021). Although these are ethical standards, Black women still reported feeling invalidated in therapy when disclosing workplace gendered racism (WGR) (Beagan et al., 2022; Jones, 2022; Ngwenya, 2018). This capstone explores the intersectional process of counselling Black women who experience WGR (WGR-BW). Counsellors are asked to follow standards of practice to ensure they are not invalidating clients (CCPA, 2021). Counsellors need to know effective and ineffective coping strategies when working with WGR-BW to maximize benefit and reduce harm in their treatment planning. (Beagan et al., 2022; Curtis-Boles, 2019). Counsellors can increase their adherence to ethical standards by offering culturally relevant counselling support to WGR-BW (Beagan et al., 2022; Curtis-Boles, 2019). Therefore, this capstone aims to provide counsellors with evidence-based recommendations for counselling interventions with WGR-BW by critically analyzing current academic literature.

In the literature, US and Canadian Black women reported experiencing WGR in schools and workplaces, affecting their personal and professional relationships (Jones et al., 2022; Jones

et al., 2021; Ngwenya, 2018; Spates et al., 2020a). WGR is defined as workplace environments with discrimination and harassment attributed to race and gender (Hollis, 2022). WGR was reported to permeate speech (i.e., complimenting Black women on their intelligence), actions (i.e., excluding Black women from social and work events), and spaces (i.e., unrealistic work demands) (Cooke & Hastings, 2023; Jones, 2022; King et al., 2023; Spates et al., 2020a). This definition reflects how WGR intertwines with intersectionality and Critical Race Theory (CRT), which will be referenced throughout the capstone.

Researchers found that Black women's most common coping strategies for WGR correlated to increased anxiety and depression symptoms (Jones et al., 2021; Williams & Lewis, 2019). Before understanding the coping strategies, it is important to understand the presentation of anxiety and depression symptoms. Anxiety is defined as persistent and excessive worry (American Psychiatric Association [APA], 2021). Anxiety symptoms include restlessness, feeling on edge, increased heart rate, and more (APA, 2021). Depression is defined as a consistent feeling of sadness (APA, 2021). Depression symptoms are described as a loss of interest or pleasure, sleep disturbances, feelings of purposelessness or worthlessness, and more (APA, 2021).

In the literature, WGR-BW commonly used disengagement coping strategies, which were correlated to higher levels of anxiety and depression (Burton et al., 2020; Dickens & Chavez, 2018; Jones et al., 2021; Spates et al., 2020b; Williams & Lewis, 2019). Disengagement coping strategies detach WGR-BW from reality and incorporate self-criticism and self-blame (Spates et al., 2020b; Williams & Lewis, 2019). Contrarily, engagement coping strategies rely on a connection to positive identity and community connections while resisting discrimination (Spates et al., 2020b). Researchers reported that engagement coping strategies did not increase anxiety or

depression symptoms (Jones et al., 2021; Williams & Lewis, 2019). However, researchers found that when WGR-BW resisted and defended themselves against WGR, they were often invalidated by perpetrators, peers, and management (Cooke & Hastings, 2023; Jones et al., 2021; King et al., 2023; Williams & Lewis, 2019). This invalidation was correlated to an increase in Black women's anxiety (Williams & Lewis, 2019) and depression symptoms (Jones et al., 2021). Therefore, it is important for counsellors to be mindful of how validation can potentially impact WGR-BW; whereby validation is achieved through acknowledging clients' disclosures as true retellings of the experience (Jones et al., 2022).

In the research, WGR was correlated to Black women's increased likelihood of suicide by 170% (or 2.7 times) (Public Health Agency of Canada, 2018). It was reported that WGR-BW's lack of professional support, increased isolation, and fear of demotion or job loss contributed to the increased suicidality rate (Public Health Agency of Canada, 2018). Additionally, WGR, combined with anxiety and depression symptoms, contributed to Canadian WGR-BW's increased disability leave statistics compared to their non-Black colleagues (Centre for Addiction & Mental Health, 2020). These statistics and correlations highlight how important it is for counsellors to support WGR-BW by validating their experiences and providing culturally competent services.

Problem Statement

The topic to be addressed by this capstone is Black women's experiences with WGR and the correlation to higher levels of anxiety and depression (Burton et al., 2020; Cooke & Hastings, 2023; Dickens & Chavez, 2018; Hollis, 2023; Jones et al., 2022; King et al., 2023; Spates et al., 2020a; Williams & Lewis, 2019). Moreover, this capstone addresses how Black women are affected by invalidation in the workplace and counselling, and how counsellors can validate

Black women's disclosures in session using CBT. Therefore, this capstone answers the following research questions:

1. What are the mental health effects of Black women's disengagement and engagement coping strategies when facing WGR?
2. How can counsellors support Black women's utilization of engagement coping strategies?

The impact of this capstone could increase counsellors' understanding of WGR and the associated effects on anxiety and depression symptoms in Black women. Additionally, this capstone could increase counsellors understanding of how invalidation affects Black women, therefore increasing their use of validation in therapy.

Purpose Statement

The purpose of this capstone is to highlight Black women's experiences of WGR, and analyze Black women's anxiety, depression, and coping associated with WGR. Additionally, this capstone offers evidence-based recommendations for CBT counselling interventions. This is done to aid counsellors in increasing their cultural competency when working with Black women, as requested by CCPA (2021).

Justification & Significance

Black women's experiences of WGR have been prevalent since Black women entered the workforce in Canada and the US (McRae, 2018). In recent years, the Canadian Labour Congress (2022) found that WGR from coworkers, customers, clients, and patients was happening at an increasingly high rate for Black workers. Moreover, Cotter (2022) found that 49% of Canadian Black women reported experiencing WGR between 2014-2019. Meaning, Black women could benefit from counselling support to address the effects of WGR. The potential for counsellors to

better understand how anxiety and depression symptoms can increase ineffective coping in WGR-BW is an important consideration for counsellors that is not appropriately addressed in the literature.

Theoretical Framework

The framework for this capstone is Critical Race Theory (CRT). CRT is the critical analysis of the relationship between race, racism, and power (Delgado & Stefancic, 2023). The foundation of CRT is rooted in the belief that racism comprises ordinary experiences that appear as normal and natural interactions (Delgado et al., 2017; Essed, 1991; King et al., 2023). CRT challenges separate discourses on race, gender, and class by highlighting how these variables intersect to affect the experiences of Black women; thus, allowing researchers and counsellors to draw parallels between societal stereotypes and how they are re-enacted in the workplace (Delgado & Stefancic, 2023). To challenge separate discourses, seminal author Solórzano (1998) discussed how five principles guide CRT that current CRT authors still utilize:

1. Centrality and intersectionality of race and racism
2. Challenging dominant ideologies and deficit perspectives
3. Centrality of experiential knowledge
4. Interdisciplinary analyses
5. Commitment to social justice

CRT is beneficial as a framework for researchers and counsellors as the first principle highlights how racism is engrained in society and intersects with Black women's dual identities (King et al., 2023; Solorzano, 1998). The second principle guides counsellors to challenge traditional rules in social interactions in and out of the workplace, rejecting concepts of social neutrality and objectivity (Lawrence & Hylton, 2022; Solórzano, 1998). Thus, counsellors can challenge how

WGR-BW view themselves or attribute instances of perceived WGR on themselves rather than the perpetrator. The third principle recognizes the experiences of WGR-BW as central to understanding racism and sexism in the workplace (King et al., 2023). Therefore, counsellors cannot work with Black women without believing and validating their experiences. The fourth principle highlights racism and intersectionality in personal and professional contexts. Lastly, the fifth principle guides researchers and counsellors to minimize the harms associated with racism and sexism for WGR-BW (Lawrence & Hylton, 2022; Solórzano, 1998).

With the intersectional and analytical focus, these five principles of CRT are fundamental in analyzing the problem and the research questions within this capstone. This will be discussed further in the positionality section. CRT also becomes a valuable perspective for counsellors to utilize with clients because this lens promotes ethical guidelines for engaging in counselling research while supporting client experiences and social justice practice.

Definition of Terms

The following section contains the defined terms necessary for understanding this capstone.

Anxiety: Persistent and excessive worry that impairs social, occupational, and personal areas of functioning. This ongoing worry and tension may be accompanied by physical symptoms, such as restlessness, feeling on edge or easily fatigued, difficulty concentrating, muscle tension or problems sleeping. (APA, 2021). An increased heart rate, sweating, trembling, shortness of breath, chest pain, abdominal pain, dizziness, nausea, numbness or tingling, and chills or hot flashes (APA, 2021).

Black women: Biologically, socially, or culturally female individuals over the age of 13 years that self-identify as Black or African American (Cotter, 2022; Statistics Canada, 2020).

Cognitive-Behavioural Therapy (CBT): CBT helps people identify their distressing thoughts and how these thoughts are correlated to behaviour; emphasizing problem solving and initiating behavioural change (Beck, 2021).

Coping: The strategies Black women use in an effort to reduce being targeted or singled out in the workplace, as well as to reduce negative mental health symptoms as a result of WGR (Spates et al., 2020b).

Critical Race Theory: A theoretical perspective that focuses on the voice of those discriminated against, integrating these voices into social discussions on creating change (Lawrence & Hylton, 2022).

Depression: A consistent sadness that affects how one acts and interprets the world around them (APA, 2021). Symptoms include loss of interest or pleasure in activities once enjoyed, changes in appetite, sleep disturbances, fatigue, feelings of purposelessness, worthlessness, difficulty thinking or concentrating, and thoughts of death or suicide (APA, 2021).

Detachment: Any process where individuals disengage from active problem-solving and distance themselves from identified social supports (Williams & Lewis, 2019). Most commonly, self-protective to decrease or numb feelings associated with discrimination (Williams & Lewis, 2019).

Discrimination: Disparities and inequities in treatment, integration, and opportunities (Solórzano, 1998).

Disengagement Coping: Strategies meant to detach from discrimination, focussing on minimization, internalization, and self-blame (Spates et al., 2020b).

Engagement Coping: Strategies meant to offset discrimination, focussing on resistance and positive connection to one's intersecting identities (Spates et al., 2020b).

Gendered Racism: Racism and sexism intertwine into a hybrid phenomenon (Spates et al., 2020a). Understood to be commonplace, everyday instances of verbal and behavioural discrimination—intentional or unintentional (Spates et al., 2020a).

Identity Centrality: The degree to which gender and race form a positive and important part of Black women's identity (Jones et al., 2021).

Identity Shifting: The conscious or unconscious act of changing one's language and cultural behaviours (Burton et al., 2020). It consists of attempts to blend into the dominant workplace culture (Dickens et al., 2019).

Internalization: Accepting stereotypes that maintain power imbalances between Black women and others (Burton et al., 2020; Dickens & Chavez, 2018).

Intersectionality: The attempt to understand the simultaneous experiences of racism and sexism for Black women (Burton et al., 2020). The term was coined by CRT researcher Crenshaw (1989) and is still utilized in current academic research (King et al., 2023).

Invalidation: Not acknowledging clients' disclosures as true and valid retellings of their experiences (Jones et al., 2022).

Mental Health: The absence of depression and anxiety. The feeling of positive emotions, creating healthy relationships, engagement in activities, and the ability to reach self-actualization (Burton et al., 2020; Cooke & Hastings, 2023). *Negative Mental Health* is the presence of depression, anxiety, and fear that interferes with everyday functionality and enjoyment of life.

Picking Battles: When Black women deliberate on when and how to address WGR or if they are willing to let it go unaddressed (Burton et al., 2020; Jones, 2022).

Resistance: Self-advocacy, activism, and addressing discrimination from the perpetrator of WGR (Burton et al., 2020; Jones, 2022; Jones et al., 2021).

Workplace Gendered Racism: Workplace environments with discrimination and harassment attributed to race and gender (Hollis, 2022).

Positionality

As a Black woman, I have experienced various instances of WGR. I have been called gender- and race-based derogatory names by my clients, with no support from my leadership team. I have been told, by non-Black colleagues, how I am expected to respond in the face of gender- and race-motivated physical aggression in the workplace –rather than being offered support. In my previous workplaces, I have supported young Black women who have expressed similar incidents of WGR and expressed a lack of trust in counsellors due to feeling invalidated. Now that I have stepped out of those workplaces and begun my career as a counsellor, I want to bring added awareness to the counselling field (regardless of counsellor race or gender) regarding the evidence-based, effective coping strategies for Black women and present suggestions on how Black women can effectively cope with WGR.

Having a CRT foundation made me curious to find literature that offered opinions or experiences dissimilar to my own because, in the counselling relationship, the dominant ideology would be my own. Having the opportunity to review the literature on this topic, I better understand my intersectionality and how that plays a part in my work as a counsellor. Additionally, I understand how my intersectionality and individual experiences make me different from each WGR-BW client, reducing the potential for countertransference or strong emotional responses. This means that although I can identify as a Black woman, my experiences and perceptions will change how I understand and relate to my counselling clients who also identify as Black women. This has strengthened my pursuit to challenge myself and avoid making assumptions about my clients' experiences, feelings, perspectives, and beliefs.

Summary of Chapters

Chapter One introduced the reader to the concepts of WGR for Black women, to review the relationship between WGR and Black women's levels of anxiety and depression, and the relationship between coping strategies and levels of anxiety and depression. Following this discussion, Chapter One also presented the research questions, the purpose of the capstone, and the CRT framework that underpins the capstone. It concluded with the justification of the capstone, defining key terms, and stating my positionality.

The remaining chapters provide the details of how this capstone was conducted, the results of the literature review, and recommendations for counsellors and future researchers. *Chapter Two* provides the reader with the details of the research methodology, data collection, data analysis, and offers a discussion regarding the ethical considerations taken.

Chapter Three consists of an in-depth literature review of the key terms defined in the introduction –from a CRT lens. Specifically, the review focuses on Black women's reported experiences of WGR, how WGR affects their mental health, and coping strategies. The chapter analyzes the similarities and differences in themes found in the literature review, including the research methodology, variables, and presented findings.

Chapter Four presents how the review findings apply to counselling practice. This includes a specific focus on how counsellors can promote and facilitate teachings on effective engagement coping strategies for their clients. Lastly, *Chapter Five* completes the capstone with recommendations for future research. The chapter summarizes the literature review findings and offers continuance for future research that incorporates the five principles of CRT in their data collection, analysis, and reporting.

Chapter Two: Methodology

This chapter outlines the research parameters used in the data collection and analysis for the literature review. To review, Chapter two addresses these research questions:

1. What are the mental health effects of Black women’s disengagement and engagement coping strategies when facing WGR?
2. How can counsellors support Black women’s utilization of engagement coping strategies?

To conclude the chapter, there is a discussion on challenges faced in finding literature within Canada relevant to the research questions.

Research Parameters

In this capstone, the research parameters refer to types of search engines and databases accessed to gather relevant literature for the review. The parameters also include a list of search terms and the inclusion/ exclusion criteria, along with how the research was refined to produce a literature review on the research topic—Black women’s experiences with workplace gendered racism (WGR). Seminal author works were included when discussing the current literature to ensure a background understanding. Additionally, seminal works were only included if cited as relevant in current literature.

Search Methods

To find research on WGR, the CityU Library was used to explore American journals ‘The Journal of Black Psychology,’ ‘Journal of Black Studies,’ and ‘Psychology of Women Quarterly.’ These were found using the databases section and searching ‘Black’ AND ‘women.’ Google Scholar and Statistics Canada were utilized to find Canadian studies, as the CityU Library did not yield Canadian peer-reviewed literature on this capstone research topic. This

expanded search found discussions on neuroscience and longitudinal studies analyzing how chronic WGR contributes to negative mental health and coping strategies. The research from Google Scholar and the CityU Library contained quantitative and qualitative literature from academic, peer-reviewed articles from 2017-2023 relating to social psychology, intersectionality, and sex/gender roles in the workplace.

Search Terms & Inclusion Criteria

After choosing the appropriate databases and search engines, the following keywords were used to ensure the literature contributed to a better understanding of the research questions. To begin the search around the topic of Black women experiencing WGR, minimal terminology was utilized, such as:

1. “Black women” AND “workplace”
2. “Black women” AND “workplace” AND “gendered racism”

Accounting for the literature that does not utilize the term ‘gendered racism,’ additional searches contained ‘sexism’ AND ‘racism’ to ensure the literature related to the research questions was appropriately represented. The terms were updated to the following:

3. “Black women” AND “workplace” AND “racism”
4. “Black women” AND “workplace” AND “sexism”

Interestingly, most of the research on WGR and Black women discussed them in workplaces where the dominant culture was White. This led to finding literature that used a CRT framework, discussing the effects of WGR on Black women’s mental health. Specifically, the literature discussed anxiety and depression symptoms attributed to Black women experiencing WGR. To narrow the searches within the phenomenon of Black women experiencing anxiety and depression associated with WGR, searches then included ‘Black women AND workplace’ with

the variable terms added interchangeably. The most useful searches that yielded relevant results were:

1. “Black women” AND “workplace” AND “anxiety”
2. “Black women” AND “workplace” AND “depression”
3. “Black women” AND “workplace” AND “mental health”

The broader term ‘mental health’ was included to see if the search yielded literature that noted other mental health conditions. This keyword-searching method offered a larger literature sample that addressed the two research questions. However, many authors that studied Black women, WGR, and ‘mental health’ did not provide a consistent term –often using undefined terms such as stress or psychological distress. These articles were excluded as their terms may not be congruent with those utilized in this capstone.

To find literature about the coping used by WGR-BW, the search parameters that yielded the most useful results were:

1. “Black women” AND “workplace” AND “coping”
2. “Black women” AND “workplace” AND “mediate”
3. “Black women” AND “workplace” AND “moderate”

These search terms yielded studies that discussed coping strategies, even when the term ‘coping’ was absent. This allowed for the exploration of articles that may have been missed. The literature heavily emphasized naming specific coping strategies such as *identity shifting*, *ignoring*, *internalization*, *resistance*, etc. These are defined and discussed in detail in the literature review chapter. These strategies were categorized in multiple studies as disengagement or engagement coping.

To find articles that specifically discussed engagement and disengagement coping strategies used by WGR-BW, the most useful search terms were:

1. “Black women” AND “workplace” AND “engagement coping”
2. “Black women” AND “workplace” AND “disengagement coping”

This combination of terms yielded the most relevant articles to my capstone, as many articles analyzed Black women, engagement or disengagement coping strategies, and one of either anxiety or depression. This included articles that analyzed the relationship between these variables for Black women where the dominant workplace culture was Black.

Approximately 680 peer-reviewed articles, dissertations, book chapters, statistical reports, and infographics were gathered for this capstone. Publication dates of the reviewed literature ranged from 1985-2023, where older works were utilized if they were relevant and seminal. The current literature review in this capstone represents the research published between 2017-2023 that best addressed this capstone’s research questions. As per the capstone guidelines, narrowing the literature to an appropriate number of articles was the most challenging aspect of completing this capstone.

Research Categorization & Themes

Once the relevant articles were compiled, the literature was organized into the respective themes. Due to some authors writing about more than one theme, these authors were included in more than one section of the literature review. The articles that discussed more than one theme were prioritized to be included in the literature review. Below outlines how the literature was categorized after analyzing the individual studies.

1. Black women’s firsthand experiences of WGR, as reported in the literature.
2. Black women’s reports of mental health concerns being:

- a. Anxiety
 - b. Depression
3. Ways Black women cope with WGR and mental health concerns, discussed as:
- a. Disengagement coping (Strategies that avoid the underlying problem)
Themes of Disengagement coping strategies in the literature were organized into the following:
 - i. Identity Shifting
 - ii. Picking Battles/ Internalization
 - iii. Detachment/ Ignoring
 - b. Engagement coping (Strategies that address the underlying problem and support wellness).
Themes of engagement coping strategies were organized into the following:
 - i. Identity Centrality
 - ii. Resistance
 - iii. Interpersonal Support

In Chapter Three, the literature review, these themes are explored further. This exploration will include detailed definitions of the themes, the purpose of CRT, and an analysis of the findings' usefulness for counsellors supporting WGR-BW. This is done while comparing the literature to the Canadian Counselling and Psychotherapy Association's (2021) ethical standards of practice for counselling. Chapter Four will discuss recommendations for counsellors based on the findings from the literature review.

Chapter Three: Literature Review

Chapter Three examines the literature on WGR-BW, mental health, and coping. This chapter informs Canadian counsellors on the presentation of WGR and its relationship to health and coping. This is done to fulfill the ethical standards of practice outlined by the Canadian Counselling and Psychotherapy Association (CCPA).

Chapter Three is written in two sections; the first section begins with an overview of the historical context and current academic understanding of WGR-BW from a Critical Race theoretical perspective. This is followed by exploring WGR-BW's reported anxiety and depression symptoms and disengagement and engagement coping strategies. The overview will highlight the importance of the research for counsellors, along with how they can support WGR-BW. Following the overview, the second section analyzes the researchers' methodological choices before discussing the research limitations and ethical considerations taken and disclosed. The chapter ends with the overall findings and conclusions from the review and methodological analysis.

Critical Race Theory (CRT)

Critical Race Theory (CRT) was conceptualized in the 1970s out of the need to end public demonstrations of racism against Black people and to reduce the ongoing racial inequality in the United States (Delgado et al., 2017; Lawrence & Hylton, 2022; Solórzano, 1998). As discussed in the introduction, CRT accounts for the roles racism and sexism play in the lives of Black women and the challenges that present due to experiencing multiple forms of discrimination (Lawrence & Hylton, 2022; Solórzano, 1998). CRT researchers describe racism as ordinary experiences engrained within society to the point that it appears as normal and natural interactions (Delgado et al., 2017; King et al., 2023). Further, CRT challenges claims of

objectivity and neutrality from those benefitting from the power differential that results from racism, where not seeing colour is the response to the perpetuation of racial inequality (King et al., 2023; Solórzano, 1998).

CRT challenges separate discourses on race, gender, and class by highlighting how these variables intersect to affect the experiences of Black people (Solórzano, 1998). These challenges allow counsellors to support Black women in discovering parallels between societal stereotypes and how they are re-enacted in the workplace. To challenge separate discourses, seminal CRT author Solórzano (1998) stated that CRT is guided by five principles—still utilized by CRT academics. Within the five principles of CRT, Solórzano (1998) emphasized the importance of experiential knowledge of people of colour, discussing discrimination on interpersonal, institutional, and structural levels.

When combining CRT with research on gendered racism, CRT researchers saw that *interpersonal* discrimination were instances of prejudgement where the belief of racial inferiority affects Black people in their individual relationships and social exchanges (Williams & Lewis, 2019). *Institutional* discrimination was described as the bias in policies, practices, and procedures against any type of status or increased functioning of racialized and ethnic groups (Delgado & Stefancic, 2023). *Structural* discrimination referred to the representation and societal depiction of racialized and ethnic groups as having an inferior culture and way of being, where these groups are historically marginalized for other groups to succeed (Curtis-Boles, 2019). From a CRT lens, perpetrators of WGR were categorized as those profiting from implicit and explicit social narratives about race superiority/ inferiority rooted in the dominant culture's heritage, norms, and ideologies (Cooke & Hastings, 2023; King et al., 2023; Spates et al., 2020a).

Counsellors can use this information to aid in challenging their dominant ideologies on interpersonal, institutional, and structural levels.

Workplace Gendered Racism (WGR)

In recent literature, Black women similarly discussed WGR as subtle and chronic verbal, behavioural, and environmental expressions of discrimination that permeate conversations (e.g., complimenting Black women on their intelligence), interactions (e.g., excluding Black women from social and work events), and spaces (e.g., missing cultural competency in the treatment towards Black staff and clients) (Burton et al., 2020; Dickens & Chavez, 2018; Godoy et al., 2023; King et al., 2022; Spates et al., 2020a; Spates et al., 2020b). Researchers highlighted that the denial of sexism and racism allowed individuals in workplaces to continue perpetrating WGR, citing performance, conduct, and professionalism as deciding factors for hiring, promoting, and firing (Dickens & Chavez, 2018; Jones, 2022). These literature findings highlight for counsellors the many forms of WGR, providing counsellors with a context to understand and validate their client's experiences.

Overall, WGR has been documented to present interpersonally (between individuals) and institutionally (in workplace structures and policies) in three themes:

1. *Navigating Societal Expectations* (Burton et al., 2020; Jones, 2022; King et al., 2023; Ngwenya, 2018; Spates et al., 2020a).
2. *Navigating Relationships* (Burton et al., 2020; Dickens & Chavez, 2018; Hollis, 2022; King et al., 2023; Spates et al., 2020a).
3. *Navigating a Lack of Resources and Limited Opportunities* (Cooke & Hastings, 2023; Dickens & Chavez, 2018; King et al., 2023; Ngwenya, 2018; Spates et al., 2020a).

From a CRT perspective, Black women having to navigate societal expectations is an example of structural discrimination; navigating relationships an example of interpersonal, and navigating lacking resources and limited opportunities is an example of institutional discrimination (Delgado & Stefancic, 2023). Therefore, Black women face consistent inequities across all three domains of discrimination. Interestingly, there was only one article from Smith et al. (2019) where Black women reported support from their non-Black colleagues, resulting in their inclusion and promotion at work. However, the inclusion was found to begin after Black women completed extensive education and entered executive workplaces (Smith et al., 2019).

In the literature, authors discussed the themes of WGR with varying terminology. Appendix A details the differing terminology, such as how *unrealistic work demands* describes Black women *navigating a lack of resources and limited opportunities*. An awareness of the terminology is important for counsellors to identify themes of WGR in conversations with Black women and validate the experience (Curtis-Boles, 2019). Curtis-Boles noted that counsellors need to be mindful of their language when working with Black women, as it may perpetuate discrimination. Hill-Jarrett and Jones (2022) found that 95% of older Black women in their study had experienced gendered racism across their lifespans. These findings show the importance of counsellors being aware of these common experiences for WGR-BW. This awareness could be used to increase counsellors' challenging of their dominant ideologies, such as Black female counsellors with no known experiences with WGR.

Workplace Gendered Racism & Mental Health

In the literature, themes of WGR correlated to anxiety (Burton et al., 2020; Cooke & Hastings, 2023; Jones et al., 2021; King et al., 2023) and depression symptoms (Burton et al., 2020; Cooke & Hastings, 2023; Dickens & Chavez, 2018; Hollis, 2022; Jones et al., 2021). The

following subsections analyze the literature about WGR correlations with anxiety and depression.

Anxiety

As mentioned, anxiety is the persistent and excessive worry that disrupts social, occupational, and personal areas of functioning (APA, 2021). In the literature, WGR-BW reported increased anxiety symptoms as WGR increased (Burton et al., 2020; Cooke & Hastings, 2023; Hollis, 2022; Jones et al., 2021; King et al., 2023). WGR-BW, who reported anxiety symptoms, also reported high self-criticism and self-doubt (Burton et al., 2020; Dickens & Chavez, 2018; Jones et al., 2021; King et al., 2023). Counsellors can use this information on anxiety to inform their treatment planning when working with WGR-BW.

Of the research that analyzed anxiety in WGR-BW, most authors solely used qualitative interviewing to gather data (Burton et al., 2020; Cooke & Hastings, 2023; Hollis, 2022). However, Jones et al. (2021) and King et al. (2023) used quantitative scales. Jones et al. (2021) used the *Brief Symptoms Inventory – Anxiety* subscale (*BSI- Anxiety*). The BSI-Anxiety was reported to have high internal consistency and reliability, accurately reflecting WGR-BW anxiety levels (Jones et al., 2021). King et al. (2023) utilized the *Racism-Related Vigilance Scale (RRV)* to assess anxiety. The RRV assesses racism-specific anxiety symptoms, such as worrying about experiencing racism at work (King et al., 2023). While the RRV provides a WGR lens on anxiety, it might not give an accurate picture of WGR-BW anxiety levels. This is because the RRV requires respondents to recognize that WGR is at the root of their anxiety symptoms. Therefore, WGR-BW in King et al. (2023) may have higher anxiety levels than reported.

Counsellors can utilize self-report measures such as the BSI-Anxiety and RRV in counselling sessions to gain insight into how WGR-BW experience anxiety. These scales can be

valuable tools in informing treatment plans and guiding effective questioning to identify anxiety symptoms. In addition to anxiety, research has indicated that depression symptoms are also common for WGR-BW. (Burton et al., 2020; Cooke & Hastings, 2023; Dickens & Chavez, 2018; Jones et al., 2021).

Depression

As discussed, depression is a consistent feeling of sadness, purposelessness, and worthlessness (APA, 2021). Thematically, WGR-BW reported increased depression symptoms as WGR increased (Burton et al., 2020; Cooke & Hastings, 2023; Dickens & Chavez, 2018; Hollis, 2022; Jones et al., 2021; King et al., 2023). WGR-BW, who reported depression symptoms, also reported feelings of guilt, suicidality, and hopelessness (Burton et al., 2020; Cooke & Hastings, 2023; Hollis, 2022; Jones et al., 2021). Counsellors can use this information to inform their treatment planning when working with WGR-BW. The knowledge surrounding suicidality also allows counsellors to incorporate safety planning as part of their treatment planning for WGR-BW (Curtis-Boles, 2019).

To analyze depression symptoms in WGR-BW, Jones et al. (2021) used the *Brief Symptoms Inventory- Depression* subscale (*BSI- Depression*). Similar to the BSI- Anxiety, this scale was reported to have high internal consistency and reliability, accurately reflecting the depression levels of WGR-BW (Jones et al., 2021). Although Hollis (2022) used qualitative interviewing, they incorporated questions that scaled WGR-BW's depression symptoms (Hollis, 2022). By incorporating scaling questions, Hollis (2022) could report on correlations that could not be found without quantitative measures. Although this addition reduced the length of the interviews, it bound WGR-BW responses to the closed-ended questions.

Counsellors can use this information on depression to inform their treatment planning with WGR-BW. Specifically, counsellors could use the BSI- Depression as a brief assessment tool with WGR-BW. Additionally, to maximize the benefit of counselling for WGR-BW, counsellors may want to offer them effective coping strategies for their anxiety and depression symptoms. The following section analyzes the literature on WGR and coping strategies used by WGR-BW.

Workplace Gendered Racism & Coping

In the literature, WGR-BW reported coping with WGR using engagement (Burton et al., 2020; Godoy et al., 2023; Hollis, 2022; Jones, 2022; Jones et al., 2021; King et al., 2023; Spates et al., 2020b; Williams & Lewis, 2019) and disengagement coping strategies (Burton et al., 2020; Dickens & Chavez, 2018; Godoy et al., 2023; Jones, 2022; Jones et al., 2021; Williams & Lewis, 2019). The following subsections analyze the literature on WGR, disengagement, and engagement coping strategies.

Disengagement Coping Strategies

Disengagement coping strategies are acts to withdraw from a relationship or unpleasant situation (American Psychological Association, 2023; Williams & Lewis, 2019). WGR-BW's chronic exposure to WGR was reported to be associated with greater use of disengagement coping (Burton et al., 2020; Dickens & Chavez, 2018; Jones et al., 2021; Williams & Lewis, 2019). WGR-BW disengagement coping was reported to correlate to increased anxiety (Jones et al., 2021) and depression symptoms (Jones et al., 2021; Williams & Lewis, 2019). Moreover, disengagement coping strategies were described in three themes:

1. *Identity Shifting* (Burton et al., 2020; Dickens & Chavez, 2018; Jones et al., 2021)

2. *Picking Battles/ Internalization* (Burton et al., 2020; Dickens & Chavez, 2018; Jones, 2022)

3. *Detachment/ Ignoring* (Dickens & Chavez, 2018; Godoy et al., 2023; Jones, 2022)

These terms are discussed further in the following subsections. This vocabulary heightens counsellors' awareness of disengagement coping strategies in WGR-BW client disclosures. Identifying WGR-BW's use of disengagement coping could aid counsellors in maximizing the benefits of their WGR-BW treatment planning.

Identity Shifting. Dickens and Chavez (2018) described identity shifting as a natural practice that helps Black women succeed in the workplace. Some WGR-BW attributed identity shifting to yielding career advancements or reducing interpersonal WGR, thereby reducing their anxiety and depression symptoms (Dickens & Chavez, 2018). Although after time, the effort needed for identity shifting was reported to contribute to anxiety and depression symptoms (Dickens & Chavez, 2018; Jones et al., 2021).

Picking Battles/ Internalization. Picking battles occurs when WGR-BW deliberate whether to resist or ignore WGR (Jones, 2022). Dickens & Chavez (2018) reported picking battles as self-silencing whereby WGR-BW engage in a process of internalization that was reported to contribute to depression symptoms. Internalization is the acceptance of stereotypes that maintain power imbalances between Black women and others (Burton et al., 2020; Dickens & Chavez, 2018; Williams & Lewis, 2019). Internalization has been linked to self-blame and self-criticism (Dickens & Chavez, 2018; Williams & Lewis, 2019).

Detachment/ Ignoring. In multiple studies, detachment coping was defined as a self-protective strategy to decrease or numb feelings of anxiety and depression (Dickens & Chavez, 2018; Godoy et al., 2023; Williams & Lewis, 2019). Rather than alcohol or drugs, WGR-BW

were found to engage in food overconsumption as a detachment tool (Godoy et al., 2023). WGR-BW commonly reported ignoring WGR to reduce anxiety associated with confirming negative stereotypes or receiving negative consequences (Dickens & Chavez, 2018; Jones, 2022). Even so, WGR-BW reported that ignoring WGR contributed to increased feelings of anxiety and depression symptoms (Dickens & Chavez, 2018; Jones, 2022).

Overall, WGR-BW reported that their use of detachment or ignoring was preferred when they perceived the discrimination to be beyond their control, expected interpersonal and institutional invalidation, or the WGR was too subtle to describe or address (Burton et al., 2020; Dickens & Chavez, 2018; Williams & Lewis, 2019). These findings highlight the importance for counsellors to validate the experiences of WGR for WGR-BW. When these findings are interpreted through a CRT lens, Williams and Lewis's (2019)'s report may not accurately represent the coping strategies used by WGR-BW. Since Williams and Lewis used the *Brief Coping with Problems Experienced Inventory (COPE)*, a non-intersectional scale, their report may not encompass the breadth of coping the WGR-BW use. The qualitative authors reported more detailed experiences of disengagement coping strategies (Burton et al., 2020; Dickens & Chavez, 2018; Godoy et al., 2023; Jones (2022)). For counsellors, this emphasizes the importance of experiential knowledge and validating WGR-BW client disclosures.

Engagement Coping Strategies

Engagement coping strategies were seen to be acts that connected WGR-BW to their intersectional identities and individualities (Jones et al., 2021). In the literature, engagement coping did not increase anxiety or depression symptoms in WGR-BW (Jones et al., 2021). Although comparing the quantitative literature, WGR-BW who used engagement coping (King et al., 2023; Spates et al., 2020b) reported less anxiety and depression symptoms than WGR-BW

who used disengagement coping strategies (Jones et al., 2021; King et al., 2023; Williams & Lewis, 2019). Additionally, Williams and Lewis (2019) reported that as engagement coping increases, disengagement coping utilization decreases. In the literature, engagement coping strategies are described in three themes:

1. *Identity Centrality* (Burton et al., 2020; Hollis, 2022; Jones et al., 2021; Spates et al., 2020b; Williams & Lewis, 2019)
2. *Resistance* (Burton et al., 2020; Jones, 2022; Spates et al., 2020b)
3. *Interpersonal Support* (Burton et al., 2020; Godoy et al., 2023; Hollis, 2022; King et al., 2023; Spates et al., 2020b)

These terms are discussed further in the following subsections. This vocabulary heightens counsellors' awareness of engagement coping strategies for WGR-BW. Being able to emphasize WGR-BW's use of engagement coping could aid counsellors in maximizing the benefits of their WGR-BW treatment planning.

Identity Centrality. Gendered Racial Identity Centrality (identity centrality) is the degree to which gender and race form a positive and important part of Black women's identity (Jones et al., 2021; Williams & Lewis, 2019). Identity centrality was reported to mitigate the self-blame and self-criticism associated with WGR (Jones et al., 2021; Williams & Lewis, 2019). This suggests that with additional research, identity centrality could have a protective and moderating effect against anxiety and depressive symptoms. Authors found that WGR-BW who actively engaged in prayer, spirituality, or mindfulness as part of their identity discussed feeling less self-blame or self-criticism associated with WGR (Hollis, 2022; Spates et al., 2020b).

Resistance. Resistance was considered a solution-focused strategy (Burton et al., 2020). In the literature, WGR-BW who engaged in acts of resistance met with their management or

leadership teams to find solutions to WGR problems (Burton et al., 2020). By vocally addressing WGR, WGR-BW reported seeing a reduction in WGR (Spates et al., 2020b). Additionally, resistant WGR-BW were reported to be actively engaging in CRT by challenging the perpetrator's ideologies (Jones, 2022). Additionally, WGR-BW who engaged in resistance discussed how their sense of self-worth and identity centrality continually increased over time (Jones, 2022; Spates et al., 2020b).

Interpersonal Support. Expressing thoughts and feelings in a safe space (Spates et al., 2020b). Spates et al. (2020b) identified that WGR-BW often sought to discuss their experiences with others who could offer support and validation. Spates et al. (2020b) also noted that when WGR-BW's feelings are validated, they felt a reduction in self-criticism and internalization. WGR-BW utilized interpersonal support to aid in countering WGR, as this support allowed them to connect to their identity centrality and focus on addressing the problem (Hollis, 2022). Lastly, Burton et al. (2020) discussed that when WGR-BW got together to discuss their lives and experiences in deep conversations with one another, they felt a reduction in depression symptoms.

Overall, the findings from Williams and Lewis (2019) and the *Brief Coping with Problems Experienced Inventory (COPE)*, exploring engagement coping, may not accurately represent the mediating effects of engagement coping on anxiety and depression symptoms. The qualitative authors reported more detailed experiences of engagement coping strategies and how WGR-BW felt during and after their use (Burton et al., 2020; Godoy et al., 2023; Hollis, 2022; Jones, 2022; Spates et al., 2020b). For counsellors, this emphasizes the importance of experiential knowledge and exploring WGR-BW client disclosures. The following section will discuss further methodological analysis and the overall use of the findings by counsellors.

Research Methodology Analysis

Although there were several common themes in the research findings across the literature, there were differences in how researchers came to their findings. This section of the literature review will analyze the literature research methodologies, critique the sampling and recruitment of participants, and data collection and analysis procedures. Then there will be a discussion on the limitations of the reviewed literature's research procedures, findings, validity, and reliability. Lastly, there will be a critique of the author's reports of their ethics approval and reflexivity before discussing how counsellors could interpret the findings.

Methodological Themes

In the reviewed literature, authors interested in quantitative data used no less than three scales focusing on the following research variables: experience of gendered racism, type of negative mental health symptom, and type of coping strategy (Jones et al., 2021; King et al., 2023; Williams & Lewis, 2019). Although *COPE* was not discussed as being a representative measurement of WGR-BW's coping styles, Jones et al. (2021) measured WGR-BW's identity centrality and identity shifting using the *Multidimensional Inventory of Black Identity- Centrality (MIBI- Centrality)* and *African American Women's Shifting Scale (AAWSS)*. Although using different measures, Jones et al. (2021) came upon similar findings regarding the lack of a significant link between identity centrality and mental health, as Williams & Lewis (2019) did using *COPE*. In contrast, King et al. (2023) used quantitative scales to analyze WGR and mental health effects. After, King et al. (2023) completed qualitative interviews to add depth to their quantitative findings. This increased the validity of their findings as King et al. (2023) utilized the qualitative transcripts to compare to the quantitative data.

In the literature, some qualitative studies reported their authors held dual roles (Burton et al., 2020; Jones, 2022; Spates et al., 2020a; Spates et al., 2020b; Dickens & Chavez, 2018). The authors participated in creating the research procedures and reporting findings alongside leading the semi-structured interviews with participants (Burton et al., 2020; Jones, 2022; Spates et al., 2020a; Spates et al., 2020b; Dickens & Chavez, 2018). Although the dual roles could create a bias in the coding of transcripts due to the relationships built, this was mitigated by Dickens and Chavez (2018) by including member checking as part of their data review. Spates et al. (2020a/b) and Dickens and Chavez (2018) discussed utilizing researchers that represented their research population to reduce the likelihood of skewing results from participants being uncomfortable or intimidated by the interviewers. Similar to the dual roles, the shared backgrounds between participants and interviewers could create a bias in the coding of transcripts due to the relationships built. The authors discussed mitigating this through coding meetings and ensuring each researcher came to the same understanding (Dickens & Chavez, 2018; Spates et al., 2020a/b).

Sampling. All qualitative and quantitative researchers utilized demographic questionnaires to ensure participants met the inclusion-exclusion criteria for their study—with all researchers including self-reporting Black women over the age of 18 (Burton et al., 2020; Cooke & Hastings, 2023; Curtis-Boles, 2019; Dickens & Chavez, 2018; Hollis, 2022; Jones, 2022; Jones et al., 2021; King et al., 2023; Spates et al., 2020a; Spates et al., 2020b; Williams & Lewis, 2019). Comparing the literature as a whole, the mean age averaged 25 years, and just under 90% self-identified as mono-racially Black and were enrolled in college or college graduated (Burton et al., 2020; Cooke & Hastings, 2023; Curtis-Boles, 2019; Dickens & Chavez, 2018; Hollis, 2022; Jones, 2022; Jones et al., 2021; King et al., 2023; Spates et al., 2020a; Spates et al., 2020b;

Williams & Lewis, 2019). This excluded the older population of Black women that have been part of the workforce for longer or do not have the socio-economic status (SES) to allow for college. One exception to the educational theme came from Jones et al. (2021), where the researchers recruited from personal and professional groups of Black women for a larger study on stereotypes, discrimination, and health behaviours among Black women. However, this use of sampling could skew the results as the interpersonal connection between researcher and participant changes the objective nature of a quantitative study.

Qualitative researchers such as Dickens and Chavez (2018) excluded Black women who were not college-educated, and Jones et al. (2021) excluded Black women not enrolled as college students at the time of the study. The challenge with excluding women who are not college educated is that the sample misses out on a large demographic of women that could enrich the data with varying experiences. King et al. (2023) excluded Black women that were not full-time employees, which misses out on the experience of Black women that may have been excluded from full-time employment or were not participating in full-time employment at the time of the study. King et al. did not explain why part-time employees were excluded. This exclusion reduces the generalizability of King et al. (2023) findings.

Recruitment. To recruit participants, the majority of authors chose purposeful sampling methods, sending emails and physical flyers to Black student groups, and targeted ads were placed on social media platforms, and professional networks were contacted (Burton et al., 2020; Carter et al., 2022; Hill-Jarrett & Jones, 2022; Jones, 2022; Jones et al., 2021; Lewis et al., 2017; Moody & Lewis, 2019; Smith et al., 2019; Sosoo et al., 2020; Spates et al., 2020b; Williams & Lewis, 2019). As with the inclusion/ exclusion criteria, the recruitment methods were also geared

towards those with access to computers, the internet, colleges, and professional networks, inherently veering away from Black women with lower SES.

Alongside purposeful sampling, few researchers used snowball methods and asked participants to recommend others to increase the sample size and improve structural validity (Cooke & Hastings, 2023; Dickens & Chavez, 2018; Jones et al., 2022; King et al., 2023; Spates et al., 2020a/b). By using snowball sampling, the authors reduced the generalizability of their findings by creating a sample of highly similar participants (Spates et al., 2020b). Lastly, in efforts to build recruitment for their study, some researchers chose to offer compensation to eligible participants ranging from \$10 cash (Dickens & Chavez, 2018; King et al., 2023) to \$35 gift cards (Godoy et al., 2023) and raffles for \$100 gift cards (Williams & Lewis, 2019). Most researchers chose to offer no compensation for participants; Jones et al. (2021) noted they did not want compensation to skew the quality of the sample.

Data Collection and Analysis. Of the qualitative studies, Spates et al. (2020a) were the only researchers that outlined their steps in finalizing their interview guide. This shows the mindful work Spates et al. (2020a) put into creating an interview guide that aligns with their research, perhaps increasing the confidence in the validity of their results over other studies. One qualitative study utilized a methodological approach where participants were placed in focus groups with open discussions (Jones, 2022). Focus groups have been discussed as creating a sense of community between participants, supporting them in realizing they are not alone (Jones, 2022). Although, there is the possibility that some participants' perspectives are not heard or acknowledged in a group setting.

To find meaning in the qualitative interviews, some researchers read data from the transcribed discussions and analyzed them using open coding (Burton et al., 2020; Dickens &

Chavez, 2018; Spates et al., 2020/b). When analyzing their collected data, these authors discussed that thematic concepts were identified and labelled as they emerged (Burton et al., 2020; Dickens & Chavez, 2018; Spates et al., 2020a/b). Lastly, only a few qualitative researchers stated they reviewed the others' coding to enhance interrater reliability and form a schema for selective coding to apply to the remaining transcripts (Dickens & Chavez, 2018; King et al., 2023; Spates et al., 2020a/b). These additional reviews enhance the reliability of each study if completed in a manner where the researchers' voices are considered equally (Dickens & Chavez, 2018).

Quantitative researchers gathered and analyzed data using various scales. In addition to the scales discussed, King et al. (2023) used the *Survey of Perceived Organizational Support (SPOS)*, *Brief Resilience Scale*, *Co-Rumination Questionnaire (CRQ)*, *Oldenburg Burnout Inventory (OLBI)*, *Positive and Negative Affect Schedule (PANAS)*. Each measure was considered reliable when conducting intersectional research (King et al., 2023). Although these measures were appropriate for the intersectional research, the non-specific mental health language made it unreliable to report these findings as correlations with depression symptoms. Jones et al. (2021) utilized the *Schedule of Sexist Events (SSE)*, *Brief Symptom Inventory- Depression (BSI- Depression)*, and *Brief Symptom Inventory- Anxiety (BSI- Anxiety)*. To aid in the intersectionality of their research findings, Jones et al. modified the *SSE* to reflect experiences of gendered racism. The modification aided in the validity of the findings about the research questions within this capstone. Additionally, the *BSI- Anxiety* and *BSI- Depression* were discussed as yielding reports representative of the respondents' broad anxiety and depression symptoms (Jones et al., 2021).

Lastly, Williams and Lewis (2019) used the *Gendered Racial Microaggressions Scale (GRMS)*, *Multidimensional Inventory of Black Identity- Regard (MIBI- Regard)*, and *Depression Anxiety Stress Scale (DASS-21)*. The GRMS was modified to reflect WGR events for Black women to increase the validity of the results in relation to their inquiry into WGR. Williams and Lewis used the MIBI-Regard to compare how WGR-BW's feelings towards Black culture affected their anxiety and depression symptoms. Using the DASS-21, Williams and Lewis (2019) reported high internal consistency in their findings on anxiety and depression symptoms. Although the researchers completed comparative analyses between these scales within their study, it was previously noted that they faced limitations in the construct validity and the external validity of their coping findings (Williams & Lewis, 2019). Therefore, when counsellors interpret this information, it is important to critically analyze the research data and scales for validity, reliability, and inclusivity.

Research Limitations and Implications

Throughout the studies discussed in the review, researchers brought forward concerns regarding the limitations of their methods and procedures. There were also additional limitations found in the ethical disclosures of the researchers noticed, which will be discussed further. The researchers noted their findings' implications for practicing counsellors, policymakers, and general knowledge to increase social justice for Black women.

Themes found within the limitations were the generalizability of findings, the short duration of the study, and overlooking participant variables that could be contributing factors to their chosen responses (Burton et al., 2020; Cooke & Hastings, 2023; Dickens & Chavez, 2018; Spates et al., 2020a; Spates et al., 2020b; Williams & Lewis, 2019). The themes found within research implications were recommendations to raise awareness and increase WGR education in

workplaces and the counselling field (Burton et al., 2020; Cooke & Hastings, 2023; Jones, 2022; King et al., 2023). Jones (2022) noted that participants were adamant about cultural competency in counsellors based on their previously traumatic therapeutic experiences. Counsellors can use this information to continually work to challenge their dominant ideologies and gain additional knowledge about WGR-BW.

Limitations in Reliability and Generalizability

As discussed, Williams and Lewis (2019) noted that they sought to explore WGR, coping, and mental health for Black women, although *COPE* was not theoretically designed to measure intersectional constructs. For counsellors interpreting the results of these studies, it is important to remember that Black women may disclose coping strategies not identified as typical in the research. However, the strategies may still be engagement or disengagement coping strategies.

Middle-class Black women with higher levels of education were overrepresented in many study samples, as they were recruited on college campuses, in professional and executive spaces, or online (Cooke & Hastings, 2023; Dickens & Chavez, 2018; Jones et al., 2022; King et al., 2023; Spates et al., 2020a/b). This may limit generalizability to Black women from other socioeconomic backgrounds or with less education who are still in the workforce. Jones (2022) noted that having young college women as the bulk of the participants raises concerns that their findings are ungeneralizable. Along similar lines of generalizability, none of the studies in the review consisted of Canadian samples, limiting the ability to generalize findings for Canadian counsellors' experiences with Canadian Black women (Beagan et al., 2022; Ngwenya, 2018). This means Canadian counsellors looking to research the experiences of Canadian WGR-BW may have difficulty finding culturally appropriate literature. This aligns with the CRT principle

of challenging ideologies, possible deficits in perspectives, and CCPA's (2021) expectation for counsellors to support their clients' cultural and contextual backgrounds.

Jones (2022) and Spates et al. (2020a/b) reported that their findings are ungeneralizable by opting for in-depth discussions with their participants to understand their specific experiences better. Although the results are ungeneralizable, the study results were reliable due to the replicative ability (Spates et al., 2020a; Spates et al., 2020b). Therefore, without Canadian samples, counsellors must be mindful that these results may not encompass all Black women who come to therapy.

Limitations in Study Duration and Research Variables

Longitudinal studies are needed in future research, as limited longitudinal data have been presented regarding Black women experiencing negative mental health symptoms in correlation to WGR (King et al., 2023). King et al. (2023) were the sole authors in the literature review who completed a longitudinal study exploring WGR-BW, coping styles, and mental health. King et al. found that when Black women utilized identity shifting as a form of resistance, the link between WGR and negative mental health symptoms was mediated. A longitudinal design would allow the ability to explore if there were other variables possibly contributing to Black women's experiences of anxiety and depression symptoms.

In the literature review, it became evident that by reducing the number of variables within their studies, researchers are limited in what they can correlate between Black women, gendered racism, and mental health. Another example from Dickens and Chavez (2018) posited that it was plausible for a feedback loop to occur based on an individual's experiences of WGR in that the anxiety symptoms led an individual to be more alert to their detection and reporting of gendered racism. These contributing factors in participant responses were analyzable in longitudinal

studies but were unfortunately left as recommendations for future research. Although not necessary for this current study, other variables brought forward as necessary in future research were sexual orientation, disability status, and religion (Spates et al., 2020a; Spates et al., 2020b). These variables will be important in understanding how Black women with additional intersections interact with the workplace.

Ethical Considerations

When counselling research takes place using human beings, CCPA (2021) requested that researchers consider if their study is ethical (CCPA, 2021). Then, researchers were expected to seek ethical approval before recruiting participants (CCPA, 2021). The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2022) mandated that Canadian researchers emphasize obtaining and documenting consent. Each study in the review had information regarding how they obtained consent from their participants, with some also reminding participants they could discontinue participating at any point of the study (King et al., 2023; Spates et al., 2020a/b). Article 4.7 of the TCPS2 mandates that researchers are to respect participants with concern for their welfare and social justice (TCPS2, 2022). This expectation also included how the research may affect a participant’s cultural group or community (TCPS2, 2022). Moreover, it is expected that researchers recognize if their inclusion/ exclusion criteria are justified by the research question(s) (TCPS2, 2022). Therefore, the exclusion of Black women that were not college-enrolled/ educated (Dickens & Chavez, 2018; Jones et al., 2021), and not working full-time (King et al., 2023) does not fall in line with this expectation.

Few studies contained explicit information regarding their ethics approval, which is required to publish research under CCPA (2021) and TCPS2 (2022). Of the studies cited, approximately half included information regarding obtaining institutional or national board

approval (Burton et al., 2020; Cooke & Hastings, 2023; Dickens & Chavez, 2018; Jones et al., 2021; Spates et al., 2020a; Spates et al., 2020b; Williams & Lewis, 2019). It would have been beneficial to review the ethical standards of non-Canadian research to see if their standards were the same as the ethical guides of Canadian research.

Authors like Jerald et al. (2017) critiqued counsellors' attitudes, biases, and beliefs without citing and reflecting on their own, as their unknown biases can skew data collection and analysis, along with information reporting. This is important for Canadian counsellors to be aware of when utilizing research to more accurately inform their understanding of Black women's experiences in the workplace. Of the studies included, there were indirect mentions as to how the researchers worked to offer reflexivity, ensure participant confidentiality in data collection and analysis, or steps taken after interviews to obtain member checking (Dickens & Chavez, 2018; Jones, 2022; King et al., 2023; Spates et al., 2020a; Spates et al., 2020b). Confidentiality and member checking partially satisfy the ethical principles set out by CCPA, which in their totality are the respect for human dignity and vulnerable persons, informed consent, justice and diversity, confidentiality and privacy, and the need to minimize harm and maximize benefits (CCPA, 2021).

To ensure that participants involved in qualitative study interviews were given the space to respond freely and openly, respecting the dignity and vulnerable status of the participants, researchers provided broad interview questions meant to maintain the purpose of the interview (Burton et al., 2020; Dickens & Chavez, 2018; Jones, 2022; Spates et al., 2020a; Spates et al., 2020b). Alongside their discussion regarding the steps to create open-ended interview questions, Dickens and Chavez (2018) also discussed their biases and the conscious effort they put into critical self-reflection before engaging with participants. Although Dickens and Chavez offered

open transparency in their reporting of ethical considerations and biases, it seems to be an inconsistent expectation for published literature.

Discussion of Findings

The purpose of the review was to explore how WGR affects Black women's mental health and coping and to answer two research questions:

1. What are the mental health effects of Black women's disengagement and engagement coping strategies when facing WGR?
2. How can counsellors support Black women's utilization of engagement coping strategies?

This chapter explored the current academic understanding of WGR's impact on Black women's mental health and coping and how that information can benefit the counselling field.

The literature revealed high levels of anxiety and depression in WGR-BW (Burton et al., 2020; Cooke & Hastings, 2023; Dickens & Chavez, 2018; Hollis, 2022; Jones et al., 2021; King et al., 2023). WGR-BW are more likely to engage in disengagement coping, which correlated to higher levels of anxiety and depression symptoms (Burton et al., 2020; Dickens & Chavez, 2018; Godoy et al., 2023; Jones, 2022; Jones et al., 2021; Williams & Lewis, 2019). The literature discussed disengagement coping as contributing to anxiety and depression symptoms (Burton et al., 2020; Dickens & Chavez, 2018; Godoy et al., 2023; Jones, 2022; Jones et al., 2021; Williams & Lewis, 2019). Researchers have not found a significant link between engagement coping and mental health (Burton et al., 2020; Godoy et al., 2023; Hollis, 2022; Spates et al., 2020b). Lastly, Williams & Lewis (2019) utilized *COPE*, which was not intended to be used intersectionally and therefore does not encompass the range of coping strategies utilized by Black women. This leads to results that counsellors must interpret rather than have reliable evidence on the effectiveness

of Black women's coping strategies in mediating the relationship between WGR and mental health. This leaves Black women at risk of receiving inadequate support and resourcing for their experiences with WGR and negative mental health symptoms (Curtis-Boles, 2019).

By using CRT principles to conceptualize counselling work with Black women, counsellors could be incorporating intersectionality and challenging their dominant ideologies and possible deficits in perspective (Delgado & Stefancic, 2023). CRT counsellors can rely on support from interdisciplinary fields to increase their knowledge and understanding of client concerns; while being ethically mindful that their choices are closely aligned with social justice for the client and reducing their harm as requested by CCPA (2021).

In Chapter Four, there will be an in-depth discussion on applying the literature review findings for counsellors. This discussion will include recommendations on the intersectional modality counsellors can use with Black women to support their use of engagement coping strategies rather than disengagement coping strategies. Chapter Five includes recommendations for further research to support counsellors in their work with WGR-BW.

Chapter Four: Application to Clinical Practice

This chapter presents how the literature review findings apply to Canadian counsellors working with WGR-BW. More specifically, this chapter focuses on addressing the second research question; *How can Canadian counsellors support Black women's utilization of engagement coping strategies?* The chapter also explores Black female counsellors' role in supporting Black female clients, alongside my role as a Black female counsellor supporting Black women. Lastly, this chapter explores culturally adapting Cognitive-Behavioural Therapy (CBT) for counselling WGR-BW (Steele & Newton, 2022; Wallace et al., 2021). These cultural adaptations are meant to acknowledge and validate WGR-BW's cultural contexts, intending to reduce harm to WGR-BW attending counselling (Curtis-Boles, 2019; Jones, 2022; Wallace et al., 2021).

Overall, Chapter Four will highlight how Canadian counsellors can support WGR-BW in having a safe therapeutic environment by validating WGR and reinforcing engagement coping strategies to replace disengagement coping strategies. This chapter is organized similarly to the capstone purpose statement, whereby the capstone findings may aid Canadian counsellors in offering safe therapeutic environments to WGR-BW through,

1. Cultural Competency (Understanding & Validating WGR)
 - a. Culturally Relevant Counselling Interventions (Addressing Anxiety & Depression Symptoms)
 - b. Evidence-Based Treatment Planning (Addressing Engagement & Disengagement Coping Strategies)

It is important to note that although the literature reported on Black women aged 18+, the findings more closely reflect the experiences of college-educated Black women in their mid-

twenties, working full-time. Therefore, counsellors must be mindful of how the findings presented relate to their client's demographics. The following sections discuss the recommendations for counsellors working with WGR-BW.

Cultural Competency

The CCPA's (2021) ethical standards of practice outline the need for counsellors to understand their clients' cultural contexts and backgrounds. While the literature predominantly consisted of US research, this capstone can serve as a valuable resource for Canadian counsellors. Canadian counsellors can discuss themes of WGR with their Black female clients, alongside how different coping strategies could affect anxiety and depression symptoms. Moreover, to ensure a client-centred and culturally mindful approach, counsellors must base their work on clients' disclosures over literature findings (CCPA, 2021; Curtis-Boles, 2019). By valuing WGR-BW client disclosures over the literature, counsellors are avoiding the possibility of using the literature to invalidate their clients, as the current literature on this topic is incomplete.

Counsellors wanting to offer safe and validating counselling to WGR-BW may also want to strengthen their understanding of WGR through this capstone. Knowing that language can perpetuate discrimination (Curtis-Boles, 2019), culturally competent language could be useful in their initial conversation with WGR-BW clients. Culturally competent conversations allowed Black women to voice their opinions and needs in a non-judgemental environment, offsetting and correcting harm (Curtis-Boles, 2019; Jones, 2022). To create a non-judgemental environment, all counsellors, regardless of race or gender, can benefit from challenging their understanding of WGR and WGR-BW (Delgado & Stefancic, 2023). The following subsection discusses how cultural competency can be expressed through a counsellor's modality.

Culturally Relevant Counselling Interventions: Culturally Adapting CBT

Counsellors using modalities such as Cognitive-Behavioural Therapy (CBT) in their work with Black women could aid WGR-BW in challenging their negative thoughts and beliefs that may contribute to their anxiety and depression symptoms (Beck, 2021). CBT helps clients identify their distressing thoughts and challenges how realistic the thoughts are, emphasizing problem-solving and behavioural change (Beck, 2021). Steele and Newton (2022) noted that CBT interventions helped offset and interrupt the negative thoughts Black women may have about themselves. Beck (2021) identified 14 principles for counsellors to use in CBT treatment planning, whereby there is flexibility to the counselling approach based on the client's cultural community and individual needs. CBT also encourages counsellors to incorporate assessment tools to support mental health, such as the validated and reliable *Beck Depression Scale*, and *Beck Hopelessness Scale* (Beck, 2021).

CBT is critiqued for being too focused on creating rational thinking and individualism, where research supports how Black women benefit more from community connection (Wallace et al., 2021). Culturally adapting the language and relationship building skills used in CBT could be useful for counsellors to promote effective coping strategies (Steele & Newton, 2022). In application, culturally adapting CBT focuses on challenging Black women's negative thoughts and beliefs of themselves or their identity groups while simultaneously validating and naming their experiences of discrimination (Steele & Newton, 2022; Wallace et al., 2021). As discussed in the previous chapter, counsellors must be mindful of their language with Black women, as they may perpetuate oppression (Curtis-Boles, 2019). When culturally adapting CBT the counsellor is urged to integrate terms the client uses, including culture-specific examples similar to the client's reported experience (Wallace et al., 2021). Using culture-specific language and

examples has been discussed as validating for Black women beyond non-specific language (Steele & Newton, 2022). By culturally adapting CBT, the counsellor would focus on increasing Black women's awareness of gendered racism, oppression, and the correlation to mental health (Wallace et al., 2021). This differs from traditional CBT, where the client may be seen as the root of their distress (Wallace et al., 2021). Therefore, the cultural adaptation could shift the client's perspective, allowing WGR-BW to allocate the discrimination to the perpetrator rather than themselves. Counsellors can incorporate this while continuing to use their current CBT counselling skills. Additionally, CBT could be culturally adapted for individual and group counselling with WGR-BW. Appendix B outlines the contribution of Wallace et al. (2021) regarding how to culturally adapt CBT in treatment planning and counselling WGR-BW.

Evidence-Based Treatment Planning

For counsellors to effectively promote engagement coping strategies (identity centrality, interpersonal support, and resistance), they would need to do so in a way that supports the replacement of disengagement coping strategies and the reinforcement of engagement coping strategies. Identifying disengagement coping can aid counsellors in treatment planning around psychoeducation, explaining the short-term and long-term correlations. Additionally, by informing WGR-BW of the possible correlations between their coping strategies and their mental health symptoms, counsellors could maximize the benefits of counselling for WGR-BW. This can be achieved through the use of evidence-based treatment planning. More specifically, knowing that the literature correlates anxiety (Burton et al., 2020; Cooke & Hastings, 2023; Hollis, 2022; Jones et al., 2021; King et al., 2023), depression (Burton et al., 2020; Cooke & Hastings, 2023; Dickens & Chavez, 2018; Hollis, 2022; Jones et al., 2021; King et al., 2023), and WGR for WGR-BW, counsellors can inform WGR-BW of these correlations. Further,

counsellors can inform WGR-BW of their increased risk of suicide (Public Health Agency of Canada, 2018) and incorporate risk assessment and safety planning into their treatment planning when necessary (Curtis-Boles, 2019).

In their treatment planning, counsellors can utilize the information on how engagement coping can be used with disengagement coping to reduce the positive correlation with anxiety and depression symptoms. Additionally, counsellors can incorporate validating why WGR-BW may engage in disengagement coping strategies in the workplace (Burton et al., 2020; Dickens & Chavez, 2019; Williams & Lewis, 2019). Then, as WGR-BW participate in engagement coping, their use of disengagement coping could decrease (Williams & Lewis, 2019). Further, counsellors can validate and encourage WGR-BW's use of engagement coping strategies that could have been overlooked if the counsellor is unaware of WGR-BW's common coping strategies (Curtis-Boles, 2019). Additionally, to increase validation in counselling, counsellors can treatment plan around increasing WGR-BW identity centrality, connecting WGR-BW to the positives associated with their intersectional and individual identities (Hollis, 2022; Spates et al., 2020b). This can also be done by highlighting prayer, spirituality, or mindfulness as part of their identity and coping strategies (Hollis, 2022; Spates et al., 2020b).

Lastly, by focusing on evidence-based treatment planning for WGR-BW, counsellors could use their knowledge of interpersonal support and resistance to model these behaviours. Counsellors can become a validating form of interpersonal support for WGR-BW, allowing WGR-BW to be the expert of their experiences without judgment. Counsellors can help WGR-BW access interpersonal support in their personal lives to reduce depression symptoms through validation and deep conversations with natural supports. (Burton et al., 2020). In line with a CRT framework, counsellors can remind WGR-BW that resistance can be done by challenging

internalization and self-criticism, placing blame upon the perpetrator of WGR rather than themselves (Jones, 2022; Spates et al., 2020b). Then counsellors can inform WGR-BW that this shift in blame has been attributed to an increase in self-worth and identity centrality over time (Jones, 2022; Spates et al., 2020b).

Summary of Application

As discussed, Canadian counsellors are asked to follow standards of practice to ensure they are not invalidating clients and work to maximize benefit and reduce harm (CCPA, 2021). Counsellors need to know the mental health correlations of common coping strategies used by WGR-BW to maximize benefit and reduce harm in their treatment planning. (Beagan et al., 2022; Curtis-Boles, 2019). Therefore, this chapter addressed how Canadian counsellors could support WGR-BW's utilization of engagement coping strategies. Overall, this is done to maximize the benefit of counselling for WGR-BW.

Culturally competent conversations between WGR-BW and counsellors can be achieved by allowing WGR-BW to voice their opinions and needs in a non-judgmental space (Jones, 2022). Counsellors can create a non-judgmental space by validating WGR-BW and their disclosures (Curtis-Boles, 2019; Jones, 2022; Wallace et al., 2021). Simultaneously, counsellors can culturally adapt CBT to support WGR-BW in challenging their negative thoughts and beliefs about their intersectional identities (Steele & Newton, 2022; Wallace et al., 2021). Canadian counsellors can promote engagement coping strategies for WGR-BW in their treatment planning by offering psychoeducation on the correlations between engagement and disengagement coping and mental health. Lastly, counsellors can model for WGR-BW how to engage in interpersonal support and receive validation, promoting their continued use of interpersonal support with

friends and family (Burton et al., 2020). The following chapter offers recommendations for future research to support counsellors in their work with WGR-BW.

Chapter Five: Conclusion & Recommendations for Future Research

Chapter Five summarizes the findings from the critical analysis, succinctly introduces three recommendations for future research, and includes a first-person reflection of what was learned from both counselling and research perspectives. Additionally, the purpose and research questions of this capstone are revisited. Lastly, the reflection will connect back to the principles of CRT and its usefulness in critically analyzing the topic in professional practice.

Summary of Findings

This capstone aimed to critically analyze the literature on WGR-BW to answer two research questions:

1. What are the mental health effects of Black women's disengagement and engagement coping strategies when facing WGR?
2. How can counsellors support Black women's utilization of engagement coping strategies?

This capstone provided a critical analysis of the literature on WGR and its correlation with anxiety, depression, and coping strategy utilization in Black women. The literature reflected that Black women's anxiety and depression symptoms were correlated to WGR (Burton et al., 2020; Cooke & Hastings, 2023; Dickens & Chavez, 2018; Hollis, 2022; Jones, 2022; Jones et al., 2021; King et al., 2023; Williams & Lewis, 2019). Further, WGR-BW reported utilizing more disengagement the more they experienced WGR (Burton et al., 2020; Dickens & Chavez, 2018; Jones, 2022; Jones et al., 2021; Williams & Lewis, 2019).

Disengagement coping was correlated to increased depression and anxiety symptoms linked to internalizing discrimination and detachment from interpersonal connections (Burton et al., 2020; Dickens & Chavez, 2018; Jones, 2022; Jones et al., 2021; Williams & Lewis, 2019).

Engagement coping did not correlate to increased depression and anxiety symptoms (Jones et al., 2021; Williams & Lewis, 2019). Although researchers did not find a significant link between engagement coping and anxiety/ depression symptoms, Williams and Lewis (2019) found that engagement coping use decreased disengagement coping use in WGR-BW. Therefore, this literature recommends that counsellors focus on engagement coping strategies to best support WGR-BW.

Moreover, it was suggested that Canadian counsellors incorporate a culturally adapted CBT modality to work with WGR-BW. This modality was discussed as useful for shifting the client's perspective while being mindful of the social context for WGR-BW (Steele & Newton, 2022; Wallace et al., 2021). Culturally adapting CBT was also discussed as effective for treatment planning with WGR-BW and reinforcing engagement coping strategy use. By culturally adapting CBT, counsellors can use an evidence-based modality with minimal additional training, making it an accessible recommendation for clinical practice with WGR-BW.

Recommendations for Future Research

Due to this capstone being written for Canadian counsellors working, more literature could report on Canadian WGR-BW rather than future capstones relying on the generalization of American research. It is recommended that future research focus on the needs of Canadian WGR-BW, as this type of research is lacking. Moreover, more research could incorporate Black women across various socioeconomic backgrounds, employment types, and education levels. Lastly, future research could greatly benefit from an intersectional measure of Black women's coping strategies. These three recommendations are further explored in the following subsections.

Canadian WGR-BW Research

There was a limited focus in Canadian literature on WGR-BW. Therefore, the first recommendation for future research would be for Statistics Canada to publish Canadian data on how individual minority and gender groups are affected in the workplace rather than amalgamating the groups and presenting generalized information. Statistics Canada data is generally published in groups (ex., Caucasian, Indigenous, People of Colour [Canadian-Born: Black, East Indian, Chinese, etc.], and Immigrants) to make it easier for the non-academic reader to understand. Additionally, this recommendation would allow access to wider research sample demographics such as full/part-time workers, differing levels of education, age, and more. More specifically, it would illuminate research on specific people of colour, such as Black women.

Research Sample Demographics

In the literature, the researchers focused on gathering information from college-educated, Black women in their mid-twenties, working full-time. Moving forward, it is recommended that researchers include Black women from varying socioeconomic and demographic backgrounds to obtain an accurate cultural representation of how WGR affects Black women overall. It would also be helpful to gather this data specific to countries to account for cultural variations within countries. These cultural variations could be seen in economic habits, education, and WGR experiences for WGR-BW. Additionally, it is recommended that researchers include participants that are sexual minorities (Ex. Lesbian, Bisexual, etc.) and gender minorities (Ex. Non-binary).

Intersectional Coping Measures

In future research, it is recommended that researchers use the *Africultural Coping Systems Inventory (ACSI)* to obtain more accurate findings regarding coping. The ACSI was created to assess Black people's culturally relevant coping strategies, and the measure was found

to provide internal consistency and validity (Watson-Singleton et al., 2020). Although, since the ACSI assesses engagement coping strategies, it may be helpful if future researchers create a measure that assesses both engagement and disengagement strategies. Additionally, it would be helpful if future researchers adapted the COPE Inventory for intersectional use with Black women. Research could then focus on individual or longitudinal studies within and outside Canada.

Self-Reflection & Conclusion

Throughout this capstone, I learned how Black women experienced WGR and how WGR correlated to their anxiety, depression, and coping strategy utilization. Additionally, I learned that by culturally adapting CBT, I could support other WGR-BW by offering culturally relevant education and promoting engagement coping (Steele & Newton, 2022; Wallace et al., 2021). I hope to use this knowledge to educate my WGR-BW clients, colleagues, friends, and family. From the critical analysis, I have a stronger understanding of the intersectionality involved in Black women's experiences of WGR, along with their needs while in counselling. The CRT framework allowed me to continuously challenge my ideologies and understanding of how WGR may correlate for Black women, focusing on the data provided rather than my personal expectation. CRT also prompted me to consider literature outside the scope of psychology to ensure a well-rounded sample of literature.

Due to this capstone project, my interactions in my personal and professional life have shifted. Before beginning a critical analysis of the literature, I did not fully grasp how the mental health symptoms correlated with WGR could be attributed to how Black women interpreted or internalized the encounter. I thought WGR would always be accompanied by anxiety and depression symptoms, regardless of how the individual coped. After the critical analysis, when I

encounter WGR in my personal life, I can interrupt the internalization of the incident and respond logically rather than emotionally. In my professional life, I have been able to listen to WGR-BW disclosures in counselling sessions without becoming emotionally invested or triggered. This information has brought me to validate what my client is experiencing and feeling while providing education to normalize and alleviate their mental health symptoms.

Additionally, I have been able to work with WGR-BW from a culturally adapted CBT model that has increased WGR-BW's identity centrality, interpersonal support, and resistance.

Overall, counsellors can use this capstone to support WGR-BW in counselling. Counsellors can use this capstone to increase their use of validation, psychoeducation, and treatment planning. By culturally adapting CBT, counsellors can increase their use of culturally relevant language that could aid in creating a safe and validating counselling environment.

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Appendix A

Table A1

Literature Review WGR Themes and Author Terminology

Navigating Societal Expectations (Spates et al., 2020a)		Navigating Relationships (Spates et al., 2020a)		Navigating a Lack of Resources and Limited Opportunities (Spates et al., 2020a)	
Anti-Black Stereotype Expression	King et al. (2023).	Boundaries	Burton et al. (2020)	Racialized Role Assignment Ex. Black women as caregivers	King et al. (2023)
Buffering	Burton et al. (2020).	Bullying	Hollis (2022)	Unrealistic Work Demands	Cooke & Hastings (2023)
Counterstorytelling	Jones (2022)	Identity Shifting	Dickens & Chavez (2018)		
		Interactional Injustice	King et al. (2023)		

Appendix B

Table B1

Wallace et al. (2021). Cultural Adaptations of CBT Interventions & Homework per Session

Session	CBT Interventions	CCBT Interventions
1	Intake	<ul style="list-style-type: none"> - Engage in understanding Black women's lived experiences through their cultural lens. - Explore their preferences for coping/ discuss mindfulness in addition to their coping. - Explore cultural stigmas and offer psychoeducation.
2	Explain the rationale for treatment, discuss diagnosis, use psychoeducation of anxiety/ depression, and demonstrate mindfulness practices (deep breathing, muscle relaxation, meditation).	<ul style="list-style-type: none"> - Offer culturally-specific examples of archetypes (ex. Strong Black Woman; Angry Black Woman) to describe how WGR-BW manage WGR and mental health symptoms. - Validate these archetypes, mental health symptoms, and coping strategies. - Process the intersection of race, gender, class, etc., in WGR-BW's experiences. - Close out the session by teaching the client a skill such as meditation to encourage positivity and increase the client's feelings of control over their symptoms.
3	Continue psychoeducation about anxiety/ depression. Review mindfulness and work on the client's automatic thoughts in triggering anxiety/ depression symptoms.	<ul style="list-style-type: none"> - Review symptom screening measures. - Explore the significance of family, community, and social support. Discussing the pros and cons of their relationships; the importance of boundaries. - Discuss automatic thoughts that trigger anxiety/ depression; how those thoughts impact feelings and behaviour.

		- Explain a thought-monitoring log for homework.
4	<p>Have the client review and process the hierarchy of feared situations.</p> <p>Continue to discuss automatic thoughts associated with anxiety/ depression.</p> <p>Provide the client with challenges to thoughts.</p>	<ul style="list-style-type: none"> - Review symptom screening measures. - Create a hierarchy of feared situations within the context of WGR. Discuss automatic thoughts and cultural schemas related to intersectional identity. - Increase WGR-BW awareness of the impact of automatic thoughts (ex., self-blame) on mental health symptoms. - Use mindfulness as needed to support WGR-BW in interrupting internalization. - Have the client complete a thought-monitoring log for homework.
5	<p>Introduce and practice challenging thoughts and coping skills (ex., reframing, distress tolerance skills, mindfulness).</p> <p>Offer psychoeducation.</p>	<ul style="list-style-type: none"> - Review symptom screening measures. - Focus on cultural schemas underlying stressors. - Encourage WGR-BW to identify positives in their intersectional identity (identity centrality), engaging in positive thought and behaviour patterns. - Have WGR-BW discuss self-care (ex., prayer/ spirituality) and how they incorporate self-care into daily activities. - Encourage WGR-BW to use interpersonal support; list supports. - Have the client complete a thought-monitoring log for homework; explain and review exaggerated or irrational thought patterns (AKA., cognitive distortions)
6	<p>Practice challenging thoughts, coping skills, reframing, and mindfulness.</p>	<ul style="list-style-type: none"> - Review symptom screening measures. - Review progress toward goal achievement and use of self-care/ engagement coping strategies.

	Review treatment plan progress.	<ul style="list-style-type: none"> - Practice skills for challenging and reframing thoughts in line with affirming WGR-BW's identity centrality. - Encourage WGR-BW to balance their role at work with self-care (ex., taking breaks; eating healthy; drinking water). - Mindfulness homework is given as daily practice.
7	Review treatment plan/ progress.	<ul style="list-style-type: none"> - Review symptom screening measures. - Review progress toward goal achievement and use of self-care/ engagement coping strategies. - Support client in identifying ways they connect to their identity centrality while engaging in mindfulness, resistance, and interpersonal support. - Practice mindfulness; give as daily homework. - Discuss termination/ next steps.
8	Practice psychoeducation. Review treatment plan/ progress.	<ul style="list-style-type: none"> - Review symptom screening measures and progress. - Discuss signs of relapse of symptoms and indications that they may need to return for sessions. - Celebrate progress in meaningful ways for the client (ex., music, poem, prayer, etc.)