“The Missing Link”: The Exclusion of Black Women in Psychological Research and the Implications for Black Women’s Mental Health

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Abstract

Critical examinations of epistemology argue that White men have established the guidelines for scientific knowledge. Because other groups were never allotted the opportunity to contribute to the immense knowledge base, the Western scientific knowledge base remains deficient. The author calls for a more inclusive knowledge base that includes the voices of Black women in the field of psychology. This inclusion is critical to better equip mental health clinicians to handle the unique needs of this population. This article offers a historical analysis of the intricate relationship between race and scientific knowledge. The author examines how the close-knit relationship between race and science has directly influenced the existing scientific knowledge gaps surrounding Black women in the field of psychology and calls for literature to offer a more comprehensive view of Black women’s experiences.

Keywords

African Americans, women, psychology, scientific validation, race

The void in studying the lives of Black women within their own uniqueness calls for a repositioning of scholarship in the field of psychology in ways that make it more contextually responsive to the lived experiences of this population. Initially, this involves widespread recognition of the discipline’s ethnocentrism and its failure to consider the sociocultural validity and generalizability of its research.

Thomas, 2004, p. 288

Historically, common knowledge and scientific evidence have been used to rationalize mistreatment of certain racial groups in the United States (Lopez, 1994, 1996). In comparison to White men, minority groups in the United States occupy a particularly socially disadvantaged position. Critical examinations of epistemology argue that White men have established the guidelines for knowledge, and their construction and reproduction of knowledge regarding how the world is to be represented is often taken as absolute truth (Code, 1991). This matter-of-fact approach to establishing common knowledge gives rise to an environment that supports the appropriation of knowledge. The appropriation of knowledge is a tool for maintaining and preserving power, for once you control knowledge, your power is limitless.

People of color have a unique viewpoint that is often not represented in the common knowledge perspective (Crenshaw, Gotanda, Peller, & Thomas, 1995), which has led to a deficiency in the Western scientific knowledge base. An important point to consider is how this exclusion of minority groups in the construction of knowledge has affected the comprehensiveness of available mental health knowledge and thus the field of psychology. In 1999, Surgeon General David Satcher summoned scholars globally to join efforts to generate a more inclusive body of research exploring mental health data. For instance, compared with non-Hispanic Whites, research reveals that Blacks are more likely to suffer from a mental illness yet less likely to seek treatment, and when they do seek treatment, they are more likely to use emergency rooms for mental health care and thus are more likely to require inpatient care (Fortuna, Alegría, & Gao, 2010; Satcher, 1999; Tara, Alegría, Mendieta, & Linhart, 2011). Conversely, scholars argue that mistrust and concerns of discrimination and inaccurate diagnoses among Blacks affect the accuracy of these trends (Burgess, Ding, Hargreaves, Ryn, & Phelan, 2008; Depression and Bipolar Support Alliance, 2007; Suite, Bril, Primm, & Harrison-Ross, 2007).
Although misdiagnosing of mental illnesses occurs in the general population, it occurs on a more frequent basis among Blacks. For example, a recent study revealed an over diagnosing of schizophrenia in the Black population. The authors conclude that widespread misinterpretation of African American cultural differences and clinician biases play an important role in misdiagnosing Blacks (Gara et al., 2012).

Although explanations for these discrepancies are unclear, many scholars argue that practitioners’ inability to identify and comprehend viewpoints, behaviors, and mental health outcomes of racially and ethnically diverse populations has created daunting challenges in the field of psychology (Alegría, Atkins, Farmer, Slaton, & Stelk, 2010; Comas-Díaz, 1991; Thomas, 2004).

Existing knowledge gaps in mental health literature are further magnified when exploring mental health issues among Black women. Black women’s experiences are significantly lacking in the psychology literature. According to Thomas (2004), this lack “results in missing bricks of foundational knowledge” and “yield[s] a psychological knowledge base that is faulty, inadequate, and incomplete” (p. 287). As a result, practitioners frequently have trouble explaining culturally specific behaviors among Black women within the traditional boundaries of psychology.

Contemporary feminist literature, such as feminist psychology, offers social scientists a new framework to explore the unique social stressors of women and girls in the mental health arena. Yet, feminist psychology still neglects to examine the unique struggles of Black women. This article extends the existing literature by offering a historical analysis of how the strained relationship among race, gender, and science was fundamental in constructing a social environment that ultimately resulted in existing knowledge gaps regarding Black women in the field of psychology. The author argues that feminist psychology has failed to address the knowledge gaps of Black women in the field of psychology and suggests that combining Black feminist thought and feminist psychology frameworks can provide mental health clinicians with a more comprehensive perspective. This article also includes discussions of the unique oppressive conditions of contemporary Black women and examines the direct mental health implications of these occurrences.

**Historical Constructions of Race Through Scientific Validation**

Science is embedded in various aspects of our daily lives. However, concerns of the accuracy of some scientific knowledge have emerged (Duster, 2003), as have concerns over the lack of knowledge regarding viewpoints of minority groups. To understand why basic information regarding Black women is virtually absent from behavioral sciences, particularly psychology, it is important to examine the association between Western science ideologies, common knowledge (Lopez, 1996), and construction of race and gender in the United States. Dating back to the 18th century, common knowledge and scientific evidence have been used to rationalize mistreatment of certain racial groups in the United States. Scientists of the day sought to scientifically validate racialized and gendered perceptions of the “common” White man (Lopez, 1996). As a result, common knowledge and scientific validation, although actually contradictory, came to be synonymous. This contradictory knowledge was used to establish societal perceptions of racial and gender differences, and to deny women and people of color citizenship and basic human rights, granting only White men authoritative power over society (Bell, 2000; Kaplan, 2010; Lopez, 1994, 1996; Smedley & Smedley, 2005).

Scientific claims were used to justify the belief in the inferiority of women and people of color. For example, scientific evidence garnered through craniometry and Eugenics was heavily relied on to maintain the existence of gendered and racial hierarchies. During the early 1900s, craniometry, which declared that cranial size and brain weight were directly correlated to intelligence, was regarded as providing valid, reliable scientific evidence. It was assumed that the smaller the individual’s brain size, the less intelligent the person. This study implied that women and African Americans were intellectually underdeveloped (Haraway, 1997).

During the same era, Eugenics, which involves the study of the physical and mental qualities of human beings through genetics, was also a popular scientific explanation. Eugenics attempted to label people of color as inferior based on genetics, rather than brain size. Intelligence, health implications, and scientific claims have all at one point or another been linked to Eugenics, and some still are (Duster, 2003). For instance, IQ tests are still administered to children nationwide, despite the fact that these tests have been proven to contain cultural biases. According to Smith (2003), dependence on culturally biased tests is directly related to education disparities, which result in elevated high school dropout rates among minorities. Smith (2003) stated,

The reasons for this pervasive misidentification and referral of African-American children were found by the President’s Commission to include “reliance on IQ tests that have known cultural bias” and the fact that “minority children are much more likely to be placed in the emotional disturbance category because of behavioral characteristics associated with the cultural context in which a child is raised.” The mental retardation category of Special Education is under the control of specialists too often using IQ tests that were developed with a concern for their validity with White populations and sub-groups, but with no concern with their validity with minority populations. When their originators found that girls were doing better than boys on early versions of the test, they changed the tests rather than their ideas about the relative skill of girls and boys at such tasks. But when it was found
that the tests failed to deal equitably among ethnic and racial groups, the test developers took this to be a confirmation of the tests’ validity. This is not news. It is now generally acknowledged that IQ tests, and the very concept of IQ, were deeply implicated in early twentieth-century racist theories. And yet they continue to be used. (p. 1)

Following craniometry and Eugenics, from the 1940s through 1975, scientists began using ABO blood-maker frequencies as a source of knowledge. This information was used for all sorts of purposes, ranging from social sciences to medical sciences. Scientists asserted that there were blood differences between the racial and ethnic groups, and used the implication that individual races had common blood types to discourage miscegenation. Furthermore, according to Haraway (1997), blood was used as an inclusive determining factor. Although the use of blood-maker frequencies is no longer an appropriate measure, it does illustrate historical evidence of the earlier blood–race relationship.

From 1975 to 1990, biological kinship categories shifted from blood frequency tests to genetic mapping and deoxyribonucleic acid (DNA) analysis. A person’s DNA attaches an individual to a gene, and this gene is said to provide a map to our true heritage. Unfortunately, these results might perpetuate racist beliefs (Dennis, 1995; Haraway, 1997; Wade, 2007). For instance, if the general assumption is that Native Americans are prone to alcoholism due to their genetic makeup, society may tend to believe that Native Americans will become alcoholics. Not only do these claims support racialized presumptions of the group but they also discount other contributing factors such as environmental and structural inequities that may influence disease rates (Feagin, 2010).

These scientific practices have had a tremendous impact on the way society views race. Over the last few centuries, many scientists made a conscious decision to extend significant efforts into attempting to prove genetic-based racial differences rather than seeking to contribute useful information about people of color to our scientific wealth of knowledge. It is no wonder, then, that we know very little about the mental health of people of color. These choices have had daunting consequences on scientists, particularly psychologists. American mental health researchers are centuries behind where they should be regarding fundamental knowledge of diverse populations. Specific mental health studies of people of color are few. Despite several failed attempts to establish substantial evidence, science and genetics are positioned in a unique yet somewhat strained relationship.

**Science and Feminism**

The historical relationship between common knowledge and science is one of great importance, but so too are its consequences. As previously mentioned, Western science ideologies and common knowledge embody the voices of White men. Objectivity, neutrality, and common knowledge are virtually synonymous with White men’s viewpoints. Consequently, various professionals from scientific backgrounds are inquiring about the underrepresentation of women and people of color in the sciences. Accordingly, feminists’ analyses attempt to expose the struggles of the underrepresented, particularly women, as well as to offer more inclusive suggestions to the field. Along these lines, feminists would agree that implicating multiple perspectives into their practices would be a huge milestone, not only for women but also for science (Lederman & Bartsch, 2001).

A critical component of feminism examines the power structure between men and women. Although the introduction of feminism brought about numerous positive changes for women and people of color, the field has failed to recognize the power differentials that exist among women. Oppression comes in all different forms, ranging from environmental to physical to psychological; therefore, it is important to realize that in general, women’s circumstances are complex, and potential resolutions will need to be as well.

The study of feminism has repeatedly expressed the concerns of White middle-class women without acknowledging the different forms of feminism. Feminist analyses articulated by women of color have generally been marginalized (Comas-Diaz, 1991). In turn, women of color tend to detach from the discipline. As Comas-Diaz (1991) stated,

Researchers and activists alike have noted the relatively small numbers of women of color participating in feminist events and organizations that are typically included in historical accounts. Several interpretations were offered to explain this low level of involvement. One argued that ethnic women tend to resist feminism because it is egalitarian and universalistic and moves from an imperfect present to a more perfect future . . . The interpretation ignored the germinal contributions of feminist activists from a variety of cultural backgrounds and seemed to confuse participation with attitudes. Indeed, researchers suggest that some women of color endorse less traditional sex-role stereotyping than white women. (p. 599)

In no way does this article attempt to downplay the discrimination and oppression experienced by White women, Black men, or any other member of a minority group. Both White women and Black women continue to be victims of gender oppression in the 21st century. However, Black women are often criticized for not fitting into traditional sex roles; thus, Black women’s intricate identities place them in an exclusive social position: gender and race. Black women’s body parts have been exaggerated, and they are often looked at as hypersexual beings, which can instigate acts of
sexual violence and disrespect toward Black women (Collins, 2004; Craig, 2006; Miller-Young, 2008).

West (1999) declared that the voices of Black women are rarely heard, and when they are, their opinions are frequently taken out of context. They are considered too emotional or not objective enough (West, 1999). When it comes to the issue of racism, Black women are likely to feel powerless. They claim that encounters with racism are thought of as a Black man’s problem. West interviewed Black women in an attempt to grasp how they perceive their position in this country, and one of the respondents revealed,

Being a black woman is difficult in the United States, to say the least . . . . There’s the dictum, I would say, in the black community, that men come first, that black come first, that black men are the ones that are oppressed, and the rest of us need to support them in surviving racism. Like, we don’t have to survive racism, and we are somehow privileged in this country that we get all the good jobs; we get to go to college and we have it just fine here. And the poor black men are the ones that we need to somehow reach out to and help, and I don’t know, sacrifice our lives for. That has always just struck me as being ridiculous. Anytime at all when racism is discussed in this country, it’s discussed in terms of black males. Everyone else is a kind of fodder for their tribulations. That what I think it means to be a black woman. It’s just like this kind of loss of a sense of self. You are just kind of cast away. (p. 42)

Unfortunately, the notion of feminism neglected to account for the roles of racial, historical, cultural, and structural conditions that Black women face. Thus, Black feminist thought emerged.

**Black Feminist Thought**

The struggles and concerns of Black women have been vital to the construction of Black feminist thought. Black feminism is centered around an African American critique on a Eurocentric approach to knowledge. For example, according to Collins (1989), “Like other subordinate groups, Black women not only possess distinct interpretations of Black women’s oppression but have done so by using alternative ways of producing and validating knowledge” (p. 20). Black feminist thought encourages Black women to articulate their own standpoint and to value their own subjective knowledge (Collins, 1989, 2000). Black women’s acts of resistance dispute two prominent approaches to studying the consciousness of oppressed groups. The first approach claims that subordinate groups identify with the powerful and have no valid, independent interpretation of their own oppression. The second approach suggests that the oppressed are less capable of articulating their own standpoint. An underlying assumption of the two approaches is that the subordinate group’s perspective is inferior to that of the dominant group and that the subordinate group lacks the enthusiasm to pursue any kind of political activism.

The severity of the oppression that Black women have encountered has forced them to reinvent themselves (Collins, 2000; Shorter-Gooden, 2004). Facing multiple forms of discrimination at once is a daily reality of the contemporary Black woman. Consequently, Black women occupy a unique social position, which thereby results in a distinct set of experiences for the group. Sands (2001) conducted an interview with Dr. Evelyn Hammonds, a Black feminist author, who discussed the connection between femaleness and Blackness. She explained,

They are not separate. Because they are not separate in me. I am always black and female. I can’t say “well, that was just a sexist remark” without wondering would he have made the same sexist remark to a white woman. So does that make it a racist, sexist remark? You know, I don’t know. And it takes a lot of energy to be constantly trying to figure out which one it is. (p. 248)

Therefore, unlike with their counterparts (Black men and White women), with Black women, femaleness and Blackness are interlocking identities. Over time, Black women have discovered that they must play several different roles to survive. Multiple role-playing is exhausting and extremely stressful, and it has physical and psychological consequences on the individual. Furthermore, success does not make an individual immune to discrimination. Feagin and Sikes (1995) interviewed a successful Black woman entrepreneur, who revealed,

What is it like to be a black person in white America today? One step from suicide! What I’m saying is—the psychological warfare games that we have to play everyday just to survive. We have to be one way in our communities and one way in the workplace or in the business sector. We can never be ourselves all around. I think that may be a given for all people, but us particularly; it’s really a mental health problem. It’s a wonder we haven’t all gone out and killed somebody or killed ourselves. (p. 1)

What you begin to see here is that racism and oppression have real consequences, as evidenced in the interviewee’s referral to intense bouts of oppression as “psychological warfare” (Feagin & Sikes, 1995). The next question to ask, then, is this: “How do these consequences that result from racism and oppression, along with the lack of knowledge on the subject, affect Black women’s overall well-being?”
**Mental Health Implications**

The disconnect between the literature and Black women’s cultural practices decreases the effectiveness of mental health therapy that Black women may desperately need to buffer the many social stressors that they face in the United States. Thus, Black women’s perspectives on their experiences are essential in developing a comprehensive treatment approach. Because of the severity of Black women’s oppression, they offer a unique perspective unfamiliar to any other group, including Black men, White women, and all other non-Black women (Thomas, 2004). However, in the 21st century, pertinent information necessary to explain Black women’s culturally specific behavior is still essentially missing from the field.

In response to misrepresentations of women and people of color in behavioral sciences, feminist psychology emerged in the early 1970s. Women rejected mainstream psychology theories as harmful and declared that many of the medical facts simply did not apply. Subtle representations of racist and classist assumptions go largely unnoticed by White feminist psychologists. In this manner, women of color call on scholarly communities to broaden the contexts of feminist psychology. As a result, a remaining challenge is to ensure that the epistemological advances gained in the field move beyond the White, Western, middle-class experience (Gergen & Gergen, 2010; Greene, 1986). In addition, feminist psychologists have developed theories to ensure that one’s social context is included as a psychological variable (Russo, 2010; Unger, 1990).

Perspectives from women, women of color, and lesbians are oftentimes absent from mainstream psychology. Thus, feminist psychologists have put forth a vast amount of effort to diversify the perspectives within the field. However, despite these attempts, the literature fails to reflect the experiences of all women. Many psychologists assume that gender is not a significant component to treating emotions. Yet, Western science has played an intricate role in constructing polar opposite gendered perceptions of emotion and reason. These perceptions have supported notions of the stereotyped “emotional women” and the “rational man” (Lloyd, 1984; Russo, 2010). Fischer and Manstead suggest that to truly analyze relationships between gender and emotions, one must consider the importance that the “Western dichotomy” has played in constructing feminine (emotional) and masculine (rational) meanings (Fischer & Manstead, 2000). Yet, emotional issues are the reality of men and women alike. Despite resistance, it is critical to continue to confront the biases that dominate mainstream psychology. Related research and scholarship continue to make huge strides for women in the field (Stewart & Dottolo, 2006).

Feminist psychologists present five principles that are particularly applicable to women from diverse backgrounds (Brown, 1988; Mays & Comas-Diaz, 1988). The first principle focuses on examining the relevance of the woman’s context. Although feminist psychology does acknowledge sociocultural components of women’s lives, women of color claim that the approach fails to consider the influence of ethno/sociocultural variables. The second principle involves instilling in women that differences are not deficiencies. Theories in human behavior and psychological applications have too often neglected to take into account the cultural context in which group members exist (Brown, 1988). It is important that the premise of “difference” does not equate to the pathological assumptions of “the other.”

The third principle is the equalization of power. Feminist psychology calls for the equal distribution of power between social positions. This principle is particularly important for women of color because they occupy positions of gender and racial subordination (Cammaert & Larson, 1988; Walker, 2005). The fourth principle focuses on matters of empowerment. Feminist psychologists’ goals of empowerment are essential to those who are at a disadvantage. Helping a woman understand that her grim circumstances are to some degree attributed to oppression provides her with a sense of empowerment (Mays & Comas-Diaz, 1988; Russo, 2010). She begins to see herself as a victim of society rather than a personal failure, and this perspective can lighten her stress load almost instantaneously.

The final principle is one of social action. Feminist psychology asserts that women’s problems are based on a societal and personal context. However, women of color differ from their counterparts in the aspect that their realities are based on environmental, historical, societal, and personal contexts. The basic premise of this principle is to encourage women from all backgrounds, to use their oppressive realities to draw together as an apparatus for social change in our paternalistic, racist, classist, and sexist society. Therefore, feminist psychologists suggest that addressing social issues through social action can act as a means of coping, thus giving women of color more control over their circumstances (Comas-Diaz, 1991).

As indicated earlier, Black women experience unique stressors due to racism and sexism in the United States. However, again, there is a lack of empirically and theoretically based knowledge concerning this phenomenon. The vast majority of the clinical research that has been done has studied Black women from a pathological perspective (Washington, 2006). The negative mental health effects caused by issues such as substance abuse, dysfunctional family circumstances, and single parenthood issues are typically the topic areas of study (Belle & Doucet, 2003; Fernquist, 2004; Klein, Elifson, & Sterk, 2006). However, an examination of Black women dealing with their oppressive realities along with the mental health consequences deserves much more attention (Jones, 2004).

Researchers argue that psychiatrists often overlook the psychological impact of racism in the lives of ethnic minorities. They argue that the field of psychiatry reflects dominant social values that can be oppressive toward nondominant
populations (Bhugra & Ayonrinde, 2001). Bhugra and Ayonrinde (2001) declared that there are direct correlations among racism, racial life events, and mental health. However, ethnic minorities are less likely to report racial incidents of crime, often due to feelings of shame, inadequacy, hopelessness, or mistrust. Finally, the authors call for therapists to self-assess their present biases toward nondominant group members. To provide the type of treatment necessary for these groups, therapists must acknowledge their role in alienating these clients.

In addition, Bhugra and Ayonrinde (2001) claimed that oftentimes, minority groups experience stress due to their minority status in society. On an institutional level, occurrences such as stereotyping, rejection, prejudice, and devaluing non-White culture are common; similarly, on an individual level, stereotyping, rejection, prejudice, devaluation of non-White culture, threats, and attacks can influence an individual’s perception of life events, thereby leading to additional stress.

Black women deal or cope with stress in different ways compared with their counterparts. Dr. Angela Neal-Barnett (2003) reported that White women are more likely to seek support from others, such as friends and children, whereas Black women are inclined to immerse themselves in a stressful situation in an attempt to mend the situation. What is also striking about Dr. Barnett’s findings is that the majority of the Black women in her study were either unaware that they were stressed or were not willing to admit it (Neal-Barrett, 2003).

Implications for Future Study

Missing blocks of fundamental knowledge in psychology concerning Black women coupled with the fact that racism and sexism are causing mental health problems paint a disturbing picture for Black women of the future. Social scientists and their allies have warned of the problems at hand (Satcher, 1999), and many practitioners have begun offering recommendations for how to treat Black women’s multifaceted dilemma (Martin & Martin, 2002; Poussaint, 2001; Williams, 2008; Wilson, 2001). The issue becomes even more complicated when we examine the strained relationship between erroneous scientific claims about nondominant racial and gendered groups. With the face of our nation changing, it is essential that we seek to promote scientific knowledge outside that of the dominant paradigm.

Recommendations for future study include examining the long-term consequences that racism/sexism have on Black women’s mental health. Black women are being forced to find informal ways to cope with their oppression because the mental health field is incapable of handling these issues. But how effective are the coping strategies that Black women are using to deal with these issues? Studies are showing that statistics in relation to Black women’s depression rates are either absent or unclear (Barbee, 1992; Carrington, 2006; Kaba, 2008).

Existing knowledge gaps prove troubling to the mental health of Black women in the United States. Black women’s mental health rates remain uncertain because scientific studies concerning women and non-Whites historically focused much of its attention on validating claims of biological differences and thus inferiority. Consequently, rather than setting out to prove biological differences, Western scientists must now make a conscious effort to accurately speak to the experiences of the groups that have historically been neglected.

In addition, the recent gains associated with the establishment of feminist psychology fall short in adequately addressing concerns of inclusivity in psychology literature. Scholars must evade attempts to explain Black women’s experiences by way of mainstream psychological knowledge. I liken this phenomenon to the notion of attempting to fit a “square peg into a round hole.” Black women’s struggles are simply too unique for this approach.

The only adequate solution for widening our knowledge base of the Black woman’s experience as it relates to mental health is to allow Black women themselves to contribute the “taken for granted” knowledge often excluded from the literature. I argue that one very reasonable approach to consider in moving forward is to fuse feminist psychology and Black feminist literatures. Incorporating an effective way for psychologists and therapists to handle the ill effects of racism and sexism into their practices is also necessary. Regardless of the dominant discourse, race and gender issues are very real, and the failure of mainstream scholars and clinicians to position themselves to recognize and appropriately treat the victims will have detrimental effects on the society as a whole.

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References

Alegria, M., Atkins, M., Farmer, E., Slaton, E., & Stelk, W. (2010). One size does not fit all: Taking diversity, culture and context seriously. *Administration and Policy in Mental Health and Mental Health Services Research, 37*(1-2), 48-60.

Barbee, E. L. (1992). African American women and depression: A review and critique of the literature. *Archives of Psychiatric Nursing, 6*, 257-265.

Bell, D. A. (2000). *Property rights in whiteness: Their legal legacy, their economic costs* (2nd ed.). Philadelphia, PA: Temple University Press.

Belle, D., & Doucet, J. (2003). Poverty, inequality, and discrimination as sources of depression among U.S. Women. *Psychology of Women Quarterly, 27*(2), 101-113.
Bhugra, D., & Ayonrinde, O. (2001). Racism, racial life events and mental ill health. Advances in Psychiatric Treatment, 7, 343-349.

Brown, L. S. (1988). Feminist therapy with lesbian and gay men. In M. A. Dutton-Douglas & L. E. Walker (Eds.), Feminist psychotherapies: Integration of therapeutic and feminist systems (pp. 206-227). New Jersey, NJ: Norwood

Burgess, D. J., Ding, Y., Hargreaves, M., Ryn, M. V., & Phelan, S. (2008). The association between perceived discrimination and underutilization of needed medical and mental health care in a multi-ethnic community sample. Journal Health Care Poor Underserved, 19, 894-911.

Cammaert, L., & Larson, C. C. (1988). Feminist frameworks of psychotherapy. In M. A. Dutton-Douglas & L. E. Walker (Eds.), Feminist psychotherapies: Integration of therapeutic and feminist systems (pp. 12-36). New Jersey, NJ: Norwood

Carrington, C. H. (2006). Clinical depression in African American women: Diagnoses, treatment, and research. Journal of Clinical Psychology, 62, 779-791.

Code, L. (1991). What can she know? Feminist theory and the construction of knowledge. Ithaca, NY: Cornell University Press.

Collins, P. H. (1989). The social construction of Black feminist thought. Signs: Journal of Women in Culture and Society, 14, 745-773.

Collins, P. H. (2000). Black feminist thought: Knowledge, consciousness, and the politics of empowerment. New York, NY: Routledge.

Collins, P. H. (2004). Black sexual politics: African Americans, gender, and the new racism. New York, NY: Routledge.

Comas-Diaz, L. (1991). Feminism and diversity: The case of women of color. Psychology of Women Quarterly, 15, 597-609.

Craig, M. L. (2006). Race, beauty, and the tangled knot of a guilty pleasure. Feminist Theory, 7, 159-177.

Crenshaw, K., Gotanda, N., Peller, G., & Thomas, K. (Eds.). (1995). Critical race theory: The key writings that formed the movement. New York, NY: The New Press.

Dennis, R. M. (1995). Social Darwinism, scientific racism, and the metaphysics of race. Journal of Negro Education, 64(3), pp. 243-252.

Depression and Bipolar Support Alliance. (2007). Mental health in the African American community. Retrieved from http://www .dbsalliance.org/site/PageServer?pagename=FebruaryMonthlyFeature

Duster, T. (2003). Backdoor to eugenics (2nd ed.). New York, NY: Routledge.

Feagin, J. R. (2010). The White racial frame: Centuries of racial framing and counter-framing. New York, NY: Routledge.

Feagin, J. R., & Sikes, M. (1995). Living with racism: The Black middle-class experience. Boston, MA: Beacon Press.

Fernquist, R. M. (2004). Does single motherhood protect against Black female suicide? Archives of Suicide Research, 8, 163-171.

Fischer, A. H., & Manstead, A. S. R. (2000). The relation between gender and emotion in different cultures. In A. H. Fischer (Ed.), Gender and emotion: Social psychological perspectives (pp. 71-97). Cambridge, MA: University of Cambridge.

Fortuna, L. R., Alegría, M., & Gao, S. (2010). Retention in depression treatment among ethnic and racial minority groups in the United States. Depression and Anxiety, 27, 485-494.

Gara, M. A., Vega, W. A., Arndt, S., Escamilla, M., Fleck, D. E., Lawson, W. B., . . . Strakowski, S. M. (2012). Influence of patient race and ethnicity on clinical assessment in patients with affective disorders. Archives of General Psychiatry, 69(2), pp. 593-600.

Gergen, K., & Gergen, M. (2010). Feminist social constructionism. In A. Lock & T. Strong (Eds.), Social constructionism: Sources and stirrings in theory and practice (pp. 303-307). Cambridge, UK: Cambridge University Press.

Greene, B. (1986). When the therapist is White and the patient is Black: Considerations for psychotherapy in the feminist heterosexual and lesbian communities. Women & Therapy, 5, 41-66.

Haraway, D. (1997). Modest_Wintess@Second_Millennium .FemaleMan_Meets_OncoMouse. New York, NY: Routledge.

Jones, L. (2004). Enhancing psychosocial competence among Black women in college. Social Work, 49(1), 75-83.

Kaba, A. J. (2008). Race, gender and progress: Are Black American women the new model minority. Journal of African American Studies, 12, 309-335.

Kaplan, J. M. (2010). When socially determined categories make biological realities: Understanding Black/White health disparities in the US. Monist, 93, 281-297.

Klein, H., Elifson, K. W., & Sterk, C. E. (2006). Predictors of suicidal ideation among “at risk” cocaine-using African American women. Suicide and Life-Threatening Behavior, 36, 336-348.

Lederman, M., & Bartsch, I. (2001). The gender and science reader. New York, NY: Routledge.

Lloyd, G. (1984). The man of reason: “Male” and “Female” in Western philosophy. London, England: Methuen.

Lopez, I. F. H. (1996). The African American woman’s path to mental health. Chicago, IL: University of Chicago Press.

Mays, V., & Comas-Diaz, L. (1988). Feminist therapy with White ethnic minority populations: A closer look at Blacks and Hispanics. In M. A. Dutton-Douglas & L. E. Walker (Eds.), Feminist psychotherapies: Integration of therapeutic and feminist systems (pp. 228-251). New Jersey, NJ: Norwood.

Miller-Young, M. (2008). Hip-Hop honeys and Da Hustlaz: Black sexualities in the new Hip-Hop pornography. Meridians, 8(1), 261-292.

Neal-Barnett, A. (2003). Soothe your nerves: The Black woman’s guide to understanding and overcoming anxiety, panic, and fear. New York, NY: Touchstone.

Poussaint, A. F. (2001). Lay my burden down: Suicide and the mental health crisis among African-Americans. Boston, MA: Beacon Press.
Russo, N. F. (2010). Diversity and women’s mental health: Current status, future prospects. In H. Landrine & N. F. Russo (Eds.), Handbook of diversity in feminist psychology (pp. 261-284). New York, NY: Springer.

Sands, A. (2001). Never meant to survive, a Black woman’s journey: An interview with Evelyn Hammonds. In M. B. Mary Wyer, D. Geisman, H. O. Ozturk, & M. Wayne, Women, science, and technology: A reader in the feminist science studies (pp. 5-38). New York, NY: Routledge.

Satcher, D. (1999). Eliminate disparities in mental health: A report of the surgeon general. Retrieved from http://www.cdc.gov/omhd/AMH/factsheets/mental.htm

Shorter-Gooden, K. (2004). Multiple resistance strategies: How African American women cope with racism and sexism. Journal of Black Psychology, 30, 406-425.

Smedley, A., & Smedley, B. D. (2005). Race as biology is fiction, racism as a social problem is real: Anthropological and historical perspectives on the social construction of race. American Psychologist, 60(1), 16-26.

Smith, R. (2003). Race, poverty, & special education: Apprenticeships for prison work. Race & Poverty, 12(6), 1-4.

Stewart, A., & Dottolo, A. (2006). Feminist psychology. Journal of Women in Culture and Society, 31(21), 493-509.

Suite, D. H., Bril, R. L., Primm, A., & Harrison-Ross, P. (2007). Beyond misdiagnosis, misunderstanding and mistrust: Relevance of the historical perspective in the medical and mental health treatment of people of color. Journal of the National Medical Association, 99, 879-885.

Tara, E. R., Alegría, M., Mendieta, F., & Linhart, Y. D. (2011). “Just be straight with me:” An exploration of Black patient experiences in initial mental health encounters. American Journal of Orthopsychiatry, 81, 519-525.

Thomas, V. G. (2004). The psychology of Black women: Studying women’s lives in context. Journal of Black Psychology, 30(3), 286-306.

Unger, R. K. (1990). Imperfect reflections of reality: Psychology constructs gender. In R. T. Hare-Mustin & J. Marecek (Eds.), Making a difference: Psychology and the construction of gender (pp. 102-148). New Haven, CT: Yale University.

Wade, P. (2007). Race, ethnicity and nation: Perspectives from kinship and genetics. In P. Wade (Ed.), Race, ethnicity and nation: Perspectives from kinship and genetics (pp. 1-32). Oxford, England: Berghahn Books.

Walker, S. (2005). The morphing of family therapy and family support: How British social policy and feminist practices are interacting. In A. M. P. Lyness (Ed.), The politics of the personal in feminist family therapy: International examinations of family policy (pp. 1-22). Binghamton, NY: Haworth Press.

Washington, H. A. (2006). Medical apartheid: The dark history of medical experimentation on Black Americans from colonial times to present. New York, NY: Doubleday.

West, T. C. (1999). Wounds of the spirit: Black women, violence, and resistance ethics. New York: New York University Press.

Williams, T. M. (2008). Black pain: It just looks like we’re not hurting. New York, NY: Scribner.

Wilson, M. (2001). Black women and mental health: Working towards inclusive mental health services. Feminist Review, 68, 34-51.

Bio

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