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MARGINALIZED, PRIVILEGED, OR BOTH: IDENTITIES AS MODERATORS OF
GENDERED RACISM AND THE MENTAL HEALTH OF MEN OF COLOR

Dissertation

By

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Abstract

Marginalized, Privileged, or Both: Identities as Moderators of Gendered Racism and the Mental

Health of Men of Color

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Due to the intersection of their race and gender categories, with one (race) being
marginalized and the other (gender) being privileged, men of color have unique experiences of
gendered racism, defined as the ways in which racist incidents are focused specifically on their
race-gender categorization. Research has shown that gendered racist experiences are related to
worse mental health outcomes in men of color. However, it is not known how men of color's
understanding of themselves, as both people of color and men, interacts with the relationships
between their gendered racist experiences and mental health. Therefore, the purpose of the
current study was to explore men of color's racial and maleness identities in relation to their
mental health and gendered racist experiences.

Adult men of color ($N = 195$) were invited to complete measures that assessed gendered
racist experiences (Everyday Discrimination Scale), racial identity (People of color Racial
Identity Attitudes Scale), maleness identity (Maleness Identity Attitudes Scale), and
psychological distress and wellbeing as mental health outcomes (Mental Health Inventory).
Multivariate regression analyses revealed that more experiences of gendered racism were related
to higher levels of psychological distress, but were not related to psychological wellbeing.
Simple linear moderation analyses indicated that racial identity moderated the relationship
between gendered racist experiences and psychological distress, while maleness identity

moderated the relationship between gendered racist experiences and psychological wellbeing, in some instances. Moderated moderation analyses indicated that the interaction between racial and maleness identities did not moderate the relationship between experiences with gendered racism and mental health in most instances.

Collectively, the results indicate that the ways in which men of color make sense of themselves as people of color and men, independently, have implications for how gendered racist experiences relate to their mental health. However, results did not paint a clear picture of how men of color's conceptualizations of themselves as *both* people of color *and* men relates to their experiences of gendered racism and mental health. Limitations, including the availability of measures for assessing men of color's identities holistically rather than independently, are addressed. Implications of the results for intersectionality theory and research, practice, and lay men are discussed.

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Chapter 1

Introduction

Men of color (e.g., Asian, Black, Indigenous, and Latino men) face many different

mental health concerns. In 2018, about 5% of men of color experienced a major depressive

episode with severe impairment (McCance-Katz, 2019). However, these numbers may be

underreported since men of color have been found to have more severe symptoms due to

depression (Williams et al., 2007) and to use mental health treatment less frequently than their

White male counterparts (Neighbors et al., 2007). Men of color have also been found to have

increasing rates of suicidal ideation, planning, and attempts (Duldulao et al., 2009; Joe &

Kaplan, 2001). Research has shown that men of color have mental health concerns such as high

rates of depression (McCance-Katz, 2019; Williams et al., 2007) and suicidality (Duldulao et al.,

2009; Joe & Kaplan, 2001) that may be attributable to their race and gender categories (Brown et

al., 2020), but a smaller amount of research has focused on men of color's race and gender

identities. In particular, researchers have rarely examined the role of men of color's racial and

gender identities play when considering their mental health.

It is important to note here the difference between "identity" and "category" when

referring to race and gender. Social categories are the labels used to group people by their

perceived demographic similarities, such as race and gender. Social identities (e.g., racial

identity, gender identity) refer to internal processes of self-discovery and definition in reference

to one's ascribed social categories (Helms, 1996; Helms et al., 2020). The concept of identity as

psychodynamic processes is rooted in Erikson's (1993, 1968) elaboration of ego identity

statuses. In recent times, however, identity and category have become seemingly interchangeable

words, especially when referring to gender. This interchangeability likely comes from the subtle,

yet important, semantic difference between "identity" and "identifying as (something)." When one "identifies as a man," that is referring to his gender category. The person's gender identity, would be his understanding of what that categorization means, not the label itself. For the purposes of the present study, it should be understood that identity refers to internal processes in the manner of Erikson, rather than external labels.

Existing research on the mental health of men of color often stops at the category level. Meaning that non-White race and identifying as men are requirements for inclusion of participants, but few studies examine the intersecting intrapsychic processes that occur in response to race and gender (i.e., intersectional identity). As intrapsychic processes have been found to relate to mental health (Jernigan et al., 2017; Owen et al., 2010), it is important to discover whether or how the intersections of these identities are related to the mental health status of men of color. Clinicians armed with research that investigates how intrapsychic processes such as maleness and racial identity development intersect might be more likely to connect effectively and provide better treatment to men of color in therapy, researchers might be able to build better models of men of color's mental health, and men of color may be able to understand themselves and their experiences more thoroughly.

Theoretical Frameworks: Intersectionality and Gendered Racism

Coined by Kimberlé Crenshaw (1989) in legal studies and popularized, in psychology, by Pamela Reid (1993), intersectionality theory states that people belong to multiple socially constructed categories, some marginalized and others privileged in society. The combinations of marginalized and empowered social categories create unique experiences of marginalization and privilege. For men of color, intersectionality implies that neither the privilege related to being a man nor the marginalization that comes with being a person of color can be disentangled from

each other. Nevertheless, the largest focus of intersectionality research has been factors external to the men; that is how others react to or perceive men of color. Largely missing from research involving intersectionality for men of color are the roles of internalized social identities (e.g., race and gender), and related subjective experiences of privilege and marginalization. Although social categories represent the external sorting of the men into groups, social identities represent the men's internal understanding of the self in relation to those groups and the men's interpretation of related experiences of privilege and marginalization (Helms, 1995;1996).

For men of color, intersectionality is an important lens to consider when discussing their social identities given that the privilege that comes with identification as men and the marginalization that comes with being a person of color create unique experiences produced by being a man of color as compared to White men or women of color. Unique experiences include men of color's relationship with *gendered racism* (Essed, 1991), defined as the different forms of discrimination that people experience depending on others' perceptions of their intersecting racial and gender categories. For example, although both Black men and Black women have hyper-sexualized stereotypes tied to their gender categories, men of color are often seen as the predator, stalking and violently assaulting White women (Donovan, 2007), whereas Black women are seen as the Jezebel, promiscuous and deceptive in their use of "feminine wiles" to seduce White men (Anderson et al., 2018). Consequently, sexual promiscuity as a racial stereotype is perpetuated or experienced uniquely depending on the gender of the person of color. The uniqueness is important for clinicians to understand the health and mental health outcomes of men of color (Hammond et al., 2016) if they are going to effectively work with men of color as clients and patients (Kivlighan et al., 2019).

Researchers have predominately studied gendered racism as it applies to women of color, especially Black women. Such studies have established gendered racism and intersectionality theory as important for considering mental health outcomes and rates of psychological distress for women of color (Keum et al., 2018; Lewis & Neville, 2015; Lewis et al., 2016; Thomas et al., 2008). Yet gendered racism and intersectionality theories suggest that gendered racism may not have the same effects on men of color as it does on women of color. Moreover, the effects of gendered racism on men of color cannot be assumed based on the experiences of women of color because men of color have a privileged social category (gender – male-identified) and a marginalized social category (race – of color), whereas women of color have two marginalized identity categories. According to intersectionality theory, men of color's social identity categories come together to form a unique set of experiences based on the manner in which others perceive them. However, intersectional research has said little about how men of color may respond to the ways in which others perceive them, that is, how men of color make sense of their intersectional identities and whether men of color's mental health is related to their intersecting identities.

Identity Development and Intersectionality

Although literature exploring the relationships of racial identity or gender identity to mental health outcomes is increasing, much of that research focuses on one of these identities at a time. Since racial and gender identity can mean different things in different contexts, for the purposes of the present study they should be understood as the internal processes by which people of color understand themselves in a society dominated by Whiteness and men understand themselves in a society dominated by men, respectively. An explicitly intersectional lens might extend researchers', practitioners', and lay individuals' understanding of how the internal

process of identity development relates to external experiences with gendered racism. Direct examination of internal processes has largely been left out of intersectional research due to the theory's foundations in analyzing systemic or contextual level factors of marginalization and privilege (Grzanka et al., 2017; Shin et al., 2017). However, these two things, systemic differences in privilege/marginalization and internal/intrapersonal processes, need not be so severely separated. Integration of the two levels might help bolster investigations of mental health in systemic, interpersonal, and intrapersonal contexts.

Exploring how experiences of gendered racism are related to men of color's mental health and understanding of their identities might reveal new avenues for treatment, research, and understanding. As research on intersectionality as an internalized process grows, a clearer picture may be produced of the potential importance of overlapping systems of privilege and marginalization as they apply to individuals' gender and race, and if they are experienced simultaneously. In short, identity development research is uniquely poised to help explain how men of color, who face unique forms of intersectional marginalization, may draw strength, or at least protect themselves psychologically, through their intersectional identities. As identity development has been identified as an important element in therapy (Jernigan et al., 2017; Owen et al., 2010), practitioners may benefit from further understanding of the identity development of men of color and their responses to unique forms of gendered racism, researchers may be provided with new in-roads for researching men of color's experiences and providing men of color, themselves, further language and framing for understanding themselves and their experiences.

The Current Study

An underlying question that exists for understanding how gendered racism pertains to men of color is if and how their internal self-descriptions of their race and gender matter individually and/or simultaneously. Building from an intersectional model, in the current study, I explored the unique experiences created by being perceived as both men, with the relative privilege that such perceptions bring, and people of color, with the relative marginalization that such perceptions bring. In the current study, I explored how gendered racist events and mental health are related to men of color's racial and gender identities. I used intersectionality as a framework for investigating how men of color's maleness and racial identities interact with their experiences with gendered racism. My goal for the present study was to begin to build an understanding of how an intersectional identity development perspective can be helpful in aiding male-identified clients and research participants of color who experience intersectional forms of marginalization. Further, this research may prove fruitful for men of color, directly, by encouraging them to engage with their unique positions as both privileged and marginalized, rather than one or the other, to better understand themselves and their experiences. Specifically, the guiding research question was: How does maleness, racial, or racialized-maleness identity relate to distress and wellbeing outcomes when considering men of color's gendered racist experiences?

Chapter 2

Men of color exist as both racialized and gendered beings and therefore develop racial and gender identities. Intersectionality theorists' focus on how overlapping systems of privilege and marginalization (e.g., gendered racism) create differential experiences for people has produced research that shows implications at the societal and community levels (Grzanka et al., 2017; Reid, 1993). Even so, little work has been done to understand whether intrapersonal factors, such as identity, interact within the person in response to overlapping systems of privilege and marginalization that are external to the person (Shin et al., 2017). Almost no research to date has explored the ways in which men of color's identity develops as both relatively marginalized racialized and relatively privileged gendered people.

In this chapter, I will explore the research related to the expression of the maleness and racial identities of men of color as well as their implications for the mental health of men of color. Additionally, I will discuss research on the implications for men of color's mental health when they face affronts to their racialized and gendered selves. These areas will be explored to investigate the general question of whether men of color's gendered, racialized, or gendered-racialized identities interact with their experiences of gendered racism and what relationships these interactions have to their mental health. In support of this goal, I provide an overview of literature pertaining to the processes of racial and gender identity development, especially as they occur in men of color. I review gendered racism as an intersectional approach to understanding marginalization and men of color's relationship to it. In addition, I examine research on the relationship between marginalization and the mental health of men of color. *Men of color*, for the purposes of the present study, are defined as people who both identify with the gender category

of man (i.e., cis-men and trans-men) and a non-White racial category (i.e., Black, Latino, Asian, Indigenous, or mixed race).

Identity Development

Maleness Identity Development

An underlying research question in the current study concerns the extent to which men's own race-gender identity relates to their mental health. Some models have been used to examine aspects of maleness that might be associated with gender identity development in men of color. These include Mahalik's Conformity to Masculine Norms (Mahalik et al., 2003), Franklin's Invisibility Syndrome (Franklin, 1992; 1993; 1997), Wade's Male Reference Group Identity Dependence (Wade, 1998), and Helms's Maleness Identity Attitudes Model (Miville & Helms, 1996).

Conformity to Masculine Norms

Mahalik's Conformity to Masculine Norms model is based on his gender role norms theory presented at the 108th Annual Convention of the American Psychological Association (as cited in Mahalik et al., 2003). Mahalik defined *conformity to masculine norms* as "meeting societal expectations for what constitutes masculinity in one's public or private life" (Mahalik et al., 2003, p. 3). Mahalik et al. (2006) had a sample of Black men (N=124) fill out the Conformity to Masculine Norms Inventory (Mahalik et al., 2003), the Coopersmith Self-Esteem Inventory (Coopersmith, 1967), and Symptom Checklist–90-Revised (Derogatis, 1994). Results from hierarchical regression analyses indicated that endorsing conformity to masculine norms was associated with higher rates of psychological distress and lower self-esteem while endorsing non-conformity to masculine norms was related to lower rates of psychological distress and higher levels of self-esteem. Mahalik's model can be thought of as a measure of the intrapsychic

influences of interpersonal expectations regarding what it means to be men and boys. The model focuses on how powerful groups within the male-identified population (e.g., White men) set the expectations, giving context to why some men who do not fit those powerful categories (e.g., men of color) cannot always conform to the expectations. Mahalik's perspective addresses men of color's marginalization due to their racial categories, but it does not account for their perceptions of their relative gender privilege.

Invisibility Syndrome

Franklin's (1999) Invisibility Syndrome captures the intrapsychic processes of men of color, specifically Black men, responding to a society in which they do not feel seen as individuals with their own identities. Through various publications, Franklin has discussed the importance of the Invisibility Syndrome as a factor in the development of identity in Black men (Franklin, 1999; 2007), race-related stress, and psychological trauma (Franklin et al., 2006). He also considers it to be an important factor in treating Black men in therapy (Franklin & Boyd-Franklin, 2000). Invisibility Syndrome is a model that addresses the intrapsychic processes of men of color in response to their marginalized racial category that, again, does not account for the ways in which men of color are privileged due to their gender category.

Male Reference Group Identity Dependence

Wade's (1998) Male Reference Group Identity Dependence theory is based on Eriksonian (1968) concepts of ego identity statuses, where men create a sense of self-as-man through a process in reference to other men. Specifically, Wade (1998) articulated three identity statuses where men have no reference group, have in-groups and out-groups within the gender category, or use all men as their reference group. While Wade's theory begins to conceptualize ways in which men of color might relate to other men, and in turn make sense of what it means

to be a man in unique ways because of their race, it does not reference their privilege as men. Instead, men of color are still considered to be in a relatively marginalized position due to their non-White-maleness and development of alternative masculinities.

Maleness Identity Attitudes

Helms (as cited in Miville & Helms, 1996) developed a theory of maleness identity development to describe a process by which boys and men develop a sense of self-defined maleness in a society dominated by men. She speculated that maleness identity development might be analogous to White identity development in that the most privileged group, in this case men, may proceed through a process in which they abandon internalized malecentrism in favor of a gender equality, humanistic perspective. She suggests that this fluid process involves men either forming their own definition of what it means to be a man in male-biased contexts or continuing to rely on external definitions of maleness; a decision that is constantly being made, moment to moment, as individuals are exposed to internal and external stimuli.

Helms (1996) described the maleness developmental process as involving four cognitive-affective statuses that either use an external frame of reference (i.e., rely on societal definitions) or an internal frame of reference (i.e., represents a self-definition). *Statuses* are definitions for what it means to be a man that one uses to interpret information about gender and privilege as it pertains to one's own boyhood or manhood. The statuses are Conformity, Dissonance, Reintegration, and Autonomy. *Conformity* is marked by an obliviousness to gender and one's own power and privilege that comes with being perceived as men and boys. *Dissonance* is the confusion and conflict that occurs when the reality of gender and gender inequality as a part of one's own self-definition, and one's role in supporting it generally become apparent. *Reintegration* is the prioritization of one's sense of maleness and denigration of femaleness in a

manner that aligns with traditional gender inequality in which men are deemed most powerful by birthright. *Autonomy* is the development of a positive maleness identity that incorporates positivity from all genders and works to perceive oneself and others with humanity and equity. Helms's Maleness identity theory stems from Erikson's (1993, 1968) elaboration of ego identity statuses, and includes the concept of society's offering of differential external power and disempowerment as related to social categories. Such differential power and disempowerment shape the ways individuals experience their identity. Helms's theory does not consider the intersections of race and maleness as an aspect of maleness identity. However, if men of color do consider maleness as a separate aspect of themselves, then the theory might be descriptive of that aspect of their developmental process.

Summary

Whereas the Conformity to Masculine Norms model focuses on men of color's responses to maleness as defined by White men's social norms, the Maleness Identity Development model focuses on men of colors' self-perceptions in a society dominated by men. In other words, the Conformity to Masculine Norms model, when discussing men of color, foregrounds their marginalization as people of color, whereas the Maleness Identity Development model foregrounds their privilege as men. Invisibility Syndrome focuses on men of color's, specifically Black men's, responses to an inability to be fully seen in society due to gendered racism, but it, again, does not focus on the relative privilege they hold (e.g., within Black communities) due to their maleness. In addition, Reference Group Identity Dependence theory also centers men of color's marginalization from "traditional" forms of masculinity with little to no reference to their privilege for being categorized as men. The distinctions among the male-identified theoretical frameworks are important for the present study because it focuses on the men of color's relative

privilege and marginalization, rather than just their marginalization. For these reasons, the Maleness Identity Development model was selected as the framework for considering intrapsychic maleness for the current study.

Research on the Maleness Identity Development Model

Helms developed the Masculine Identity Attitudes Scale (MIAS; Helms et al., 2020; Miville et al., 2005; Miville & Helms, 1996) to assess the statuses of her developmental model of maleness identity. The measure assesses the four statuses as previously described. To understand the links between personal identity, or seeing oneself as a unique person, and collective identities, including gender and culture, Miville and Helms (1996) distributed questionnaires to college aged Latino men (N=102) in the Southeast region of the US. The MIAS was included in the measures along with the Personal Identity Status Scale (Bennion & Adams, 1986) a measure of the level of conflict or resolution of a sense of the self as an individual.

Results from regression analyses indicated that maleness-gender-identity statuses and personal identity statuses were significantly related. Positive personal identity resolution was positively related to the Autonomy status, indicating that men who had a resolved sense of self were also more likely to have a gender identity that was self-defined. Additionally, personal identity conflict and the Disintegration status, and negative personal identity resolution and the Contact status were positively related. These results suggest that internalization of malecentrism is related to a non-healthy personal identity development. Miville and Helms's conclusions point towards the importance of privilege and marginalization in the process of identity development. They concluded that Latino men's experience of both marginalization due to their cultural category and privilege due to their gender category created a unique relationship not seen in Latina women's identity development, which was also explored in their study.

Racial Identity Development

Theorists have argued that race is only a meaningful construct insofar as racial marginalization and privilege exist in response to racial categories and that people develop racial identities in response to such marginalization and privilege (Helms et al., 2005). For men of color in the US, this argument means that the development of an identity based on race must be in response to the realities that Whiteness dominates society (Helms, 1990; 1996). Helms's (1990; 1995; 1996) model suggests that a person progresses along a developmental trajectory towards building an identity that is either externally defined or internally defined. Externally defined racial identities are shaped by others' reactions (i.e., internalized racism), whereas self-defined identities correspond to the person's own evolved belief system (i.e., overcoming racism).

The three externally defined statuses in the people of color racial identity theory represent different ways of internalizing racism and are Conformity, Dissonance, and Immersion-Emersion. The Conformity status is marked by a lack of awareness of one's own or others' racialized experiences or even the denial of race and racism as meaningful factors in people's lives. Dissonance is characterized by confusion or disorientation caused by an awareness of race as an important factor in one's own self-conceptualization as well as the experiences being thrust upon the person according to the person's ascribed racial group. Immersion/Emersion is the rejection of the dominant racial narratives and complete focus on one's own racial group. Internalization, the internally defined status, marked by an overcoming of racism, is the integration of positive own group perspectives into one's sense of self as well as seeing the positives of other racial groups. If their racial identity is an important aspect of men of color's identity, then it should be related to their experiences of racism and wellbeing. Connections

between men of color's racial identity development and their mental health are discussed in the following section.

Empirical Studies

To investigate the link between racialized incidents, stress from racial trauma, and racial identity Carter et al. (2017) collected responses from men of color (N=141) to Veit and Ware's (1983) Mental Health Inventory and Helms's PRIAS (1995; 1996). Results from cluster analyses indicated that external definitions of racial identity, conceptualized as Helms's Conformity, Dissonance, and Immersion/Emersion statuses, were related to higher rates of psychological distress, while the Internalization status was linked with lower rates of psychological distress.

Carter et al.'s (2017) results suggest that internally defined racial identity statuses buffer the negative effects of racism on mental health. However, Carter et al. combined both women of color and men of color ($N=282$) for their analyses, grouping respondents only by high and low race-based trauma symptoms. By combining both gender groups, the results do not reflect the unique experiences that men of color potentially face given their relative privilege due to gender and relative marginalization due to their race.

Tummala-Narra et al. (2011) also explored relationships between racial identity and experiences of discrimination and mental health outcomes (i.e., racism-related stress and self-esteem) in a sample of first and second generation Asian Indian men ($N=25$). Results from path analyses indicated that the PRIAS was a significant mediator between racism-related stress, self-esteem, and coping. Tummala-Narra et al. found that higher endorsement of the Dissonance status was related to attempts to cope with racism through preserving one's own self-esteem, while the Immersion/Emersion status was more strongly related to collectivistic coping styles. The findings from their study support the premise that racial identity status relates to the ways in

which people of color respond to racism and how they heal after racism experiences. Similar to Carter et al. (2017), Tummala-Narra et al. focused on the racial group and did not disaggregate by gender for their analyses, limiting the interpretation of the results for men of color's experiences specifically.

Pierre and Mahalik (2005) also investigated whether racial identity statuses played a significant role in the relationships between racism and psychological distress in a sample of Black men ($N=130$). They used the Black Racial Identity Attitude Scale (RIAS-B), which is analogous to the PRIAS in many ways, to measure racial identity statuses. The authors found that the Internalization status was associated with lower rates of psychological distress as measured by the Symptom Checklist-90-Revised (Derogatis, 1994), while the Pre-encounter and Immersion statuses were associated with higher rates of psychological distress. Their results support the premise that racial identity statuses are important factors to consider when exploring mental health outcomes in men of color independently of women of color. However, their results may be further supported when this question is explored with samples that include greater diversity with men of color as the focus of the study.

Summary

The previously cited studies (Carter et al., 2017; Pierre & Mahalik, 20005; Tummala-Narra et al., 2011) are examples from the literature that show that racial identity is an especially important topic to consider when exploring the mental health of people of color, especially when including experiences with marginalization. However, these studies are limited in their focus because they do not explore the ways in which maleness may also play a role for men of color, given that they externally occupy a unique intersection of privilege due to their gender category and marginalization due to their racial category.

Gendered Racism

Essed (1991) coined the concept of gendered racism to show that racism is not experienced the same by men of color and women of color. Essed argued that experiences of racism are in fact gendered, creating unique experiences of racism for people of color depending upon whether they are perceived as male or female. It is important to make clear that gendered racism, especially when considering the experiences of men of color, does not refer to an additive effect of racism plus sexism. Rather, for men of color, it refers to the unique effects of racial marginalization and gender privilege perceived together. Sexism, like racism, indicates the marginalization of a subordinate group (e.g., women) by a dominant group (e.g., men). The intersection of marginalization and privilege means that men of color, although individually susceptible to gender bias, do not experience the systemic effects of sexism, and, in fact, receive gender privilege. Since men of color do not experience sexism, treating gendered racism as a combination of sexism plus racism is invalid for them. Gendered racism instead allows for the unique experiences of men of color, who exist within both marginalized and privileged categories, to be the focus.

Although theorists have discussed gendered racism since the early 1990s, little research has been conducted on this construct. In a search of PsycInfo, one of the largest repositories of psychological research, in the summer of 2020, I found fewer than 40 peer reviewed studies specifically using the term "gendered racism." Most of this research focused on the negative outcomes of gendered racism for women of color, and Black women especially, with limited research on men of color's experiences with gendered racism. The following sections explore the literature associated with gendered racism more closely.

Gendered Racism and Men of Color

Gendered racism has been studied in samples of men of color including Asian (Liu et al., 2018; Liu & Wong, 2018), Black (Bowleg et al., 2016; Schwing et al., 2013), and Latino men (Arellano-Morales et al., 2016). Research has mainly focused on the creation of measures for gendered racism in specific populations of men of color and the relationship of gendered racism to the mental health of men of color, as measured by the developed scales. For the most part, these studies conceptualized gendered racism as unique experiences of racism that depended on the perceived gender of recipients within single racial groups.

Asian American Men

In order to measure the frequency of Asian American men's experiences of gendered racism and the amount of stress those experiences produced, Liu et al. (2018) developed and validated the Gendered Racism Scales for Asian American men. The authors recruited Asian American men ($N=940$) for four connected studies that explored the development and validation of the scale. Through a mixture of literature review, qualitative interviews, and quantitative surveys, Liu et al. (2018) found the following three themes for the Asian men's experiences: (a) being psychologically emasculated, (b) being perceived as undesirable partners, and (c) lacking leadership qualities. In their subsequent construct validity study of their gendered racism scale, Liu et al. used a three-factor model corresponding to the three identified themes in a structural equation model (SEM).

The latent factors, conceptualized as gendered racism scores, were more predictive of psychological and somatic distress symptoms than racism or gender-role stress alone. Liu et al.'s study identifies the importance of gendered racism as a predictor of psychological distress that men of color may experience beyond the effects of racism or sexual bias alone. Liu et al.

controlled for racial group by studying only Asian men. Therefore, it is not clear to what extent their results generalize to other men of color.

Black/African Americans

In order to investigate gendered racism that African American men experience and to quantify the stress related to those experiences Schwing et al. (2013) developed the African American Men's Gendered Racism Stress Inventory (AMGRaSI). Schwing et al. (2013) considered gendered racism stress to exist for Black men due to their attempting to fulfill male gender roles while also experiencing racism. Participants in their validation study were self-identified African American men ($N = 210$) who completed the AMGRaSI as well as the Kessler Psychological Distress Scale (Kessler et al., 2002).

Results of Schwing et al.'s (2013) exploratory factor analysis indicated a three-factor model of experiences that aligned with stereotypes related to (a) being physically and sexually violent, (b) uninvolved fatherhood, and (c) having athletic interests and abilities. All of the subscales in the model were related to other measures of racism-related stress, showing convergent validity, but only the total measure and the violence subscale were related to masculine gender-role stress. The partial convergent validity around masculine gender role stress is important to acknowledge because it might be a limitation of focusing on one particular race/gender pairing, being that only one racial group's experience of maleness seem to be captured.

In order to fill gaps created by the aggregating of the Black experience of men and women together, Bowleg et al. (2016) developed and validated a scale pertaining to the experiences of Black men. After the researchers developed the measure through qualitative interviews and focus groups of Black men, a sample of men who self-identified as Black or

African American (*N*=578) participated in the validation study. The men's responses to the Black Men's Experience Scale (BMES) and the PHQ-9, a depression screener, were used to investigate the structure and validity of scores on the BMES and to find out how their perceptions of being a Black man were related to depression.

Exploratory and confirmatory factor analysis of the model resulted in a three-factor model assessing (a) negative experiences with overt discrimination, (b) negative experiences with microaggressions, and (c) positive evaluations of being a Black man. Bowleg et al. (2016) found that the overt discrimination and microaggressions subscales were significantly associated with higher rates of depressive symptoms, while the positive views of being a Black male subscale was significantly associated with lower rates of depression. Bowleg et al.'s study identifies the importance of considering how differing views of what it means to be a man of color may influence the negative effects on mental health that come from experiences of marginalization.

Latino Men

In order to shed light on a vulnerable population of immigrants, Arellano-Morales et al. (2016) recruited a sample of Latino men day laborers (*N*=159) working in the Southeast region of the US. Respondents completed the Perceived Racism Scale for Latinos (Collado-Proctor, 1999), the Satisfaction with Life Scale (Diener et al., 1985), and the Gender-Role Conflict Scale (O'Neil et al., 1986). Arellano-Morales et al. conceptualized perceived racism as inherently gendered due to the gender and ethnic identities of the participants. They explored the ways in which gender-role conflict was related to the mental wellbeing of men of color.

Results from Arellano-Morales et al.'s (2016) hierarchical multiple regression analysis supported their hypothesis that experiences of gendered racism moderated the relationship

between gender-role stress and wellbeing, with gender-role conflict leading to higher rates of perceived gendered racism and higher rates of perceived gendered racism leading to lower life satisfaction. Arellano-Morales et al.'s study reveals the importance of a gendered understanding of racism and a racialized understanding of gender issues when exploring how these experiences relate to the wellbeing of men of color.

Summary

There is a growing body of research that has shown that gendered racism is an important factor when considering the mental health of men of color (Arellano-Morales et al., 2016; Bowleg et al., 2016; Liu et al., 2018; Liu & Wong, 2018; Schwing et al., 2013). The literature shows that relationships between gendered racism and mental health are marked by higher rates of psychological distress and lowered wellbeing when men of color experience greater amounts of gendered racism. However, much of this literature has focused on one particular race/gender pairing or another, limiting the generalizability of the research, as well as limiting the ways in which men of color may have shared experiences of gendered racism across racial groups. Furthermore, some of the studies touched on the importance of considering the ways in which men of color experience distress in response to gendered racism, though few studies have explored their wellbeing, and even fewer have focused on men of color's identities as they relate to aspects of their mental health and experiences of gendered racism.

Mental Health

Mental health is a regularly studied psychological variable in research on men of color (Bowleg et al., 2016; Franklin-Jackson & Carter, 2007; Liu et al., 2018; Mahalik et al., 2003; Pierre & Mahalik, 2005; Schwing et al., 2013). The research in this area has shown the importance of considering aspects of men of color's gendered experiences as well as aspects of

their racialized experiences. Of particular relevance to the current study is research on mental health that has (a) focused on how men of color perceived aspects of their maleness, (b) racial identity, and (c) gendered racism experiences.

Gendered Racism and Mental Health

The previously cited studies on gendered racism investigated issues of mental health of men of color. Schwing et al. (2013) found that the scale they developed showed positive relationships with rates of anxiety and depression, meaning that as respondents reported more experiences of gendered racism, they were more likely to show higher rates of depression and anxiety. Bowleg et al. (2016) found that their subscales that measured rates of negative experiences with gendered racism were significantly associated with higher rates of depressive symptoms, while possessing positive views of the self as a Black male were significantly associated with higher rates of resilience and lower rates of depression. Liu et al. (2018) found that their scale was predictive of psychological distress (i.e., depression and anxiety) and somatic symptoms of stress (i.e., stomach pain, back pain, headaches, chest pain, dizziness, etc.), with more experiences with gendered racism leading to higher rates of negative mental health outcomes. All of these studies suggest relationships between experiences with gendered racism and mental health, where gendered racism was related to higher rates of depression, anxiety, and other symptoms of distress, and possibly wellbeing by implication.

Men of Color's Identities and Mental Health

After the development of the Conformity to Masculine Norms Inventory (CNMI), Mahalik et al. (2003) recruited a sample of men of color ($N = 36$) to perform validity analyses. Along with the CMNI, respondents completed the Brannon Masculinity Scale—Short Form (Brannon & Juni, 1984), the Gender Role Conflict Scale (O'Neil et al., 1986), and the Masculine

Gender Role Stress Scale (Eisler & Skidmore, 1987), the Brief Symptom Inventory (BSI;

Derogatis, 1993). Results from their validation studies showed that the scale was significantly

related to mental health outcomes. Specifically, they found that higher levels of conformity to

masculine norms on the CMNI correlated with higher levels of psychological distress on the BSI.

Mahalik et al.'s study shows the importance of considering gendered experiences when

exploring the mental health of men of color. However, the study used a sample of men that

aggregated men of color with White men ($N = 224$), which means that the specific experiences of

men of color were lost in their analyses.

Seeking to fill the gap in literature they saw existing around Black men's mental health,

Pierre and Mahalik (2005) explored the relationship between racial identity development and

mental health in a sample of college aged Black men ($N = 130$). Respondents filled out the Black

Racial Identity Attitudes Scale (BRIAS; Helms, 1996) and the Symptom Checklist—90 Revised

(Derogatis, 1994). Results indicated that Black men who endorsed the Pre-encounter and

Immersion statuses reported higher levels of psychological distress and lower self-esteem, while

respondents endorsing the Internalization status reported higher levels of self-esteem. Pierre and

Mahalik's study reveals the importance of considering the relationship of racial identity

development and the mental health of men of color, the question remains though of how their

gender identity might also play a part in this relationship.

In order to explore the relationship between race-based stress, racial identity, and the

mental health of Black men ($N = 134$), Franklin-Jackson and Carter (2007) recruited participants

to respond to the Index of Race Related Stress–Brief Version (Utsey, 1999), the Black Racial

Identity Attitudes Scale (BRIAS; Helms, 1996), and the Mental Health Inventory (Veit & Ware,

1983). Results from hierarchical multiple regression analyses indicated that the Pre-encounter

and Encounter statuses were related to higher levels of psychological distress. Further, those who endorsed the Internalization status also endorsed higher rates of wellbeing and lower psychological distress. The Immersion/Emersion status was not significantly related to race-related stress or psychological distress. The work done by Franklin-Jackson and Carter (2007) identifies the importance of intrapsychic factors in determining mental health of people of color, but cannot necessarily be extrapolated to the specific experiences of men of color due to their being aggregated with women of color ($N = 121$) in the sample.

Summary

The previous section focused on the ways in which the mental health of men of color has been intimately linked to experiences related to both their gender (Mahalik et al., 2003) and racial identities (Franklin-Jackson & Carter, 2007; Pierre & Mahalik, 2005), as well as gendered racism (Bowleg et al., 2016; Liu et al., 2018; Schwing et al., 2013). The current research on these relationships has only focused on specific parts of the relationship, such as racial identity *or* gender identity and mental health, leaving out important other factors. Research has yet to be conducted to capture the complexity of how the development of racial *and* gender identities moderates the relationship between gendered racism and mental health for men of color.

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Statement of the Problem

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For the most part, the existing theory and research on men of color and their experiences with gendered racism has not investigated the effects of their conditions of relative privilege and marginalization (i.e., intersectionality) and mental health. The current research on these intersectionalities has focused on specific parts of the relationship leaving out important other factors. I could not locate any research that combined experiences of gendered racism, racial identity, and maleness-related identity as factors that influence the mental health of men of color.

Nevertheless, existing research suggests that men of color do experience their own unique forms of marginalization, based on their race and gender categories, and that these experiences relate to negative outcomes for their mental health (Arellano-Morales et al., 2016; Bowleg et al., 2016; Liu et al., 2018; Liu & Wong, 2018; Schwing et al., 2013).

However, few studies have investigated intrapsychic factors, such as racial or gender identity that might play a role in the relationship between experiences of gendered racism and mental health, and almost none investigate racial *and* gender identity. Some research has brought to light the importance of racial identity and mental health (Carter et al., 2017; Franklin-Jackson & Carter, 2007; Pierre & Mahalik, 2005; Tummala-Narra et al., 2011). Fewer studies have considered gender identity and the mental health of men of color (Miville et al., 2005; Miville & Helms, 1996; Pierre & Mahalik, 2005). Consequently, it is not clear whether intrapsychic representations of maleness, racial identity, or both govern how men of color react to gendered racism. Therefore, it is important to study all of these factors to determine whether men of color's internalized intersecting identities aid them in processing gendered racism and therefore relate to their mental health.

Identity Development

The importance of identity development when considering mental health of men of color has some empirical support (Carter et al., 2017; Franklin-Jackson & Carter, 2007; Miville et al., 2005; Miville & Helms, 1996 Pierre & Mahalik, 2005; Tummala-Narra et al., 2011). Research in this area has suggested that self-defined statuses of racial and gender identity can act as a buffer between negative racialized and gendered experiences, respectively. However, much of this research focuses on one aspect of men of color's identity, either their race or their gender when

considering their identity. Almost none of the cited research on the two identities of men of color has explored their gender and racial identities simultaneously in the context of gendered racism.

Gendered Racism

The exploration of gendered racism with men of color is still a growing area. The research that does exist confirms that gendered racism is an important factor to consider when exploring men of color's mental health (Arellano-Morales et al., 2016; Bowleg et al., 2016; Liu et al., 2018; Liu & Wong, 2018; Schwing et al., 2013). Based on this research, it seems that as men of color experience more gendered racism, they suffer psychologically. In general, lower levels of wellbeing and higher rates of psychological distress are related to gendered racism. What is missing in this literature is a connection to the research that has identified identity development as also an important factor when considering the mental health of men of color.

Mental Health

The relationship between mental health of men of color and their racial or their gendered identities is a growing area of research (Carter et al., 2017; Franklin-Jackson & Carter, 2007; Mahahlik et al., 2003; Pierre & Mahalik, 2005). The research in this area identifies racial identity and gender identity as important factors to consider when examining men of color's mental health. However, these factors typically have been explored only as independent constructs, with no research investigating both racial and gender identity development within the same model.

Proposed Model

The proposed model is intended to test the relationships between gendered racism, mental health, and racial and gendered identities for men of color. In the proposed model, *men of color* will be defined as people who identify both with the gender category of men (i.e., cis-men and trans-men) and a non-White racial category (e.g. Black, Latino, Asian, Indigenous, or Mixed).

Due to the unique history of race in the United States and the research premises being based on racism in the United States, the men of color needed to have been raised in one of the 50 states or territories of the US.

Men of Color

In the present study, participants, men of color, were aggregated without regard to racial categories due to research on men of color in different racial categories having found similar results in terms of the relationship of gendered racism and their mental health. Grouping men of color this way acknowledged their shared experiences with both privilege, due to being male-identified, and marginalization, due to their racial categories. Research supports that men of color all experience gendered racism, although the specific nature of their experiences might be based on different race-gender stereotypes. Furthermore, some literature indicates that the men's experiences of gendered racism are related to higher rates of psychological distress and lower rates of psychological wellbeing regardless of their group-specific stereotypes (Arellano-Morales et al., 2016; Bowleg et al., 2016; Liu et al., 2018; Liu & Wong, 2018; Schwing et al., 2013). Past research exploring the relationship between gendered racism, gendered and racial identity, and mental health in men of color has done so in a way that does not investigate men of color's gender privilege (Mahalik et al., 2006). The perspective of men of color's relative subordination within the male-identified category is an important one to explore; however, it does not take into account men of color's relative privilege as male-identified within their racial categories. In the present study, I explored men of color's self-definitions created in response to their racial marginalization (i.e., racial identity) and gender privilege (i.e., maleness identity) as related to their experiences with gendered racism and their mental health.

Gendered Racism

Gendered racism refers to unique negative racialized experiences that occur because of an individual's gender. For men of color, gendered racism refers to the experiences of racism that are unique to them as compared to other genders. Gendered racism has been shown to have an effect on the mental health of men of color, which includes increased psychological distress and decreased psychological wellbeing (Arellano-Morales et al., 2016; Bowleg et al., 2016; Liu et al., 2018; Liu & Wong, 2018; Schwing et al., 2013). In the present study, a modification of the Everyday Discrimination Scale (Williams et al., 1997) was used to measure gendered racism.

Racial and Gender Identity

Racial identity statuses are conceptualized as the way people of color make sense of their racialized experiences within a society dominated by Whiteness, which acknowledges the marginalization men of color experience as a result of their racial category. Gendered (i.e., maleness) identity statuses are conceptualized as the way men make sense of their gendered experiences in a society dominated by men, which acknowledges the privilege that men of color experience due to their gender category. Together these two conceptualizations of racial and gendered identities allow for men of color to hold both privilege and marginalization, which is a novel way of approaching research on men of color.

Following Helms's (1990; 1996; 2005, 2020) racial identity theory focusing on external definitions versus self-definitions, the four statuses were combined into two overarching themes. Specifically, "overcoming racism" (i.e., the Internalization status) and "internalized racism" (i.e., the combination of the Conformity, Dissonance, and Immersion/Emersion statuses) were used to measure racial identity. The internalized racism theme combines statuses that rely on outward constructions of one's race, whereas the overcoming racism theme represents a rejection of external definitions of the racialized self, towards building one's own definition. The People of

Color Racial Identity Attitudes Scale (Helms, 1995; 1996) was used to measure overcoming racism and internalized racism.

Similar to the way that racial identity can be understood through two overarching themes (Helms et al., 2020), maleness identity can be conceptualized as "overcoming malecentrism" (i.e. the Autonomy status) and "internalized malecentrism" (i.e., the combination of the Contact, Dissonance, and Reintegration statuses). This model will be used as it highlights the ways in which the combination of internalized malecentrism statuses rely on outward constructions of one's maleness, whereas the overcoming malecentrism status represents a rejection of external definitions of the gendered self, towards building one's own definition of maleness. The Maleness Identity Attitudes Scale (Helms et al., 2020; Miville et al., 2005; Miville & Helms, 1996) was used to measure overcoming malecentrism and internalized malecentrism.

Outcomes

Mental health, as an outcome construct in the current study, was the levels of psychological distress and psychological wellbeing that men of color endorsed. Based on the work of Veit and Ware (1983) psychological distress was measured through the amount of anxiety, depression, and loss of behavioral and emotional control, whereas psychological wellbeing was the amount of general positive affect and strength of emotional ties the men endorsed. The Mental Health Inventory (Veit & Ware, 1983) was used to measure psychological distress and psychological wellbeing.
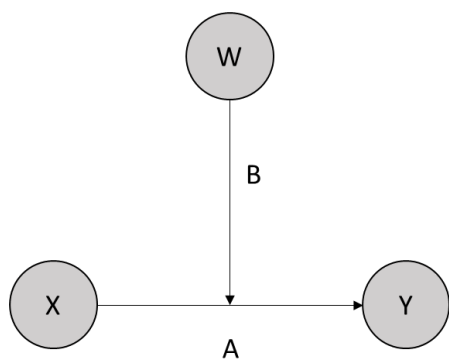
Figure 1. Conceptual Diagram for Simple Linear Moderation
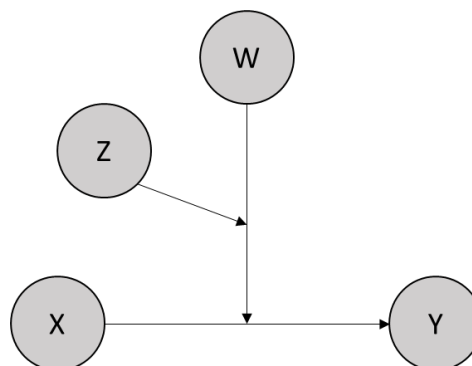
Figure 2. Conceptual Diagram for Moderated Moderation

The Conceptual Model

Figures 1 and 2 illustrate the conceptual models that were tested in the current study. Consistent with previous literature, the bases was that experiences of gendered racism are related to the psychological outcomes of wellbeing and distress (i.e., Figures 1 & 2 path A). Yet men's manners of defining themselves as men and as people of color (i.e., racial or gendered identity) might contribute to differential levels of distress or wellbeing (i.e., Figures 1 & 2 path B).

Some literature supports the premise that racial identity statuses interact with experiences of racism to predict psychological outcomes. Similarly, men of color's maleness identities might be differentially related to their perceptions of, or reactions to gendered racism depending on whether they are internalizing malecentrism or overcoming it (i.e., Figure 1 path B). These two types of premises essentially suggest that either racial identity or gender identity determine how men of color respond to racism rather than both in combination. However, prior to conducting the present study, little evidence exists for discerning when one type of identity rather than the other governs reactions to gendered racism because both have not been included in the same study.

Relationships between gendered racism and mental health symptoms have been shown to be at least partially related to racial identity *or* gender identity (Carter et al., 2017; Franklin et al., 2006; Mahalik et al., 2003; Pierre & Mahalik, 2005; Tummala-Narra et al., 2011). However, understanding whether the interaction of these identities is also important to the relationship is yet to be answered. Therefore, a unique aspect of the present study was the examination of whether the interactions of racial identity and maleness identity were predictors of psychological outcomes (i.e., Figure 2 path C).

Moderation Models

When one postulates that the effects of gendered racism on psychological outcomes depend on or interact with racial identity and/or men's identity, one is proposing some type of moderation model (Hayes, 2018). Two types of models (simple linear moderation and moderated moderation) were tested in the present study. Figure 2 shows the conceptual model for moderated moderation, whereas Figure 1 shows the conceptual model for simple linear moderation.

Simple Linear Moderation

Questions related to two sets of moderation models were explored in the current study. Simple linear moderation, where one moderator is predicted to alter the relationship between the predictor and outcome variables, pertains to whether racial or maleness identity is related to psychological outcomes. Figure 1 indicates the conceptual model for the simple linear moderation models used in the present study. In this conceptual model, gendered racism, X, is predicted to relate to the psychological outcomes of wellbeing and distress, Y, based on the level of racial or gender identity as separately tested moderators, W.

In the present study, eight simple linear moderation models were tested separately by exploring the interaction of X (gendered racism) and W (racial or maleness identity). That is, the products of the two variables were used to determine the extent to which different levels of either moderator alone suggested that men's psychological reactions to gendered racism experiences depended on one or the other of their intersecting race-gender identities. Specifically, the question that I asked was, does overcoming or internalizing racism or malecentrism (e.g., high-low) moderate the relationships of gendered racism to psychological wellbeing or psychological distress?

Moderated Moderation

Moderated moderation models were used to test my question about whether intersecting racial (marginalized) and maleness (privileged) identities function together rather than as independent or non-interacting moderators (i.e., double moderation). In the current study, moderated moderation was explored through the interaction between two moderators (i.e., racial identity and maleness identity) and one predictor variable (i.e., experiences of gendered racism), predicting the dependent variables (i.e., psychological distress and wellbeing). Figure 2 indicates the conceptual model for moderated moderation through paths A, B, and C. In this conceptual model, the predictor variable, gendered racism, X, is predicted to relate to the dependent variables, distress and wellbeing, Y, based on the interaction of both moderators, racial identity, W, and maleness identity, Z.

Thus, moderated moderation was tested by exploring the interaction between X, W, and Z (i.e., the product of gendered racism, racial identity, and maleness identity) to see if it predicted Y, wellbeing or distress. Specifically, the question addressed by the moderated moderation models was, does the interaction of overcoming or internalizing racism *and*

malecentrism moderate the relationship between men of color's experiences of gendered racism and their psychological wellbeing or psychological distress?

<div align="center">**Research Question and Hypotheses**</div>

The current study addressed the following question: Do men of color's gendered, racialized, or gendered-racialized identities moderate the impact of gendered racism on their mental health? This question was addressed by exploring the relationships of gendered and racial identities to experiences of gendered racism and mental health of men of color.

Hypothesis 1: Experiences of gendered racism will be positively related to psychological distress and negatively related to psychological wellbeing; as experiences of gendered racism increase, negative mental health outcomes will increase and wellbeing will decrease

Support for Hypothesis 1 comes from literature on gendered racism's relationship to men of color's mental health, indicating that it has deleterious effects (Carter et al., 2017; Carter et al., 2005; Franklin-Jackson & Carter, 2007; Mahalik et al., 2003; Pierre & Mahalik, 2005). Hypothesis 1 examined the possible connection between gendered racism and mental health in the current sample of men of color. Consequently, Hypothesis 1 essentially replicates previous studies.

The Mental Health Inventory (Veit & Ware, 1983) was used to measure psychological distress and psychological wellbeing. In Figure 1 and 2, Hypothesis 1 is represented by path A, where X is experiences of gendered racism as measured by a modified Everyday Discrimination Scale (Williams et al., 1997) and Y is psychological distress or wellbeing.

Hypothesis 2: The overarching racial identity statuses, overcoming and internalizing racism, will separately moderate the relationships between experiences of racism and mental health

Generally, Hypothesis 2 is supported by literature on racial identity development that indicates self-definitions of race were related to better psychological outcomes than external definitions for men of color (Carter et al., 2017; Franklin-Jackson & Carter, 2007; Tummala-Narra et al., 2011). Hypothesis 2 essentially investigates whether the marginalized identity relates to perceptions of gendered racism.

Hypothesis 2a: The overcoming racism status (Internalization) will moderate the relationships between gendered racism and psychological distress and wellbeing

When overcoming racism scores are high, there will be no significant relationship between experiences of gendered racism and wellbeing, but when overcoming racism scores are low, there will be a significant negative relationship between gendered racism and wellbeing. Also, when overcoming racism scores are high, there will be no significant relationship between experiences of gendered racism and psychological distress, but when overcoming racism scores are low, there will be a significant positive relationship between gendered racism and psychological distress.

In other words, I expect that experiences of gendered racism will relate to psychological distress and wellbeing, but that that relationship will differ based on men of color's ability to self-define as people of color as research has shown that racial identity is an important factor in the relationship between racist events and mental health outcomes. Specifically, I expect that men of color who rely less on their own definitions of what it means to be a person of color (i.e. low overcoming racism scores) will show a relationship where more experiences of gendered racism are related to higher distress and lower wellbeing due to their inability to separate themselves from their racist experiences. I expect that for men of color who are able to rely on their own definition of what it means to be a person of color (i.e., high overcoming racism

scores), there will be no relationship between experiences of gendered racism and distress and wellbeing due to their ability to separate their racist experiences from their definitions of themselves. In Figure 1 and 2, hypothesis 2a is represented by path B, where X symbolizes experiences of gendered racism, Y symbolizes psychological distress or wellbeing, and W is overcoming racism.

Hypothesis 2b: The combined internalized racism statuses (i.e., Conformity, Dissonance, Immersion/Emersion) will moderate the relationships between gendered racism and wellbeing and psychological distress

Specifically, higher internalized racism scores will be related to a significant positive relationship between experiences of gendered racism and psychological distress and a significant negative relationship between experiences of gendered racism and psychological wellbeing, whereas lower internalized racism scores will be related to a non-significant relationship between gendered racism and psychological distress and wellbeing. Again, based on research that has shown racial identity to be an important factor in the relationship between racist events and mental health outcomes, I expect that experiences of gendered racism will relate to psychological distress and wellbeing, but in different ways based on men of color's reliance on external definitions for being a person of color.

Specifically, I expect that men of color who rely more on societal definitions of what it means to be a person of color (i.e., high internalized racism scores) will show a relationship where more experiences of gendered racism are related to higher distress and lower wellbeing due to their internalizing of society's racist beliefs about people of color. I expect that for men of color who are less reliant on societal definitions (i.e., low internalized racism scores), there will be no significant relationship between experiences of gendered racism and distress and wellbeing

due to their ability to not internalize racist experiences as a part of themselves. In Figure 1 and 2, hypothesis 2b is represented by path B, where X is experiences of gendered racism, Y is psychological distress or wellbeing, and W is Internalized Racism.

Hypothesis 3: Maleness identity statuses, overcoming malecentrism, and internalized malecentrism, will separately moderate the relationships between experiences of gendered racism and psychological distress and wellbeing

Hypothesis 3 is supported by literature on gender identity development that indicates that internal definitions of gender have been related to better psychological outcomes than external definitions for men of color (Mahahlik et al., 2003; Pierre & Mahalik, 2005). Specifically, the studies cited explored men's support for masculine norms, and found that higher support for masculine norms (i.e., internalized malecentrism) was linked with worsened mental health outcomes. This hypothesis tests whether men of color's privileged identity relates to their perceptions of gendered racism.

Hypothesis 3a: The overcoming malecentrism (Autonomy) status will moderate the relationships between gendered racism and psychological distress and wellbeing

When overcoming malecentrism scores are high, the relationship between gendered racism and wellbeing will not be significant, but when overcoming malecentrism scores are low there will be a significant negative relationship between gendered racism and wellbeing. When overcoming malecentrism scores are high, the relationship between gendered racism and psychological distress will not be significant, but when overcoming malecentrism scores are low, there will be a significant positive relationship between gendered racism and distress. In other words, I expect that experiences of gendered racism will relate to psychological distress and wellbeing, but that that relationship will differ based on men of color's ability to self-define as

men as some limited research has shown that maleness related concepts are important factors in the relationship between racist events and mental health outcomes.

Specifically, I expect that the scores of men of color, who rely less on their own definitions of what it means to be a man (i.e., low overcoming malecentrism scores), will show a relationship in which more experiences of gendered racism are related to higher distress and lower wellbeing due to the men's inability to separate their marginalized experiences from their expectations for privilege. I expect that for men of color who are able to rely on their own definition of what it means to be a man (i.e., high overcoming malecentrism scores), there will be no significant relationship between experiences of gendered racism and distress and wellbeing due to the men's ability to separate their experiences from societal endorsements of privilege for men. In Figure 1, hypothesis 3a is represented by path B, where X is experiences of gendered racism, Y is psychological distress or wellbeing, and W is overcoming malecentrism.

Hypothesis 3b: The combined internalized malecentrism status (i.e., Contact, Dissonance, and Reintegration) will moderate the relationships between gendered racism and psychological distress and wellbeing

When internalized malecentrism scores are high, there will be a significant negative relationship between experiences of gendered racism and psychological wellbeing, but when internalized malecentrism scores are low, the relationship will not be significant. Additionally, when internalized malecentrism scores are high, there will be a significant positive relationship between experiences of gendered racism and psychological distress, but when internalized malecentrism scores are low, the relationship will be not significant. Again, based on some related research that would suggest maleness identity to is an important factor in the relationship between racist events and mental health outcomes, I expect that experiences of gendered racism

will relate to psychological distress and wellbeing, but in different ways based on men of color's reliance on external definitions for being a man.

Specifically, I expect that men of color who rely more on societal definitions of what it means to be a man (i.e., high internalized malecentrism scores), malecentrism scores will show a relationship in which more experiences of gendered racism are related to higher distress and lower wellbeing due to the men's internalizing of society's prescription of privilege for men. I expect that for men of color, who are less reliant on societal definitions (i.e., low internalized malecentrism scores), there will be no significant relationship between experiences of gendered racism and distress and wellbeing due to the men's abilities not to internalize societal prescriptions of privilege for men. In Figure 1, hypothesis 3b is represented by path B, where X, Y, and Z are as previously noted.

Hypothesis 4: The interactions between racial and maleness identities will moderate the relationships between experiences of racism and psychological distress and wellbeing

Hypothesis 4 is supported by a small amount of literature that found that men of color, who endorsed race and gender identity statuses with internal self-definitions of race and gender, reported better psychological outcomes than those who used external self-definitions (Pierre & Mahalik, 2005). Further support comes from intersectionality theory, which postulates that gendered racism targets both the racialized and gendered selves of men of color; therefore, it might be the case that men of color rely on both their racialized and gendered identities when confronted with gendered racist experiences. Eight models were used to test this hypothesis.

Hypothesis 4a: The interaction between the overcoming racism status (Internalization) and the overcoming malecentrism (Autonomy) status will moderate the relationships between gendered racism and the psychological distress and wellbeing

Overcoming malecentrism and overcoming racism will moderate the relationship between gendered racist experiences and psychological wellbeing and distress. The interaction of overcoming malecentrism and racism will moderate the relationship such that higher scores of each will lead to a lessening of the negative relationship between experiences of gendered racism and wellbeing, as well as a lessening of the positive relationship to psychological distress. In other words, I expect that experiences of gendered racism will relate to psychological distress and wellbeing, but that that relationship will differ based on men of color's ability to self-define as men and as people of color.

Specifically, I expect that men of color who rely less on their own self-definitions of what it means to be a man (i.e., low overcoming malecentrism scores) and a person of color (i.e., low overcoming racism scores) will show relationships in which more experiences of gendered racism are related to higher distress and lower wellbeing. The relationship is due to the men's inability to separate themselves from their gendered racist experiences and their expectations for privilege. I expect that for men of color who are able to rely on their own definition of what it means to be a man (i.e., high overcoming malecentrism scores) and a person of color (i.e., high overcoming racism scores), there will be no significant relationship between experiences of gendered racism and distress and wellbeing due to the men's ability to separate their gendered racist experiences from societal prescriptions of privilege and their definitions of themselves.

In Figure 2, hypothesis 4a is represented by path C, where X will be experiences of gendered racism, Y will be psychological distress or wellbeing, W will be overcoming racism, and Z will be overcoming malecentrism. This hypothesis essentially tests how men of color who are developing internally defined senses of what it means to be a man and a person of color respond to challenges to those identities.

Hypothesis 4b: The interaction between the combined internalized racism statuses (i.e., Conformity, Dissonance, Immersion/Emersion) and the combined internalized malecentrism statuses (i.e., Contact, Dissonance, and Reintegration) will moderate the relationships between gendered racism and wellbeing and psychological distress

Internalized malecentrism and internalized racism will moderate the relationships between gendered racist experiences and psychological wellbeing and distress. The interaction of internalized malecentrism and racism will moderate the relationships such that higher scores of each will lead to an increased negative relationship between experiences of gendered racism and wellbeing, as well as an increased positive relationship to psychological distress. In other words, I expect that experiences of gendered racism will relate to psychological distress and wellbeing, but that that relationship will differ based on men of color's reliance on external definitions for being men and as people of color.

Specifically, I expect that the scores of men of color indicating more reliance on societal definitions of what it means to be a man (i.e., high internalized malecentrism scores) and a person of color (i.e. high internalized racism scores) will show relationships in which more experiences of gendered racism are related to higher distress and lower wellbeing. The relationships are due to the men's internalization of societal presumptions of privilege and gendered racist events as a part of their sense of self. I expect that for men of color who are able to rely on their own definition of what it means to be a man (i.e., low internalized malecentrism scores) and a person of color (i.e., low internalized racism scores), there will be no significant relationships between experiences of gendered racism and distress and wellbeing due to the men's ability not to internalize their gendered racist experiences and societal presumptions of privilege into their definitions of themselves.

In Figure 2, hypothesis 4b is represented by path C, where X will be experiences of gendered racism, Y will be psychological distress or wellbeing, W will be internalized racism, and Z will be internalized malecentrism. This hypothesis essentially tests how men of color who rely on societally-based definitions of what it means to be a man and a person of color respond to challenges to those identities.

Hypothesis 4c: The interaction between the overcoming racism status (Internalization) and the internalized malecentrism statuses (i.e., Contact, Dissonance, and Reintegration) will not significantly moderate the relationships between gendered racism and psychological distress and wellbeing; analogously, the internalized racism statuses (i.e., Conformity, Dissonance, Immersion/Emersion) and the overcoming malecentrism (Autonomy) status will not significantly moderate the relationships between gendered racism and psychological distress and wellbeing

When racial and maleness identities are defined in opposing ways (i.e., one is internally defined and the other is societally defined), their interaction will not significantly moderate the relationship between experiences of gendered racism and psychological distress and wellbeing. Therefore, more experiences with gendered racism will be related to higher psychological distress and lower psychological wellbeing, regardless of the scores on racial or maleness identity development. Specifically, in the first model, the interaction between the overcoming racism status (Internalization) and the combined internalized malecentrism statuses (i.e., Contact, Dissonance, and Reintegration) will not significantly moderate the relationships between gendered racism and the psychological distress and wellbeing. Additionally, in the second model, the interaction between the combined internalized racism statuses (i.e., Conformity, Dissonance, Immersion/Emersion) and the overcoming malecentrism (Autonomy) status will not

significantly moderate the relationships between gendered racism and the psychological distress and wellbeing.

In other words, I expect that experiences of gendered racism will relate to psychological distress and wellbeing, but that that relationship will differ based on men of color's definitions of being a man and a person of color. Specifically, I expect that for men of color with mixed self-definitions and societally-based definitions (e.g., high internalized racism and high overcoming malecentrism), there will be no significant moderation by identity of the relationships between experiences of gendered racism and psychological distress and wellbeing. This lack of relationships is due to one external societally-based definition counterbalancing one internal self-definition, resulting in neither interacting with experiences in gendered racism.

In Figure 2, hypothesis 4c is represented by path C, where X will be experiences of gendered racism, Y will be psychological distress or wellbeing, W will be overcoming or internalized racism, and Z will be overcoming or internalized malecentrism. These analyses accounted for men of color who might make sense of their race and maleness in different ways, allowing for one identity to be societally defined (i.e. internalized racism or malecentrism) and the other identity to be internally defined (i.e. overcoming racism or malecentrism).

Chapter 3

Method

Participants

Participants in the study identified as men of color over 18 years old who were raised in the United States ($N = 195$). They ranged in age from 18 to 77 (Mean = 41.99, SD = 15.86). Education, income, and employment were quite varied (Table 1). For the purposes of the current study, "men" was defined as anyone who identified as cis- ($n = 193$) or trans ($n = 2$) gender men, and "of color" was defined as anyone who identified as any race(s) other than White only. Some potential participants ($N = 114$) were excluded for not meeting these inclusion criteria or for leaving the criterion questions unanswered. The racial breakdown of the sample is shown in Table 1. Most (70.3%) of the sample identified as Black ($n = 137$), with the remainder identifying as Asian ($n = 31$), Latino ($n = 20$), Mixed race (e.g., Black/Asian, Latinx/White; $n = 6$), and Other (not identified; $n = 1$). The ethnic diversity of the sample mirrored the racial diversity with 68.2% of the participants identifying as Black American or African American ($n = 133$). Table 1 shows the full ethnic diversity of the sample.

Participants varied in sexual orientation, with the majority identifying as heterosexual/straight (85.6%; $n = 167$) and others identifying as gay ($n = 12$), bisexual ($n = 9$), pan/polysexual ($n = 3$), asexual ($n = 2$) and other (not identified; $n = 2$). Though all of the participants were required to have been raised in the US, not all of them shared the same immigration status. The majority of participants reported their families as having been in the US for generations (68.7%; $n = 134$), others reported having been born in the US to parents who immigrated to the US ($n = 37$), and others reported having been born outside of the US but raised

in the US ($n = 24$). Men of color in the sample reported moderately high levels of support for the

BlackLivesMatter movement ($n = 194$; Mean = 9.48; SD = 2.03).

Table 1

Summary of Participants' Demographic Characteristics

Racial Categories	N = 195	
	Frequency	Percentage
Asian	31	15.9
Black	137	70.3
Latinx	20	10.3
Mixed Race	6	3.1
(Asian/Black;		
Asian/Latinx/White;		
Black/Indigenous;		
Black/Latinx;		
Indigenous/Latinx/White;		
Latinx/White)		
Other (not identified)	1	0.5
Ethnic Categories	Frequency	Percentage
African American/Black American	136	69.74
African American/Black American/Native American	1	0.51
Black American/European American	1	0.51
East Asian/East Asian American	3	1.54
East Asian American/African American	1	0.51
East Asian/South Asian/East Asian American/South Asian American	4	2.05
European American	2	1.03
European American, Native American	4	2.05
Middle Eastern American	1	0.51
Middle Eastern, European, Native American	1	0.51
Native American	1	0.51
Ethnic Categories (cont.)	Frequency	Percentage
South Asian American	13	6.67
South Asian American, European American	1	0.51

Table 1

Summary of Participants' Demographic Characteristics

	N = 195	
Other (not identified)	26	13.33
Education	Frequency	Percentage
High School or GED	7	3.6
Some College but no Degree	21	10.8
Associate's/2-year Degree	14	7.2
Bachelor's/4-year Degree	69	35.4
Master's Degree	57	29.2
Doctoral or Professional Degree (e.g. PhD, MD, JD)	26	13.3
Missing	1	0.5
Income	Frequency	Percentage
$0	12	6.2
$1-9,999	8	4.1
$10,000-24,999	6	3.1
$25,000-49,999	21	10.8
$50,000-74,999	33	16.9
$75,000-99,999	38	19.5
$100,000-149,999	37	19
$150,000-499,999	27	13.8
$500,000+	2	1
Prefer not to Answer	11	5.6
Employment	Frequency	Percentage
Employed Full-Time	114	58.5
Self-Employed	24	12.3
Employed Full-Time and Student Full-Time	1	0.5
Employment (cont.)	Frequency	Percentage
Employed Full-Time and Student Part-Time	1	0.5
Employed Part-Time	6	3.1

Table 1

Summary of Participants' Demographic Characteristics

	N = 195	
Employed Part-Time and Student Full-Time	4	2.1
Furloughed/Laid Off	3	1.5
Student Full-Time	14	7.2
Student Part-Time	2	1
Unemployed	5	2.6
Retired	21	10.8

Note: This table is a summary of the demographic characteristics of the sample for the current study.

Measures

Participants responded to a demographic questionnaire, the Mental Health Inventory (MHI; Veit & Ware, 2983), the Maleness Identity Attitudes Scale (MIAS; Helms et al., 2020), the People of color Racial Identity Attitudes Scale (PRIAS; Helms, 1995), the Everyday Discrimination Scale (EDS; Williams et al., 1997), and the BlackLivesMatter Support and Activism Scale (BLMSAS; Watson-Singleton et al., 2020), in that order.

Demographic Information

I constructed a questionnaire to gather demographic information, including: race, ethnicity, gender, income, employment status, level of education, sexuality, and immigration status. All participants were required to fill out the questionnaire in order to determine whether they met inclusion criteria and could advance to the main portion of the survey. Specifically, the gender, race, and immigration status questions were used to confirm eligibility. All other demographic information was used to describe the sample, although racial categories were used in a post-hoc analysis to assess the sample being skewed towards Black men. The demographic questionnaire can be found in Appendix A.

Experiences of Gendered Racism

The Everyday Discrimination Scale (EDS; Williams et al., 1997) was used to measure experiences of gendered racism. Williams et al. (1997) developed the EDS based on Essed's (1991) concept of everyday racism, which addresses the interpersonal interactions and systemic factors that make up racist experiences. Importantly, the EDS does not use the language of gendered racism as is the case for the studies where the experiences of men of specific racial groups were explored (e.g. Black men or Asian men; Bowleg et al., 2016; Liu et al., 2018; Schwing et al., 2013). Instead, the EDS asks general questions about everyday racist experiences.

However, the EDS relies on Essed's concept of everyday racism, which Essed conceptualizes as inherently gendered, due to the intersectionality of race and gender in people's perceptions of others.

Being that there were no existing scales for aggregated samples of men of color and the EDS is based on a concept (i.e. everyday racism) that contains gendered racism at its core, the EDS was used to assess men of color's experiences with gendered racism, with a slight modification to highlight race and gender for participants. I modified the original wording of the scale instructions in order to focus participants on experiences of gendered racism by asking the question, "In your day-to-day life how often have any of the following things happened to you because you are a man of color?" The phrase "because you are a man of color" was the modification of the original wording.

The measure consists of 10 items that ask respondents about their experiences of discrimination (e.g., being treated with less courtesy than others; Appendix A). Participants used six-point frequency scales, ranging from "Never" (0) to "Almost every day" (5), to respond. Scores are produced by summing the total of the responses given, with higher scores indicating more experiences with gendered racism. Prior users of the EDS have found Cronbach alpha coefficients for participants' scores that ranged from .80 in a sample of Black adult participants (Taylor et al., 2004) to .88 in a separate sample of Black and White adult survey respondents (Williams et al., 1997). In the present study, Cronbach alpha coefficient was 0.91, representing high reliability for scores on the EDS in the current study even with the modification.

Concerning validity evidence, various factor analytic studies have shown that the EDS measures a latent construct of discrimination, largely equivalently, across racial, ethnic, and gender categories (Kim et al., 2014). With a sample of 4,950 Black, 2,733 Hispanic/Latino,

2,089 Asian, and 884 White people (41% men), Kim et al. (2014) investigated the construct

validity of the EDS items through multiple group confirmatory factor analyses. These analyses

showed equivalency of the latent factor, everyday discrimination, across groups. These results

suggest that the EDS measures discrimination for men of color.

Racial Identity

Helms's People of color Racial Identity Scale (PRIAS; Helms, 1995) was used to

measure racial identity. The PRIAS is a 60-item self-report measure of self-conceptions of one's

own racial group in the context of a society where Whiteness and White people dominate

(Appendix A). The PRIAS measures four racial identity statuses: Conformity, Dissonance,

Immersion/Emersion, and Internalization. These statuses represent different ways of interacting

with racialized experiences where: Conformity is marked by an obliviousness of oneself as a

racialized being, conforming to dominant culture's expectations; Dissonance is marked by a state

of confusion and uncertainty caused by the realization of, not only one's own race, but one's

position as marginalized because of one's race; Immersion/Emersion is marked by a rejection

and denigration of dominant culture, and a movement towards one's own racial group; and

Internalization is marked by a humanistic perspective towards all racial groups (Helms, 1995;

1996).

The statuses are measured on five-point Likert-type scales ranging from 1 = strongly

disagree to 5 = strongly agree. Scores are obtained through summing the responses provided by

participants. The statuses represent different modes of interpreting racialized experiences, with

higher scores indicating more use, and lower scores indicating less frequent use. There have been

mixed results when considering the psychometric properties of PRIAS scores. Cronbach alpha

coefficients for various samples with aggregated gender have ranged from .68 to .90 for the

various subscales (Carter et al., 2017; Perry, Vance, & Helms, 2009). Studies have not been conducted specifically with exclusively male samples with the PRIAS, although Pierre and Mahalik (2005) found Cronbach alpha reliability coefficients of .81, .70, and .64 for Pre-encounter, Immersion, and Internalization scale scores, respectively, for the BRIAS, a related scale to the PRIAS, in a sample of Black men. In the present study, the Cronbach alpha coefficients for the PRIAS statuses were all within acceptable ranges: Conformity $\alpha = 0.80$, Dissonance $\alpha = 0.81$, Immersion/Emersion $\alpha = 0.82$, and Internalization $\alpha = 0.75$.

Research has shown that the PRIAS measures of four identity statuses related to racial identity (Helms, 1995; 1996), namely Conformity, Dissonance, Immersion/Emersion, and Internalization. Studies have found that these statuses were related to the psychological distress and mental health of people of color (Carter et al., 2017), as well as their racism-related stress and self-esteem (Tummala-Narra et al., 2011). These results suggested that the PRIAS measured the intrapsychic properties of racial identity for men of color, and how those properties related to various aspects of their lives.

Maleness Identity

Maleness identity was measured using the most recent version of Helms's Maleness Identity Attitudes Scale (MIAS; Helms et al., 2020; Miville et al., 2005; Miville & Helms, 1996). The MIAS measures a course of developing identity in the context of men holding a privileged position in the traditional binary gender of U.S. society. Since men hold a dominant position in society, the more mature statuses of the MIAS involve using a humanistic perspective to value people of all sexes and genders, whereas less mature statuses are characterized by an alignment with traditional gender roles and expectations of men and women. The statuses ranging from least mature to most mature are: Contact, Dissonance, Reintegration, and Autonomy. These

statuses represent different ways of interacting with gendered experiences where: Contact is marked by an obliviousness f to the undeserved privileges one is accorded as a male-identified person and the differential experiences based on maleness relative to other gender groups; Dissonance is marked by a state of confusion and uncertainty caused by the realization of one's own privilege, which is accorded only because one is perceived as male; Reintegration is marked by an investment in the gender power structure with men, and oneself as a man, as dominant and deservedly privileged, therefore, reinforcing a belief that other genders do not merit equity; and Autonomy is marked by a humanistic perspective towards all gender groups, which includes activism toward sharing one's own gender privilege (Helms et al., 2020; Miville et al., 2005; Miville & Helms, 1996).

The measure consists of 40 items that use Likert-type scales, ranging from 1 (strongly disagree) to 5 (strongly agree), for responses (Appendix A). Scores are obtained through the sum of responses provided by participants. Previous research (Miville et al., 2005) found Cronbach alpha coefficients for scores on the four subscales that ranged from 0.62 to 0.71 in samples of college aged men and Latino men. In the most recent other use of the updated MIAS reliability coefficients were somewhat higher: Contact α=0.82, Reintegration α=0.70, Dissonance α=0.71, and Autonomy α=0.70 (Helms et al., 2020). In the present study, participants' responses to the MIAS statuses yielded Cronbach alpha coefficients all within acceptable ranges: Contact α = 0.80, Dissonance α = 0.72, Reintegration α = 0.73, and Autonomy α = 0.67.

Research has found that the MIAS measured four identity statuses related to maleness identity (Helms et al., 2020; Miville et al., 2005; Miville & Helms, 1996), namely Contact, Dissonance, Reintegration, Autonomy. Studies found that these statuses were related to how men see themselves as unique people (Miville et al., 2005; Miville & Helms, 1996), lending to the

idea that it is a measure of how men understand themselves as men. MIAS status scores also have been shown to have convergent validity with other established measures used for understanding men's gendered experiences, such as the Conformity to Masculine Norms Inventory (CMNI; Helms et al., 2020) a measure of men's alignment with societal expectations of men's thoughts, beliefs, and behaviors. Specifically, the Contact and Reintegration statuses were positively correlated with CMNI total scores and the Autonomy status was negatively correlated, indicating that when men's scores on these statuses were high, conformity to masculine norms would be expected to also be high or low, respectively. These results suggest that the MIAS measures the intrapsychic properties of maleness identity for men of color, and such properties may relate to various aspects of their lives as investigated in the present study.

Mental Health

Psychological wellbeing and distress were measured using the Mental Health Inventory (MHI; Veit & Ware, 1983). The MHI was used to assess self-reported mental health during participants' previous 30 days. The MHI contains 38 items, each assigned to one of five subscales: anxiety, depression, loss of behavioral/emotional control, general positive affect, and emotional ties (Appendix A). Each of these five subscales falls under one of two broader scales of psychological wellbeing (i.e., general positive affect and emotional ties) and psychological distress (i.e., anxiety, depression, loss of behavioral/emotional control), which were used in the current study as outcome measures. Example questions from the MHI include: "How much of the time, during the last month, have you": "…been a very nervous person" (anxiety); "…felt downhearted and blue" (depression); "…felt in control of your behavior, thoughts, feelings" (loss of behavioral/emotional control); "…been a happy person" (general positive affect); "felt loved and wanted" (emotional ties).

Respondents rated their experiences on 6-point frequency scales ranging from "none of the time" (0) to "all of the time" (5). The MHI produces five subscale scores, two structural scores, and a general mental health score. The two structural scores, capturing psychological wellbeing and psychological distress were used for the current study. Veit and Ware (1983) reported a Cronbach alpha coefficient of .96 for the MHI general score, whereas for a sample of Black men ($N = 220$), Pieterse and Carter (2007) reported Cronbach alpha coefficients of .93 and .89 for psychological well-being and psychological distress, respectively. With the present sample, Cronbach alpha coefficients for scores on the MHI subscales were both within acceptable ranges: psychological distress $\alpha = 0.97$, and psychological wellbeing $\alpha = 0.95$.

Research has found that MHI scores were related to psychological distress and wellbeing (Carter et al., 2017; Franklin-Jackson & Carter, 2007). Two studies found that psychological distress and wellbeing were related to men of color's experiences with racism and race-based stress (Carter et al., 2017; Franklin-Jackson & Carter, 2007). These results suggest that the MHI measures men of color's psychological distress and wellbeing in the context of stressful, race-based incidents, such as experiences with gendered racism.

Black Lives Matter Support and Activism Scale

The Black Lives Matter Support and Activism scale (BLMSAS; Watson-Singleton et al., 2020) was recently developed in order to understand the amount of engagement people have with the BlackLivesMatter movement. In the current study, it was used to collect information on participants' support and activism related to BlackLivesMatter as the bulk of the data collection happened during the peak of the 2020 summer protests following the murder of George Floyd (Buchanan et al., 2020). As these events represented a major mobilization of people of color and

White allies, it was prudent to capture information on how respondents felt about this movement in order to better understand the men of color in the sample.

The BLMSAS has a total of six items, with three items assessing support of the movement (e.g., How much do you support the Black Lives Matter movement?) on 4-point rating scales ranging from 1 (not at all) to 4 (very much). The remaining three items assess activism in the movement (e.g., In the past 6 months, how many times have you attended Black Lives Matter (or related organizations) protests, sit-ins or demonstrations?) on a 4-point frequency scale ranging from 1 (never) to 4 (more than 5 [times]). The Cronbach alpha coefficients for the subscale responses ranged from 0.53-0.75 in the original study (Watson-Singleton et al., 2020), indicating variable internal consistency.

For the current study, similarly variable internal consistency coefficients were found. Cronbach alpha scores were: Total $\alpha = 0.66$; Support $\alpha = 0.83$; Action $\alpha = 0.45$. Since the Support scale responses had the highest internal consistency coefficient, it was the only subscale of the BLMSAS used to describe the sample. Through a confirmatory factor analysis, Watson-Singleton et al. (2020) found that the BLMSAS had acceptable model fit for the two-factor model.

Procedure

The current study was approved by the Boston College Institutional Review Board (IRB) before data collection began. Participant recruitment took place in two main ways: emails and social media. Emails were sent to community organizations that were comprised of or worked with men of color and social media posts were shared with similar organizations. Information in the emails and the social media posts contained a link to a Qualtrics (2017) survey. The rationale for the study, in the emails and social media posts, oriented participants to the focus on

experiences of gendered racism and their relationship to the mental health of men of color, as well as informing them of the opportunity to enter a raffle.

The survey, consisting of the previously described scales and demographic questionnaire, was administered through Qualtrics. Participants who volunteered to participate in the study provided an electronic signature on the Informed Consent form through Qualtrics in the form of checking a box confirming their understanding of the materials and interest in participating in the study. All survey information was aggregated so that no particular participant could be identified.

The Qualtrics survey began by confirming that potential participants met criteria to participate in the study by collecting demographic information. If a person identified one's gender as other than man or trans-man, race as only White, or nativity as not being raised in the US, the person was informed that the person did not meet criteria for inclusion in the study. They were then informed that the focus of the study was people who identified as men of color and were raised in the US. The person was then thanked for attempting to participate and the survey was ended without collecting any further data from that person, though the person was still given the opportunity to enter the raffle.

Participants were then administered the measures in the following order: Mental Health Inventory, Maleness Identity Attitudes Scale, People of color Racial Identity Attitudes Scale, the Everyday Discrimination Scale, and the Black Lives Matter Support and Activism scale. This order was purposeful and was intended to limit the amount of influence the person's remembering of explicit experiences of gendered racism had on participants' responses to the other measures.

At the conclusion of the study, participants were given the option to sign up for a raffle for one of five $20 Visa e-gift cards. The last page of the study asked if they wanted to be entered, and if they were interested, directed them to a different Qualtrics form where they were given information about the raffle and had the option to enter their email address. Emails collected for the raffle remained separate from the responses given in the study in an equally secure database and have since been deleted, following the selection of raffle winners.

Chapter 4

Results

Data Preparation

In order to test the hypotheses, the data were cleaned, missing data were addressed, and the assumptions for the multivariate regression and moderation analyses were checked, which all depend on Ordinary Least Squares (OLS) assumptions. Specifically, data cleaning consisted of eliminating 180 participants from the dataset due to their not meeting inclusion criteria, which included 12 for not endorsing being raised in the US, 50 for not identifying as cis- or trans-male, 6 for not identifying as a person of color, and 112 for not responding to the survey. The non-responders skipped at least one of the main scales (e.g., EDS, PRIAS, MIAS, or MHI) in its entirety or signed the consent form but did not provide any further information.

Missing Data

The limited number of subsequent missing data points were handled by imputing the mean scores of the individuals' other item responses for a particular subscale (e.g., PRIAS Immersion/Emersion, MHI Distress). Subscale mean scores were used, as opposed to whole measure means, because the subscales were assessed and utilized independently of each other. For the one respondent who was missing one response to the EDS, that response was replaced with a score of zero (e.g., the experience did not occur), due to there being no particular reason any one participant could be assumed to have had one particular experience. Only one outlier was detected in the dataset (+/-3 SD from the mean) on the overcoming racism variable. Due to the limited impact one data point may have on the analyses (and to reflect a wide range of experiences of identity) this participant's data were included in the analyses.

Check of Assumptions

The assumptions for Ordinary Least Squares (OLS) regressions analyses were checked. Both the simple linear regression analyses used to test hypothesis 1 and the moderation and moderated moderation models of hypotheses 2, 3, and 4 rely on the satisfaction of assumptions for OLS regression. Specifically, the assumptions of normality, homoscedasticity, linearity, and independence.

Normality

The assumption of normality is based on the errors in measurement of the various variables in the model. In order to test for the normal distribution of the error terms, I generated skewness statistics which showed that all scales fell within the normally acceptable range of -3 to +3, indicating no significant skewness.

Homoscedasticity

Homoscedasticity refers to the errors in the estimation of the dependent variable, with the assumption being that errors are randomly distributed rather than having a specific pattern of distribution. Homoscedasticity is a test of the randomness of the variance of the predictor variable(s), assuming that the variance will be the same across all levels of the predictor variable (i.e., experiences of gendered racism). In order to test for homoscedasticity, I generated scatterplots of the residuals, and the resulting plots showed that the assumption of homoscedasticity was met for all variables due to the lack of any discernable pattern in the variances.

Linearity

Linearity refers to the relationship between the predictor and outcome variables, where the assumption is that the relationship is linear as opposed to containing a curve (e.g., being quadratic). In OLS regression analyses, such as those conducted in the present study, there is an

underlying assumption that the predictor variable(s) (i.e., experiences of gendered racism) is linearly related to the dependent variables (i.e., psychological wellbeing and psychological distress). Scatterplots indicated that the relationship between the interacting variables (i.e., predictor and moderators) and outcome variables were linear.

Multi-Collinearity

Lastly, OLS regression analyses assume independence of the errors of estimation of predictor variables, or non-multi-collinearity. In order to test for independence of the predictor and moderator variables, I checked the variance inflation factor (VIF) values of the coefficients in the SPSS output, and found that all values fell well below 10, the generally accepted threshold (Menard, 1995), indicating the assumption of independence had been met.

Preliminary Analyses

Preliminary analyses were conducted to determine whether it was appropriate to create separate combination terms for the PRIAS and MIAS statuses. In order to create a more parsimonious model and account for the ways in which racism and malecentrism shows up in men of color's lives, I combined statuses within the PRIAS and MIAS models to create combination statuses. For the PRIAS, the combination status is internalized racism, which is a combination of the Conformity, Dissonance, and Immersion/Emersion statuses. The internalized racism status was compared against the Internalization status which is conceptualized as overcoming racism. These terms and conceptualization align with Helms's (1995; 1996) discussion of the ways in which the developmental process of racial identity is a response to racism in one's life. Additionally, as seen in Table 2, the three statuses correlate positively with each other and negatively with the Internalization status, indicating that they share measurement of a particular phenomenon, here conceptualized as internalized racism.

Table 2

Pearson Correlations for PRIAS Statuses

	Conformity	Dissonance	Immersion/Emersion	Internalization
Conformity	1	.65**	.05	-.41**
Dissonance		1	.31**	-.44**
Immersion/Emersion			1	-.30**
Internalization				1

Note: This table is a summary of the correlations for the PRIAS statuses used as the rationale for creating an internalized racism combination status.

** $p \leq .01$

Similarly, for the MIAS, the Contact, Dissonance, and Reintegration statuses were combined into a combined status called internalized malecentrism. Internalized malecentrism was compared against the concept of overcoming malecentrism, which was measured through the Autonomy status. Helms and colleagues (Helms et al., 2020; Miville et al., 2005; Miville & Helms, 1996) conceptualized the development of maleness identity to be centered around the experiences with privilege afforded to male-identified people in society. Therefore, these concepts are supported by the theory of maleness. Additionally, Table 3 shows that the combined statuses correlate positively with each other and negatively with the Autonomy status, providing empirical support for combining the three positively correlated statuses due to their related nature.

Table 3

Pearson Correlations for MIAS Statuses

	Contact	Dissonance	Reintegration	Autonomy
Contact	1	.13	0.50*	-.07
Dissonance		1	.15*	.08
Reintegration			1	-.48**
Autonomy				1

Note: This table is a summary of the correlations for the MIAS statuses providing reasoning for creating a combination status.
** $p \leq .01$
* $p \leq .05$

Tests of Hypotheses

The current study addressed the following question: Do men of color react as gendered, racialized, or gendered-racialized people to experiences with gendered racism?

Analyses

Hypotheses 2 through 4 investigated whether gender identity and/or racial identity moderated the relationships between experiences of gendered racism and mental health of men of color. However, first, multivariate regression was used to determine whether the relationships between gendered racism and the outcome measures were significant (Hypothesis 1). Next, the interaction, between the predictor variable (i.e., experiences of gendered racism) and a moderating variable (e.g., overcoming or internalized racism) was tested to determine whether the interaction significantly predicted psychological distress and wellbeing, which were tested by separate models (Hypotheses 2 & 3). Hypothesis 4 investigated whether gender and racial identities, together, moderated the relationship between experiences of gendered racism and psychological distress and wellbeing for men of color. The interaction between the predictor variable and both moderating variables was tested to determine whether the interaction

significantly predicted psychological distress and wellbeing, again tested separately. If the interactions were significant, I probed them by using the standard deviation of the moderating variable(s) to define subsets of relatively higher or lower scores on the relevant variable.

SPSS version 26 was used to test all hypotheses, and the PROCESS macro for SPSS (version 3.5.3; Hayes, 2021) was used to test the hypotheses for moderation and moderated moderation. Of note, predictor and moderator variables were mean-centered for hypotheses 2, 3, and 4. Mean-centering was done because it can aid in the interpretation of regression coefficients when the moderator being held to zero is not meaningful in its measurement system (Hayes, 2018), which was the case for both the PRIAS and MIAS (i.e., scores on either scale cannot be equal to zero). PROCESS, when prompted to do so, mean-centers variables by subtracting the mean from each value recorded for each participant. By subtracting the mean from each value, the mean becomes zero when participants' deviation scores are added, while the standard deviation stays the same (Hayes, 2018).

Figure 3 is a diagram of the statistical model for tests for simple moderation. For each of the analyses, the predictor variable, experiences with gendered racism (X), was measured by the EDS (Williams et al., 1997); the dependent variable, which was either psychological distress or psychological wellbeing (Y), was measured by the MHI (Veit & Ware, 1983); and the moderator (W) was either one of two racial variables (i.e., overcoming racism or internalized racism scores), as measured by the PRIAS (Helms, 1996) or one of two maleness identity variables (i.e., overcoming malecentrism or internalized male centrism) as measured by the MIAS.

Table 4

Summary of Means, Standard Deviation, and Intercorrelations for Predictor and Criterion Scores of Men of Color (N = 195)

Variable	Mean (SD)	1	2	3	4	5	6	7
1. Experiences of Gendered Racism	18.50 (8.83)	1	.23**	-.08	.24**	-.06	.25**	-.15*
2. Psychological Distress	30.23 (21.04)		1	-.72**	.22**	-.08	.56**	-.43**
3. Psychological Wellbeing	39.15 (15.15)			1	-.12	.12	-.37**	.33**
4. Internalized Malecentrism	88.93 (14.68)				1	-.22**	.51**	-.05
5. Overcoming Malecentrism	40.13 (5.34)					1	.48**	-.06
6. Internalized Racism	102.35 (18.09)						1	-.51**
7. Overcoming Racism	42.93 (4.88)							1

Note: This table is a summary of the means, standard deviations, and intercorrelations for all variables used in the current study.

* *p* < .05

** *p* < .01

Hypothesis 1: Experiences of gendered racism will be positively related to psychological distress and negatively related to psychological wellbeing; as experiences of gendered racism increase, negative mental health outcomes will increase and wellbeing will decrease

Hypothesis 1 was tested using a multivariate regression analysis, with experiences of gendered racism, as measured by scores from the Everyday Discrimination Scale (EDS; Williams et al., 1997), predicting scores on both psychological distress and psychological wellbeing, as measured by the Mental Health Inventory (MHI; Veit & Ware, 1983). Higher scores on the EDS indicate more experiences with gendered racism, while higher psychological distress scores indicate higher levels of distress (e.g., anxiety, depression), and higher psychological wellbeing scores indicate greater wellbeing (e.g. social connectedness). Results indicated that experiences of gendered racism explained a significant proportion of variance (F (1, 193) = 10.92, p = .001, partial η^2 = .05) in psychological distress and was significantly positively predictive of distress (b = .55, t (193) = 3.30, p = .001). However, psychological wellbeing scores were not significantly predicted by experiences of gendered racism (F (1, 193) = 1.12, p = .29, partial η^2 = .01).

Based on these results, for men of color higher levels of gendered racism experiences were related to higher levels of psychological distress, but experiences of gendered racism were not significantly predictive of psychological wellbeing. This means that, for the men of color in the current study, there was not a significant main effect for experiences with gendered racism and sense of wellbeing. Consequently, Hypothesis 1 was partially supported. Nevertheless, in moderation analysis, the direct relationship (i.e., main effect) need not be significant for moderation to occur. Therefore, both psychological distress and wellbeing were retained for subsequent analyses.
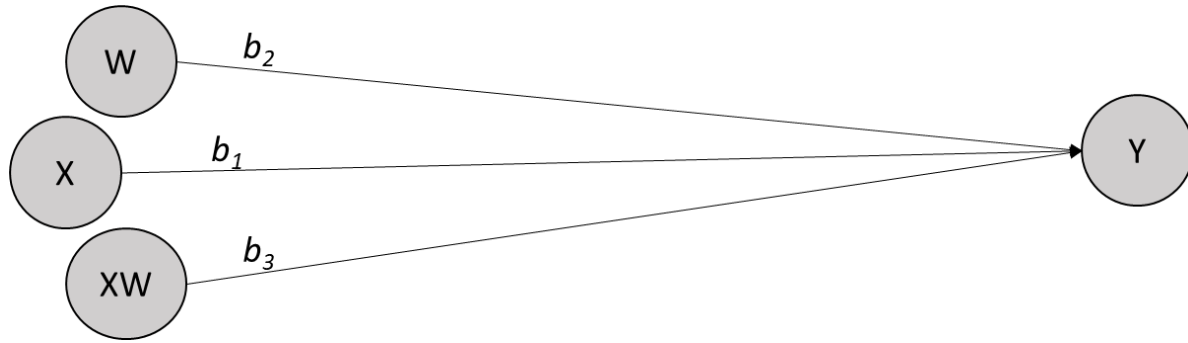
Figure 3. Statistical Diagram for Hypotheses 2 and 3, Simple Linear Moderation. Maleness or

Racial Identity, W, Gendered Racism, X, and the interaction of Identity and Gendered Racism,

XW, predicting Psychological Distress or Wellbeing, Y.

Hypothesis 2: The overarching racial identity statuses, overcoming and internalizing

racism, will separately moderate the relationships between experiences of racism and

mental health

To test hypothesis 2, I analyzed four separate models. Model 2a focused on the

interaction between experiences of gendered racism and overcoming racism scores, and model

2b focused on the interaction of experiences of gendered racism and internalized racism scores.

Each of the two racial identity models used psychological wellbeing or psychological distress as

the outcome variable.

Table 5

Hypothesis 2 Results: Simple Linear Moderation Analyses Predicting Psychological Wellbeing and Psychological Distress from Experiences of Gendered Racism and Racial Identity

		Hypothesis 2a		
Wellbeing				
Variable	*b*	*t*	*p*	95% CI
EGR[a]	-0.04	-0.31	0.76	[-0.28, 0.20]
OR[b]	1.03	4.61	<0.001	[0.59, 1.47]
EGR x OR	-0.01	-0.40	0.69	[-0.06, 0.04]
Distress				
EGR	0.47	3.01	0.003	[0.16, 0.77]
OR	-1.56	-5.42	<0.001	[-2.12, -0.99]
EGR x OR	-0.08	-2.34	0.02	[-0.15,- 0.01]
		Hypothesis 2b		
Wellbeing				
EGR	0.06	0.47	0.64	[-0.18, 0.29]
IR[c]	-0.33	-5.58	<0.001	[-0.45, -0.22]
EGR x IR	0.01	-2.34	0.23	[-0.005, 0.019]
Distress				
EGR	0.31	2.14	0.04	[0.02, 0.59]
IR	0.57	7.91	<0.001	[0.43, 0.71]
EGR x IR	0.02	3.02	0.003	[0.01, 0.04]

Note: This table shows the results from the simple linear moderation analyses testing hypothesis 2, focused on the interaction between experiences of gendered racism and racial identity predicting psychological distress and wellbeing.

[a]EGR = Experiences of Gendered Racism

[b]OR = Overcoming Racism

[c]IR = Internalizing Racism

Hypothesis 2a: The overcoming racism status (Internalization) will moderate the relationship between gendered racism and the psychological distress and wellbeing

The first model for hypothesis 2a used psychological wellbeing scores as the dependent variable, experiences of gendered racism as the predictor variable, and overcoming racism as the moderator. The overall model was statistically significant ($F[3, 191] = 7.77$, $R^2 = .11$, $p < .001$). The simple moderation analysis showed that the interaction between experiences of gendered racism and overcoming racism scores was not a statistically significant predictor of wellbeing scores ($F[1, 191] = 0.16$, $\Delta R^2 = 0.001$, $p = .69$). Therefore, the gendered racism by overcoming racism interaction was not further interpreted. As Table 5 shows, the main effect of experiences of gendered racism on psychological wellbeing was not significant, however the direct effect of overcoming racism on psychological wellbeing was significant. Higher levels of overcoming racism were related to higher levels of wellbeing.

The second model for hypothesis 2a used psychological distress scores as the dependent variable, with the overall model, again, being statistically significant ($F[3, 191] = 19.61$, $R^2 = .24$, $p < .001$). The simple moderation analysis showed that the interaction between experiences with gendered racism and overcoming racism scores were significant predictors of psychological distress scores ($F[1, 191] = 5.47$, $\Delta R^2 = 0.02$, $p = .02$). As Figure 4 and Table 5 show, there was a significant positive relationship between experiences with gendered racism and psychological distress scores for participants with low ($b = .86$, $t = 3.47$, $p < .001$) and moderate ($b = .47$, $t = 3.01$, $p < .003$) overcoming racism scores, while the relationship was not significant for those with higher levels of overcoming racism scores ($b = .07$, $t = 0.36$, $p = .72$). As Table 5 shows, the

main effect of experiences of gendered racism and the direct effect of overcoming racism on psychological distress were significant.

These results indicate that as participants endorsed lower to moderate levels of overcoming of racism, more experiences of gendered racism increased their psychological distress. For participants who endorsed higher levels of overcoming of racism, more experiences of gendered racism did not significantly relate to their endorsement of psychological distress.
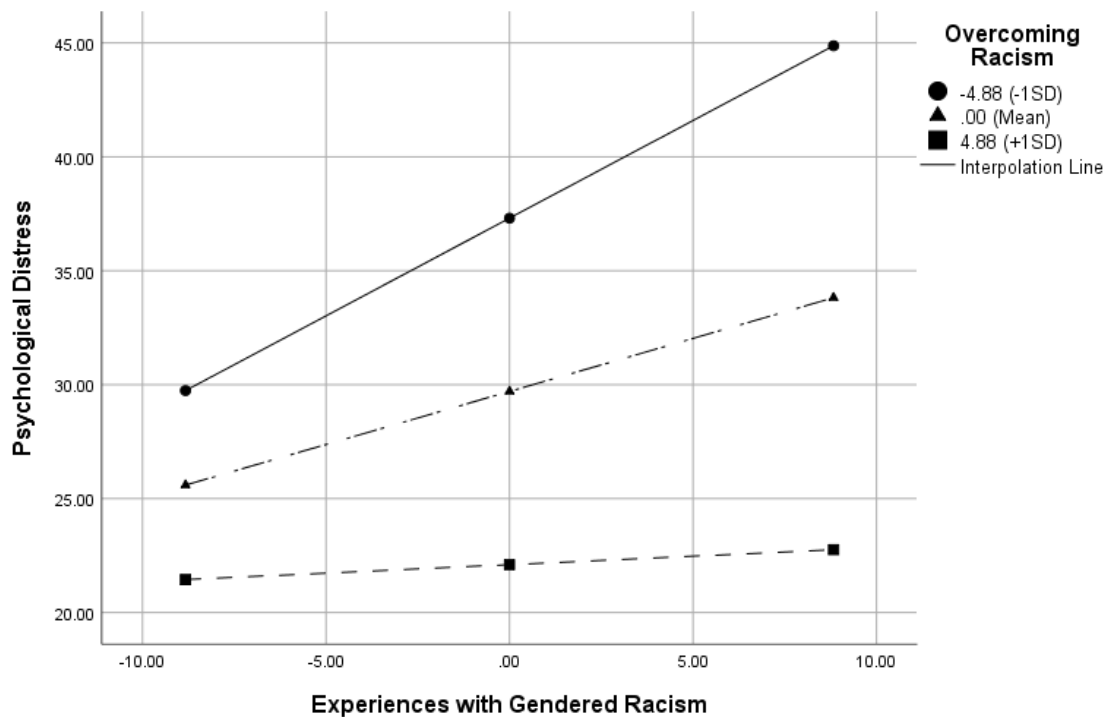

Figure 4 Hypothesis 2a. Graph depicting results from simple linear moderation with Psychological Distress as Predicted by the Gendered Racism by Overcoming Racism interaction.

Hypothesis 2b: The combined internalized racism statuses (i.e., Conformity, Dissonance, Immersion/Emersion) will moderate the relationships between gendered racism and wellbeing and psychological distress

The first model for hypothesis 2b used psychological wellbeing scores as the dependent variable, experiences of gendered racism as the predictor variable, and internalized racism as the moderator. The overall model was statistically significant ($F[3, 191] = 10.83$, $R^2 = .15$, $p < .001$). A simple moderation analysis showed that the interaction between experiences of gendered racism and internalized racism scores was not a statistically significant predictor of psychological wellbeing scores ($F[1, 191] = 1.46$, $\Delta R^2 = 0.001$, $p = .23$). As Table 5 shows, the main effect of experiences of gendered racism on psychological wellbeing was not significant, but the direct effect of internalized racism on psychological wellbeing was significant.

The second model for hypothesis 2b used psychological distress scores as the dependent variable, with the overall model, again, being statistically significant ($F[3, 191] = 35.26$, $R^2 = .36$, $p < .001$). The results of the second simple moderation analysis showed that the interaction between experiences of gendered racism and internalized racism scores was a significant predictor of psychological distress scores ($F[1, 191] = 9.11$, $\Delta R^2 = 0.03$, $p = .002$). As Figure 5 and Table 5 show, there was a significant positive relationship between experiences with gendered racism and psychological distress scores for participants with moderate ($b = 0.31$, $t = 2.10$, $p = .04$) and high ($b = 0.70$, $t = 3.31$, $p = .001$) internalized racism scores, while the relationship was not significant for those with low levels of internalized racism scores ($b = -0.09$, $t = -0.50$, $p = .62$). Also, Table 5 shows that the main effect of experiences of gendered racism and the direct effect of internalized racism on psychological distress were significant.

These results indicate that as participants endorsed moderate to higher levels of internalizing of racism (i.e., racial-norm conformity, confusion, and rebellion), more experiences of gendered racism increased their psychological distress. For participants who endorsed lower

levels of internalizing of racism, more experiences of gendered racism did not significantly relate to their endorsement of psychological distress.
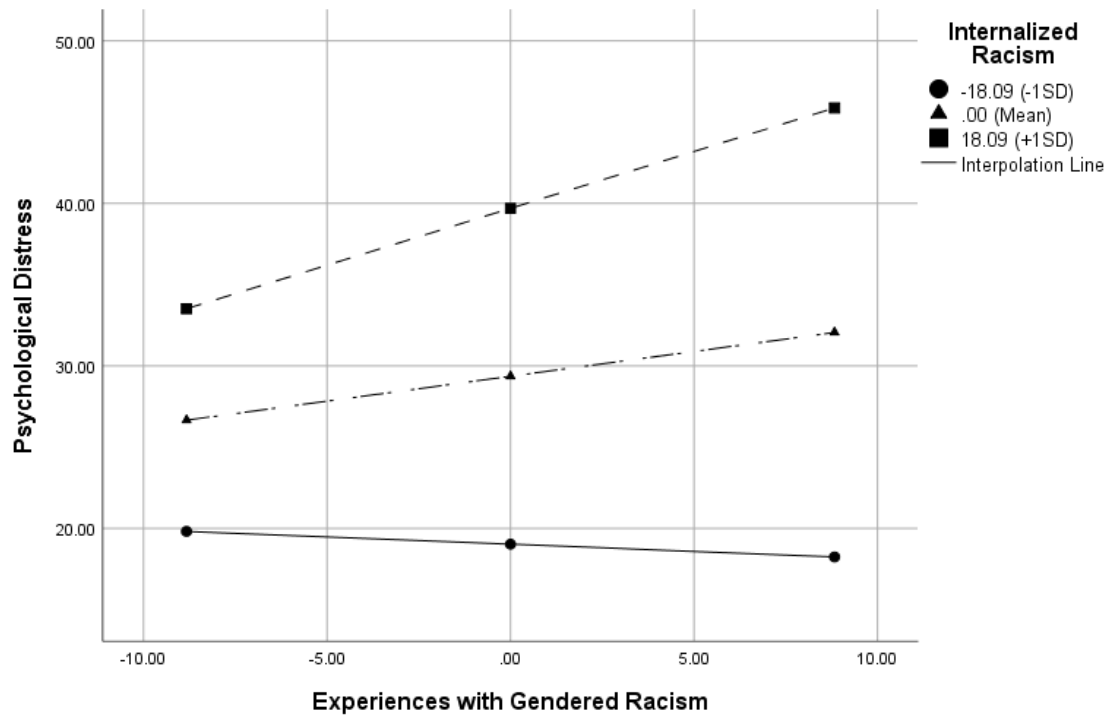
Figure 5 Hypothesis 2b. Graph depicting results from simple linear moderation with Psychological Distress as Predicted by the Gendered Racism by Internalized Racism interaction.

Summary

In sum, there was mixed support for hypothesis 2. Namely, there was support for racial identity moderating the relationship between experiences of gendered racism and psychological distress. However, gendered racism was not moderated by racial identity when psychological wellbeing was the moderator.

Hypothesis 3: Maleness identity statuses, overcoming malecentrism, and internalized malecentrism, will moderate the relationships between experiences of gendered racism and psychological distress and wellbeing

Hypothesis 3 was also tested using model 1 of the Hayes PROCESS macro for SPSS (Hayes, 2021) which tested for simple moderation. The predictor variable, was experiences of gendered racism, the dependent variable was either psychological distress or wellness scores, and the moderator was either overcoming malecentrism or internalized malecentrism scores. I analyzed four separate models in order to test hypothesis 3, two focused on the interaction between gendered racism and overcoming malecentrism scores, and two focused on the interaction of gendered racism and internalized malecentrism scores. Each model, was used to predict either psychological wellbeing or psychological distress.

Table 6

Summary of Simple Linear Moderation Analyses Predicting Psychological Wellbeing and

Psychological Distress from Experiences of Gendered Racism and Maleness Identity

Hypothesis 3a				
Wellbeing				
Variable	*b*	*t*	*p*	95% CI
EGR[a]	-0.16	-1.32	0.19	[-0.41, 0.08]
OM[b]	0.35	1.76	0.08	[-0.43, 0.75]
EGR x OM	0.05	2.16	0.03	[0.005, 0.105]
Distress				
EGR	0.65	3.98	0.001	[0.33, 0.97]
OM	-0.31	-1.17	0.24	[-0.84, 0.21]
EGR x OM	-0.13	-3.95	0.001	[-0.20, -0.07]

Hypothesis 3b				
Wellbeing				
EGR	-0.09	-0.68	0.49	[-0.34, 0.16]
IM[c]	-0.11	-1.38	0.17	[-0.26, 0.04]
EGR x IM	-0.001	-0.07	0.94	[-0.02, 0.02]
Table 6 (cont.)				
Variable	*b*	*t*	*p*	95% CI
Distress				
EGR	0.43	2.54	0.01	[0.10, 0.76]
IM	0.25	2.43	0.02	[0.05, 0.45]
EGR x IM	0.02	1.92	0.06	[-0.001, 0.041]

Note: This table summarizes the results from the simple linear moderation analyses

testing hypothesis 3, focused on the interaction between experiences of gendered racism

and maleness identity predicting psychological distress and wellbeing.

[a]EGR = Experiences of Gendered Racism
[b]OM = Overcoming Malecentrism
[c]IM = Internalizing Malecentrism

Hypothesis 3a: The overcoming malecentrism (Autonomy) status will moderate the relationships between gendered racism and psychological distress and wellbeing

The first model for hypothesis 3a used psychological wellbeing scores as the dependent variable, experiences of gendered racism as the predictor variable, and overcoming malecentrism as the moderator. The overall model was statistically significant ($F[3, 191] = 2.83$, $R^2 = .04$, $p = .04$). The simple linear moderation analysis showed that the interaction between experiences of gendered racism and overcoming malecentrism scores was a significant predictor of psychological wellbeing scores ($F[1, 191] = 4.64$, $\Delta R^2 = 0.02$, $p = .03$). As Figure 6 and Table 6 show, there was a significant negative relationship between experiences with gendered racism and psychological wellbeing scores for participants with low overcoming malecentrism ($b = -.46$, $t = -2.30$, $p = .02$), while the relationship was not significant for those with moderate ($b = -0.16$, $t = -1.32$, $p = .19$) and higher ($b = 0.13$, $t = 0.77$, $p = .44$) levels of overcoming malecentrism scores. Also, Table 6 shows that the main effect of experiences of gendered racism and the direct effect of overcoming malecentrism on psychological wellbeing were not significant.

These results indicate that when participants endorsed low levels of overcoming of malecentrism (i.e., self-definition being a man), more experiences of gendered racism (i.e., negative experiences dictated by race and gender) decreased their psychological wellbeing. For men of color who endorsed moderate to higher levels of overcoming malecentrism, more experiences of gendered racism were not significantly related to their endorsement of psychological wellbeing. This significant interaction is especially notable because gendered racism scores were not direct predictors of psychological wellbeing for men of color. This result seems to indicate that experiences with gendered racism scores were predictive of psychological wellbeing, but only for men of color who endorsed low levels of overcoming of malecentrism.

Figure 6 Hypothesis 3a Wellbeing. Graph depicting results from simple linear moderation with Psychological Wellbeing as Predicted by the Gendered Racism by Overcoming Malecentrism interaction.

The second model for hypothesis 3a used psychological distress scores as the dependent variable, with the overall model, again, being statistically significant ($F[3, 191] = 9.41$, $R^2 = .13$, $p < .001$). The simple linear moderation analysis showed that the interaction between experiences of gendered racism and overcoming malecentrism scores was a significant predictor of psychological distress scores ($F[1, 191] = 15.59$, $\Delta R^2 = 0.07$, $p < .001$). As Figure 7 and Table 6 show, there was a significant positive relationship between experiences with gendered racism and psychological distress scores for participants with low ($b = 1.36$, $t = 5.18$, $p < .001$) and moderate ($b = 0.65$, $t = 3.98$, $p < .001$) overcoming malecentrism, while the relationship was not significant for those with higher ($b = -0.06$, $t = -0.26$, $p = .80$) levels of overcoming malecentrism

scores. Also, Table 6 shows that the main effect of experiences of gendered racism on psychological distress was significant, however the direct effect of overcoming racism on psychological distress was not significant.

These results indicate that for participants who endorsed low to moderate levels of overcoming of malecentrism, more experiences of gendered racism increased their psychological distress. For participants who endorsed high levels of overcoming malecentrism, more experiences of gendered racism were not significantly related to their endorsement of psychological distress.
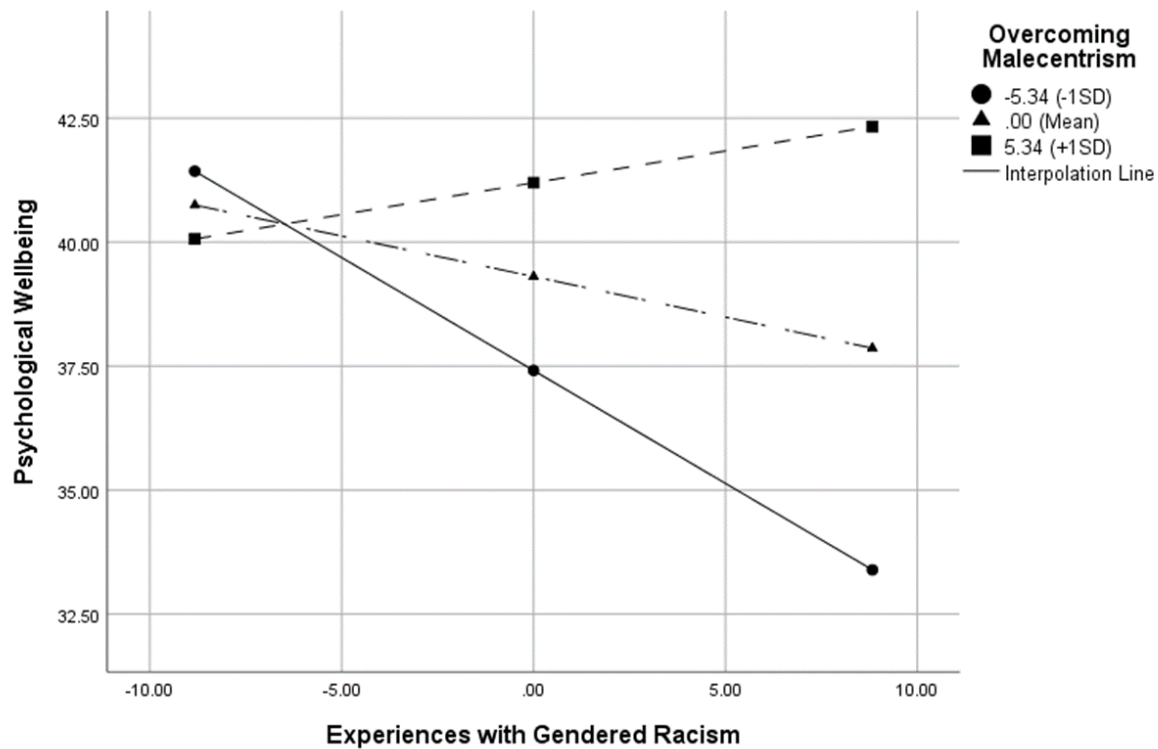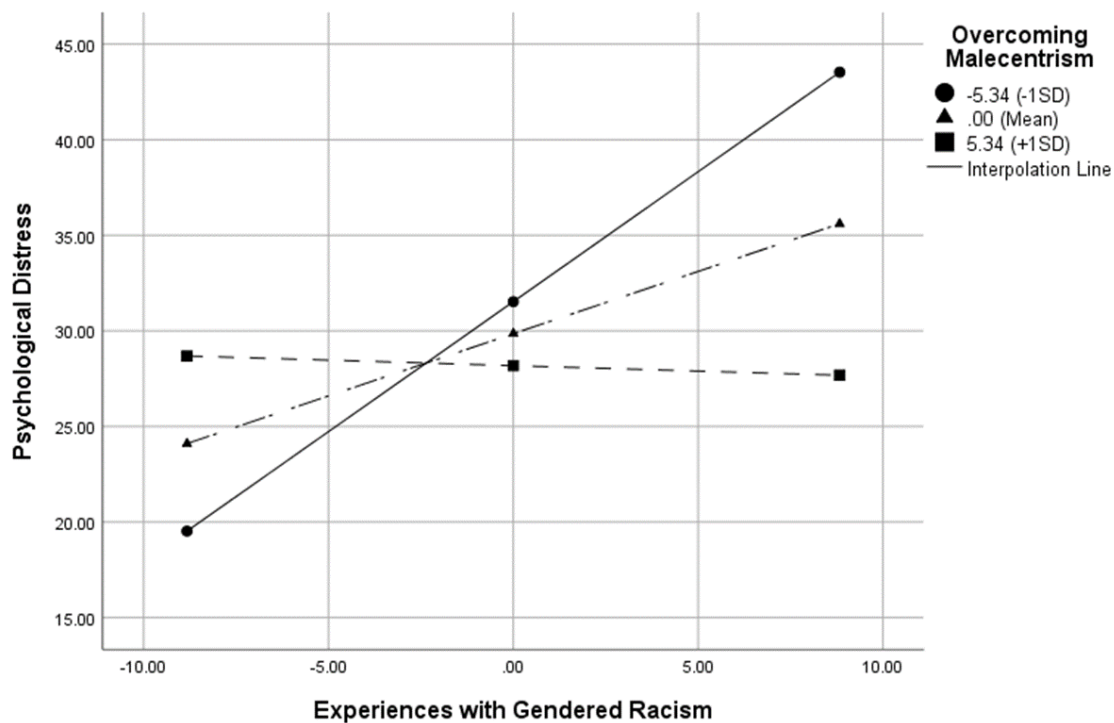

Figure 7. Hypothesis 3a Distress. Graph depicting results from simple linear moderation with Psychological Distress as Predicted by the Gendered Racism by Overcoming Malecentrism interaction.

Hypothesis 3b: The combined internalized malecentrism status (i.e., Contact, Dissonance, and Reintegration) will moderate the relationship between gendered racism and psychological distress and wellbeing

The first model for hypothesis 3b used psychological wellbeing scores as the dependent variable, experiences of gendered racism as the predictor variable, and internalized malecentrism as the moderator. The overall model was not statistically significant ($F[3, 191] = 1.02$, $R^2 = .02$, $p = .39$). A simple moderation analysis showed that the interaction between experiences of gendered racism and internalized malecentrism scores was not a statistically significant predictor of psychological wellbeing scores ($F[1, 191] = 0.01$, $\Delta R^2 < 0.001$, $p = .94$). As Table 6 shows, the main effect of experiences of gendered racism and the direct effect of internalized malecentrism on psychological wellbeing were not significant.

The second model for hypothesis 3b used psychological distress scores as the dependent variable, with the overall model being statistically significant ($F[3, 191] = 6.97$, $R^2 = .10$, $p < .001$). A simple moderation analysis showed that the interaction between experiences of gendered racism and internalized malecentrism scores was not a statistically significant predictor of psychological distress scores ($F[1, 191] = 3.67$, $\Delta R^2 = 0.02$, $p = .06$). As Table 6 shows, the main effect of experiences of gendered racism and the direct effect of internalized malecentrism on psychological wellbeing were significant.

Summary

In sum, there was mixed support for hypothesis 3. Namely, there was support for maleness identity moderating the relationship between experiences of gendered racism and psychological wellbeing and distress when considering how men of color endorsed overcoming malecentrism. However, the relationships of psychological wellbeing and distress and

experiences of gendered racism were not moderated by maleness identity when considering men of color's internalizing of malecentrism.

Hypothesis 4: The interactions between racial and maleness identities will moderate the relationships between experiences of racism and psychological distress and wellbeing
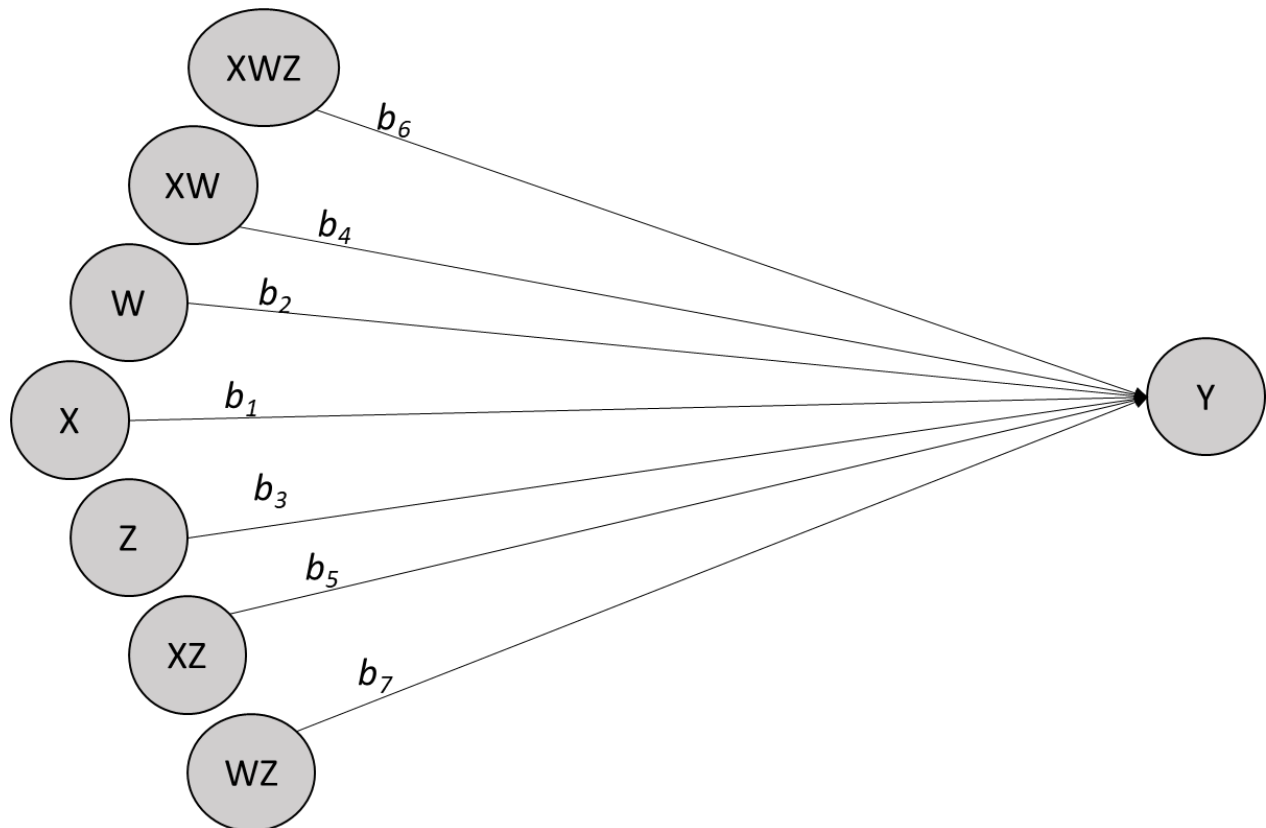
Figure 8 Statistical Diagram for Hypothesis 4, Moderated Moderation. The interaction of Gendered Racism and Racial and Maleness Identities, XWZ, the interaction of Gendered Racism and Racial Identity, XW, Racial Identity, W, Gendered Racism, X, Maleness Identity, Z, the interaction of Gendered Racism and Maleness Identity, XZ, and the Interaction of Racial and Maleness Identities, WZ, predicting Psychological Distress or Wellbeing, Y.

Hypothesis 4 was tested using model 3 of Hayes's (2021) PROCESS macro for SPSS which permits testing for moderated moderation, where the interaction between two moderators is predicted to moderate the relationship between the predictor and dependent variables. Figure 8 indicates the statistical model for moderated moderation. For testing hypothesis 4, the predictor variable, and dependent variable (either psychological distress or wellbeing scores) were the same as for the previous moderation analyses. The primary moderator, W, was either overcoming racism or internalized racism scores and the secondary moderator, Z, was either overcoming malecentrism or internalized malecentrism. Moderated moderation was tested by exploring the three-way interaction of X, W, and Z (e.g., experiences with gendered racism, overcoming racism, overcoming malecentrism) as a predictor of psychological distress and wellbeing. I analyzed eight different moderated moderation models with various combinations of the predictor and racial identity and malecentrism variables included in the interaction term.

Hypothesis 4a: The interaction between the overcoming racism status (Internalization) and the overcoming malecentrism (Autonomy) status will moderate the relationship between gendered racism and the psychological distress and wellbeing

The first model for hypothesis 4a used psychological wellbeing scores as the dependent variable, experiences of gendered racism as the predictor variable, and overcoming racism and malecentrism as the moderators. The overall model was statistically significant ($F[7, 187] = 5.48$, $R^2 = .17$, $p < .001$). A moderated moderation analysis showed that the three-way interaction was not a statistically significant predictor of psychological wellbeing scores ($F[1, 187] = 0.11$, $\Delta R^2 = 0.001$, $p = .74$). Table 7, contains the main and direct effects of the predictor variable, moderator variables, and interaction terms.

The second model for hypothesis 4a used psychological distress scores as the dependent variable, and the overall model was statistically significant ($F[7, 187] = 13.12$, $R^2 = .33$, $p < .001$). A moderated moderation analysis showed that the three-way interaction was not a statistically significant predictor of psychological distress scores ($F[1, 187] = 0.14$, $\Delta R^2 = 0.001$, $p = .71$). Table 7, contains the main and direct effects of the predictor variable, moderator variables, and interaction terms.

Table 7

Hypothesis 4a Results: Moderated Moderation Analyses Predicting Psychological Wellbeing and Psychological Distress from Experiences of Gendered Racism and Overcoming Racism and Malecentrism

Wellbeing				
Variable	*b*	*t*	*p*	95% CI
EGR[a]	-0.04	-0.34	0.74	[-0.29, 0.21]
OR[b]	1.47	5.27	<0.001	[0.92, 2.02]
OM[c]	0.04	0.18	0.85	[-0.40, 0.49]
EGR x OR	-0.04	-1.47	0.14	[-0.10, 0.01]
EGR x OM	0.05	2.07	0.04	[0.003, 0.106]
OR x OM	0.09	3.26	0.001	[0.04, 0.15]
EGR x OR x OM	-0.002	-0.33	0.74	[-0.01, 0.01]
Distress				
EGR	0.48	3.05	0.003	[0.17, 0.79]
OR	-2.42	-6.95	<0.001	[-3.11, -1.74]
OM	0.36	1.29	0.40	[-0.10, 0.04]
EGR x OR	-0.03	-0.84	0.40	[-0.10, 0.01]
EGR x OM	-0.09	-2.87	0.005	[-0.16, -0.03]
OR x OM	-0.13	-3.81	0.002	[-0.20, -0.06]
EGR x OR x OM	0.002	0.37	0.71	[-0.01, 0.01]

Note: This table shows the results from the simple linear moderation analyses testing hypothesis 4a, focused on the interaction between experiences of gendered racism and overcoming racism and malecentrism predicting psychological distress and wellbeing.

[a]EGR = Experiences of Gendered Racism

[b]OR = Overcoming Racism

[c]OM = Overcoming Malecentrism

Hypothesis 4b: The interaction between the combined internalized racism status (i.e.,

Conformity, Dissonance, Immersion/Emersion) and the combined internalized malecentrism

status (i.e., Contact, Dissonance, and Reintegration) will moderate the relationships between

gendered racism and wellbeing and psychological distress

The first model for hypothesis 4b used psychological wellbeing scores as the dependent

variable, experiences of gendered racism as the predictor variable, and internalized racism and

malecentrism as the moderators. The overall model was statistically significant ($F[7, 187] =$

5.83, $R^2 = .18$, $p < .001$). A moderated moderation analysis showed that the three-way interaction

was not a statistically significant predictor of psychological wellbeing scores ($F[1, 187] = 2.70$,

$\Delta R^2 = 0.01$, $p = .10$). Table 8, contains the main and direct effects of the predictor variable,

moderator variables, and interaction terms.

The second model for hypothesis 4b used psychological distress scores as the dependent

variable, and the overall model was statistically significant ($F[7, 187] = 15.73$, $R^2 = .37$, $p <$

$.001$). A moderated moderation analysis showed that the three-way interaction was not a

statistically significant predictor of psychological distress scores ($F[1, 187] = 1.27$, $\Delta R^2 = 0.004$,

$p = .26$). Table 8, contains the main and direct effects of the predictor variable, moderator

variables, and interaction terms.

Table 8

Hypothesis 4b Results: Moderated Moderation Analyses Predicting Psychological Wellbeing and Psychological Distress from Experiences of Gendered Racism and Internalized Racism and Malecentrism

Wellbeing				
Variable	*b*	*t*	*p*	95% CI
EGR[a]	-0.06	-0.43	0.67	[-0.32, 0.21]
IR[b]	-0.43	-6.07	<0.001	[-0.57, -0.29]
IM[c]	0.13	1.60	0.40	[-0.13, 0.29]
EGR x IR	0.002	0.03	0.98	[-0.01, 0.01]
EGR x IM	0.01	0.54	0.58	[-0.01, 0.02]
IR x IM	0.01	1.43	0.15	[-0.002, 0.013]
EGR x IR x IM	0.001	1.64	0.10	[-0.001, 0.001]
Distress				
EGR	0.39	2.42	0.02	[0.07, 0.71]
IR	0.65	7.59	<0.001	[0.48, 0.82]
IM	-0.15	-1.47	0.14	[-0.34, 0.05]
EGR x IR	0.02	2.59	0.01	[0.01, 0.04]
EGR x IM	0.002	0.18	0.86	[-0.02, -0.02]
IR x IM	0.0001	0.03	0.98	[-0.01, 0.01]
EGR x IR x IM	-0.001	-1.13	0.26	[-0.0015, 0.0004]

Note: This table shows the results from the simple linear moderation analyses testing hypothesis 4b, focused on the interaction between experiences of gendered racism and internalized racism and malecentrism predicting psychological distress and wellbeing.

[a]EGR = Experiences of Gendered Racism

[b]IR = Internalizing Racism

[c]IM = Internalizing Malecentrism

Hypothesis 4c: The interaction between the overcoming racism status (Internalization) or the combined internalized racism status (i.e., Conformity, Dissonance, Immersion/Emersion) and the overcoming malecentrism (Autonomy) status or the combined internalized malecentrism status (i.e., Contact, Dissonance, and Reintegration) will not significantly moderate the relationship between gendered racism and the psychological distress and wellbeing

Table 9

Hypothesis 4c Results: Moderated Moderation Analyses Predicting Psychological Wellbeing and Psychological Distress from Experiences of Gendered Racism, Overcoming or Internalized Racism, and Overcoming or Internalized Malecentrism

Wellbeing				
Variable	*b*	*t*	*p*	**95% CI**
EGR[a]	0.01	0.05	0.96	[-0.23, 0.25]
OR[b]	1.28	5.41	<0.001	[0.81, 1.75]
IM[e]	-0.10	-1.33	0.19	[-0.24, 0.05]
EGR x OR	-0.01	-0.51	0.03	[0.001, 0.026]
EGR x IM	0.04	0 .52	0.13	[-0.01, 0.09]
OR x IM	0.03	2.01	0.05	[0.001, 0.054]
EGR x OR x IM	-0.004	-2.34	0.02	[-0.007, 0.001]
Distress				
EGR	0.33	2.14	0.03	[0.03, 0.62]
OR	-1.86	-6.33	>0.001	[-2.44, -1.28]
IM	0.18	2.01	0.05	[0.003, 0.359]
EGR x OR	-0.03	-0.90	0.37	[-0.10, 0.04]
EGR x IM	0.02	2.03	0.04	[0.001, 0.038]
OR x IM	-0.06	-3.59	0.0004	[-0.09, -0.03]
EGR x OR x IM	-0.01	-0.30	0.76	[-0.005, 0.004]

Table 9 (cont.)

Wellbeing				
EGR	-0.04	-0.32	0.75	[-0.29, 0.21]
IR[c]	-0.33	-5.31	<0.001	[-0.45, -0.21]
OM[d]	0.17	0.82	0.41	[-0.23, 0.57]
EGR x IR	0.01	2.13	0.03	[-0.07, 0.04]
EGR x OM	0.04	1.53	0.13	[-0.01, 0.09]
IR x OM	0.01	0.79	0.43	[-0.01, 0.03]
EGR x IR x OM	-0.002	-1.92	0.06	[-0.005, 0.001]
Distress				
EGR	0.35	2.29	0.02	[0.05, 0.65]
IR[c]	-0.59	8.01	>0.001	[0.45, 0.74]
OM[d]	0.30	1.24	0.22	[-0.18, 0.78]
EGR x IR	0.02	2.03	0.04	[0.004, 0.031]
EGR x OM	-0.05	-1.59	0.11	[-0.11, 0.01]
IR x OM	-0.02	-1.72	0.09	[-0.051, 0.003]
EGR x IR x OM	0.001	0.73	0.47	[-0.002, 0.004]

Note: This table shows the results from the simple linear moderation analyses testing hypothesis 4c, focused on the interaction between experiences of gendered racism and overcoming or internalized racism and malecentrism predicting psychological distress and wellbeing.

[a]EGR = Experiences of Gendered Racism

[b]OR = Overcoming Racism

[c]IR = Internalizing Racism

[d]OM = Overcoming Malecentrism

[e]IM = Internalizing Malecentrism

The first model for hypothesis 4c used experiences of gendered racism as the predictor variable and overcoming racism and internalized malecentrism as the moderators. The overall models predicting psychological wellbeing ($F[7, 187] = 4.97$, $R^2 = .16$, $p < .001$) and psychological distress ($F[7, 187] = 13.05$, $R^2 = .33$, $p < .001$) were statistically significant. Moderated moderation analyses showed that the three-way interaction was a statistically significant predictor of psychological wellbeing scores ($F[1, 187] = 5.48$, $\Delta R^2 = 0.03$, $p = .02$), but not of psychological distress scores ($F[1, 187] = 0.09$, $\Delta R^2 = 0.003$, $p = .76$).

Probing the three-way interaction necessitated using the Johnson-Neyman (J-N) technique, which is a statistical method for finding what levels of a moderator produce significant results by calculating the ratio of conditional effects to standard error, so that a critical t value can be obtained (Hayes, 2018). The J-N technique showed that low overcoming racism scores (i.e., scores -6.23 points from the mean; $b = -0.06$, $t = -1.97$, $p = 0.05$) and high internalized malecentrism scores (i.e., scores 12.02 from the mean; $b = 0.03$, $t = 1.97$, $p = 0.05$) produced statistically significant results. The Johnson-Neyman technique, when used with PROCESS, reports the number of data points in the sample within the range of significance, with 9% for overcoming racism and 22% for internalized malecentrism. Figure 9 shows that when internalized malecentrism was high (i.e., bottom box), low overcoming racism scores were positively related to experiences of gendered racism and psychological wellbeing, but low overcoming racism scores were negatively related to experiences of gendered racism and psychological wellbeing.
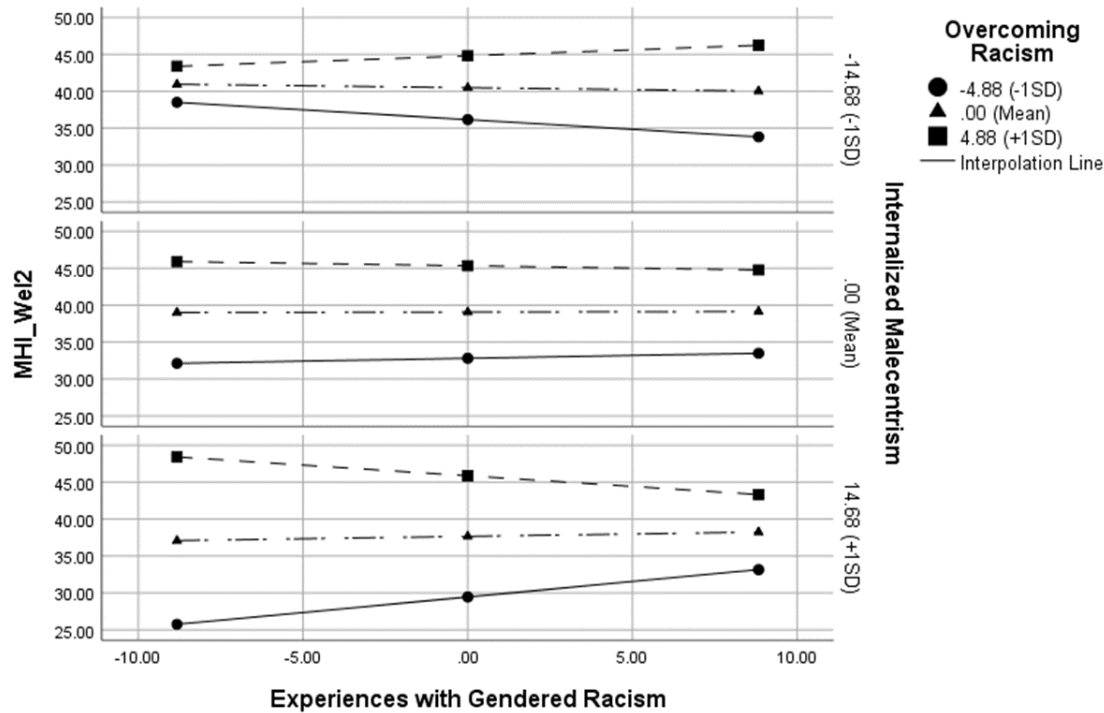
Figure 9 Hypothesis 4c. Graph depicting results from moderated moderation with Psychological Distress as Predicted by the Gendered Racism by Overcoming Racism and Internalized Malecentrism interaction.

The second model for hypothesis 4c used internalized racism and overcoming malecentrism as the moderators. The overall models predicting psychological wellbeing (F[7, 187] = 5.90, R^2 = .18, $p < .001$) and psychological distress (F[7, 187] = 17.13, R^2 = .39, $p < .001$) were statistically significant. Moderated moderation analyses showed that the three-way interactions were not statistically significant predictors of psychological wellbeing scores (F[1, 187] = 3.68, ΔR^2 = 0.02, p = .06) nor psychological distress scores (F[1, 187] = 0.54, ΔR^2 = 0.002, p = .47). Table 9, contains the main and direct effects of the predictor variable, moderator variables, and interaction terms.

In sum, hypothesis 4c was supported by all but one model, namely the moderating role of the interaction between overcoming racism and internalized malecentrism on the relationship between experiences with gendered racism and psychological wellbeing. No other statistically significant results were found for hypothesis 4c, providing support for the hypothesis that mixed internal and external definitions of racial and maleness identities did not moderate the relationship between experiences of gendered racism and psychological wellbeing and distress.

Summary

Men of color's racial and gendered identities were explored to understand how they might moderate the relationships between experiences of gendered racism and psychological wellbeing and distress. Hypothesis 1 addressed the direct relationship between experiences of gendered racism and psychological distress and wellbeing, and was partially supported. Mixed support was found in the results, with experiences of gendered racism predicting psychological distress, but not psychological wellbeing. Results showed that higher levels of experiences of gendered racism were related to higher levels of psychological distress. There was no significant relationship between psychological wellbeing.

When testing for the moderating relationship of racial identity, in Hypothesis 2, mixed results were also found, with partial support. Results indicated that overcoming racism scores and internalized racism scores moderated the relationship between experiences of racism and psychological distress, but not psychological wellbeing.

Hypothesis 3, which tested the moderating role of men of color's maleness identity, was partially supported as well, with mixed results. Results indicated that overcoming malecentrism scores moderated the relationship between experiences of gendered racism and, both, psychological distress and wellbeing. Internalized malecentrism showed no significant

moderation of the relationship between experiences of racism and psychological wellbeing or distress.

Finally, Hypothesis 4 found mixed support, with 4a and 4b being entirely unsupported and 4c being mostly supported. Results indicated that for men of color who endorsed low levels of overcoming of racism and high levels of internalization of malecentrism, more experiences of gendered racism were related to higher psychological wellbeing. None of the other seven models tested for Hypothesis 4 had statistically significant results.

Chapter 5

Discussion

The purpose of the current study was to explore the relationships of men of color's gender and racial identities to their mental health, in the context of experiences of gendered racism. Specifically, with the current study, I explored the question of whether racial identity, maleness identity, or both moderated the relationships between experiences with gendered racism and wellbeing and psychological distress, the latter two of which were considered indices of mental health. Intersectionality theory (Crenshaw, 1989; Reid, 1993) has proposed that people's experiences of marginalization cannot be simplified to one identity category or another, but rather must be considered as intersecting. Yet intersectionality theory and related research has primarily focused on intersecting marginalized identities (e.g., Black and female). Less work has been done to understand how privilege plays into people's intersectional experiences, especially when considering the unique nature of gendered racism; that is experiences of racism based on a combination of demographic categories. Moreover, most previous intersectionality theory and research has focused on others' reactions to a person's demographic categories (e.g., racism, sexism) rather than how the person perceives her/his/their selves with respect to the relevant categories.

Given that men of color embody both a marginalized racial category and a privileged gender category, they present a unique intersection of race and gender that has not been explored closely from an intersectional perspective that accounts for both their marginalization and privilege. In this study I sought to shed light on the question of how men of color respond to social category-based conflict in the form of gendered racism to understand whether men of color would rely more on their privileged identity (i.e., maleness), their marginalized identity

(i.e. racial), or a combination thereof (i.e., racialized maleness) as demonstrated by relationships between gendered racism and mental health outcomes—wellbeing and distress.

Relationships of Gendered Racism to Distress and Wellbeing of Men of Color

In the present study, gendered racism was positively related to psychological distress, such that increasing instances of gendered racism were occurred alongside higher rates of psychological distress. Prior researchers have reported similar findings (Bowleg et al., 2016; Liu et al., 2018; Schwing et al., 2013). As examples, studies have examined relations between gendered racism and men of color's depression (Bowleg et al., 2016), somatization (Liu et al., 2018), and mood related symptoms and anxiety (Liu et al., 2018; Schwing et al., 2013). Therefore, despite the diversity of symptoms investigated by previous researchers, they seem consistent with the positive relationship between gendered racism and psychological distress as operationalized in the present study.

Of note, the findings did not support the hypothesis that experiences of gendered racism would be related to lower psychological wellbeing scores. Not many other researchers have studied associations between gendered racism and wellbeing in men of color. Bowleg et al. (2016) explored the relationship between resilience and Black men's perceptions of positive aspects of being Black men. Additionally, Franklin-Jackson and Carter (2007) found that the Internalization status (i.e., overcoming racism) was related to higher rates of wellbeing. The results from the current study may indicate that, even in the face of increasing gendered racist experiences, men of color may be able to find ways to maintain their positive affect and emotional ties with others (i.e., psychological wellbeing). Results from Hypothesis 1 may also indicate that Veit and Ware's (1983) Mental Health Inventory does not measure a type of wellbeing that is consistently related to surviving gendered racism.

In sum, the current study followed numerous studies that have explored the relationship between experiences with racism on mental health, with the current study specifically focusing on the relationship between gendered racism and psychological distress and wellbeing. Hypothesis 1 tested prior findings with results indicating support for the positive relationship between gendered racism and psychological distress, while raising the possibility that gendered racism may not directly relate to psychological wellbeing, in men of color.

Racial Identity as Marginalized Identity

Race, as a category, is an important component of the intersecting experiences of men of color, largely, because it elicits racial marginalization. Therefore, men of color's understandings of racialized experiences (i.e., their racial identity) should play a part in the relationship between experiences with gendered racism and psychological distress and wellbeing. In this study, I explored the ways in which levels of internalized racism and overcoming racism separately moderated the relationships between experiences of gendered racism and psychological distress and wellbeing. Overcoming racism referred to the rejecting of societal definitions of what it means to be a person of color, instead opting for humanistic self-definition, while internalized racism referred to using society's racist definitions of people of color as one's own. These two types of statuses were used to assess how the internalizing or rejecting of racism related to men of color's experiences with gendered racism as reflected in their psychological distress and wellbeing.

The current study follows numerous studies (e.g. Franklin-Jackson & Carter, 2007; Pierre & Mahalik, 2005) that have explored the ways in which racial identity plays a role in the relationship between experiences of (gendered) racism and mental health. Hypothesis 2 was relevant to these prior findings, albeit in a unique way. It explored the moderating role of racial

identity rather than the mediating role. Moderation, as investigated in the present study, explored r how the different levels of a particular type of racial identity related to men of color's responses to gendered racism as reflected in their mental health (i.e., psychological wellbeing and distress). Mediation studies have explored how gendered racism directly relates to outcomes such as mental health which is explained by racial identity. Additionally, with the current study, I focused on the rejection (i.e., overcoming racism) and acceptance of racist definitions of being a person of color (i.e., internalizing racism), to highlight how men of color's identities interact with the relationship between experiences of gendered racism and mental health.

Racial Identity and Mental Health

Mental health conceptually was defined as low levels of psychological distress and high levels of psychological wellbeing as measured by anxiety, depression and loss of behavioral/emotional control (i.e., psychological distress) and general positive affect, and emotional ties (i.e., psychological wellbeing). Based on intersectional theory, overcoming racism and internalized racism were deemed respectively healthy and self-defeating styles of interpreting gendered racism. Therefore, it was assumed that gendered racism would not be significantly related to either indicator of mental health when the men's levels of overcoming racism were high. The rationale for this hypothesis was that how others treat them because of their race might not matter to men of color with a strong sense of self. By contrast, men of color with high levels of acceptance of racism might have demonstrated poor mental health outcomes in response to experiencing racism directed at them because the ways others treat them causes them to doubt themselves.

The results indicated that for men of color who endorsed higher overcoming racism scores, the relationship between gendered racist experiences and psychological distress was not

significant, nor was the relationship with wellbeing. These findings suggest that studies that have reported positive or negative relationships between racism and psychological outcomes may not have used samples who were confident in their racial identity (Carter et al., 2017; Pierre & Mahalik, 2005; Tummala-Narra et al., 2011). Therefore, for men of color, experiencing greater psychological distress after experiencing gendered racist events might only occur if they do not reject societal definitions of race.

Where internalizing racism was concerned, relatively higher scores mattered for psychological distress but not wellbeing. The results indicated that when internalized racism scores were low, the relationship between gendered racist experiences and psychological distress was not significant, but when scores were relatively higher there was a significant positive relationship between experiences of gendered racism and psychological distress. Perceiving oneself according to racist norms might make it more distressful when experiencing gendered racist events.

Taken together, the results for hypothesis 2 point towards men of color who endorsed rejecting external racist definitions of what it means to be a person of color (i.e., overcoming racism) or at least did not endorse using those definitions (i.e., internalized racism), were perhaps more able to withstand the negative effects of gendered racist events. These findings are similar to results from previous studies (Carter et al., 2017; Pierre & Mahalik, 20005; Tummala-Narra et al., 2011) that explored how racial identity might ameliorate the negative effects of racism on mental health outcomes, in that a more self-defined sense of what it means to be a person of color was related to better mental health outcomes (i.e., less distress).

Additionally, the obtained results did not provide strong support for racial identity statuses of either type as being consistent moderators (i.e., for both distress and wellbeing) of the

gendered racism-outcome relationships when examining the interaction terms in the simple moderation analyses. However, internalized racism and overcoming racism were each directly related to both psychological wellbeing and psychological distress. This means that racial identity was directly related to psychological distress and wellbeing, not dependent on sharing a conditional relationship with experiences of gendered racism. These results are similar to past studies where racial identity has primarily been explored through its direct relationship to mental health outcomes (Carter et al., 2017; Pierre & Mahalik, 20005; Tummala-Narra et al., 2011).

Maleness Identity as Privileged Identity

Gender, as a category, is also an important part of men of color's intersectional experiences due to the relative privilege it brings. Therefore, men of color's maleness identity, or how they understand gendered experiences, should play a role in the relationships between experiences with gendered racism and mental health. With the current study, I explored the ways in which levels of internalized malecentrism and overcoming malecentrism separately moderated the relationships between experiences of gendered racism and psychological distress and wellbeing. Internalized malecentrism referred to the expectations of privilege that come with utilizing society's men-as-dominant definition for what it means to be a man, while overcoming malecentrism referred to the rejection of such definitions, opting instead for humanistic self-definition. These two statuses were used to assess how the internalizing or rejecting of malecentrism related to men of color's experiences with gendered racism as reflected in their psychological distress and wellbeing.

The current study builds upon the limited research that had explored men of color through a perspective that includes their relative privilege as being male-identified (e.g. Miville et al., 2005; Miville & Helms, 1996), rather than focusing solely on their marginalization as

people of color. Hypothesis 3 built upon this prior research by exploring the ways in which maleness identity moderated the relationships between men of color's experiences with gendered racism and their psychological distress and wellbeing.

Maleness Identity and Mental Health

Analogous to racial identity, it was hypothesized that relatively high levels of overcoming malecentrism would make the relationship between experiences of gendered racism and mental health outcomes not significant, whereas low levels would be related to poor mental health outcomes. Perhaps a man of color who defines himself by a willingness to work towards gender equity might be resistant to forms of personal marginalization (i.e., gendered racism). Similarly, it was hypothesized that for men with high levels of internalized malecentrism, that is accepting society's gender hierarchy, gendered racism would be related to poor mental health outcomes because experiences of marginalization would run counter to his expectations of privilege. Low levels of internalized malecentrism might serve to sever the relationship between experiences of gendered racism and mental health outcomes.

The obtained results indicated that for men of color who endorsed low overcoming malecentrism scores, there was a significant negative relationship between experiences of gendered racism and psychological wellbeing. Additionally, results indicated that for men of color who endorsed low to moderate overcoming malecentrism scores, there was a significant positive relationship between experiences of gendered racism and psychological distress. For men who did not reject their societally ordained privileged status as men more experiences of gendered racism were related to lower wellbeing and greater distress, as hypothesized. Findings from the current study support prior work where endorsement of masculine norms was found to be associated with higher rates of psychological distress and lowered self-esteem, while not

conforming to masculine norms was associated with lowered psychological distress and higher self-esteem (Mahalik et al., 2006).

The results related to overcoming malecentrism point towards a trend where failing to reject societal definitions for being a man allows for experiences of gendered racism to have an effect on men of color's mental health, with greater distress and lower wellbeing being related to more gendered racist experiences. Of note, this was one of the few interactions that provided information on psychological wellbeing, pointing towards a relationship between maleness and wellbeing, which was not present for racial identity as a sole moderator.

When examining the wellbeing measure, which assessed symptoms of positive affect and social connectedness, a possible reason for the relationship between overcoming malecentrism and wellbeing becomes clearer. With society's expectations of stoicism and independence for men, not rejecting these expectations might force men of color to express fewer positive emotions and feel less connected to those around them when faced with gendered racist experiences. The experiences of gendered racism may have been especially harmful to men of color in the present study who did not reject societal expectations for what it means to be a man, because those same societal expectations place Whiteness as dominant, highlighting men of color's unique intersectionality challenges.

Notably, contrary to the moderation hypotheses, internalized malecentrism did not yield statistically significant results, indicating that, maleness identity statuses based on externalized definitions of maleness, may not play a moderating role in men of color's perceptions of their experiences of gendered racism. However, there was a direct effect of internalized malecentrism on psychological distress, which would seem to indicate that there is a relationship between these

two constructs not based on the conditional effect when considered with experiences of gendered racism.

It should be noted here that in maleness identity theory (Helms et al., 2020), the presence of one status does not necessarily mean the absence of another. These maleness related results highlight this factor as low levels of overcoming malecentrism and high levels of internalized malecentrism did not share similar outcomes. Instead, these statuses must be thought of as being capable of existing concurrently within the same person, one being prompted to dictate a man of color's thoughts, feelings, or actions at a given moment based on internal or external stimuli. In essence, based on the results of the current study, men of color may be shifting from moment to moment between rejecting or internalizing malecentrism, which may have implications for how they respond to gendered racist events.

Intersections of Marginalization and Privilege in Men of Color

Intersectionality theory posits that differing combinations of categories that come with marginalization and privilege are associated with differing experiences, not captured by the sum of the individual categories. If the same is true when considering identity, men of color's intersecting gender and racial identities should play a part in the relationship between experiences of gendered racism and mental health. With the current study, I explored the ways in which levels of internalized and/or overcoming malecentrism and racism moderated the relationships between experiences of gendered racism and psychological distress and wellbeing.

Interactions between overcoming malecentrism and racism were understood to represent men of color who are working towards creating their own definitions for what it means to be a man of color, through self-defining what it means to be a man and a person of color. Interactions between internalized malecentrism and racism, were understood to represent men of color who

were relying upon societal definitions of what it means to be a man of color. Lastly, interactions between one internalized and one overcoming status were understood to represent men of color who were relying on society to define one aspect of themselves, while they were taking ownership of a self-definition of the other.

The results of the present study did not provide much support for intersectionality theory as it potentially pertains to men of color. That is, there was virtually no evidence that the relationship between gendered racism and mental health depended on any combination(s) of racial and maleness identity. That is only one of the eight three-way interactions between experiences of gendered racism, maleness identity statuses, and racial identity statuses significantly predicted psychological wellbeing or distress.

Racial and Maleness Identities and Mental Health

When testing the moderated moderation models the only combination that produced statistically significant results was the interaction of internalized malecentrism and overcoming racism interacting with the relationship between experiences of gendered racism and psychological wellbeing. Results indicated the interaction between high internalized malecentrism scores and low overcoming racism scores moderated the relationship between experiences of gendered racism and psychological wellbeing, such that higher wellbeing scores were related to more experiences of gendered racism. Exploring men of color's maleness and racial identities simultaneously is not as well studied in the gender focused literature (e.g., Mahalik et al., 2006). Even so, the findings from this particular analysis is striking in that men of color ostensibly endorsed higher wellbeing when faced with increased gendered racist events when their internalization of malecentrism was high and their overcoming of racism was low. Perhaps an explanation might be that as men of color have both a marginalized racial and a

privileged gender identity, they may be able to rely on their privileged identity to provide protection when they feel attacked or threatened by gendered racist events. Retreating to the safety of their privileged position as men may help to limit negative outcomes for their mental health, going so far as to increase their sense of wellbeing as they distance themselves from their marginalized identity and pull closer to their privileged identity.

Results indicated that there was no statistically significant three-way interaction between experiences of gendered racism, overcoming maleness, and overcoming racism for predicting psychological wellbeing nor distress. In addition, there was no statistically significant three-way interaction between experiences of gendered racism, internalized malecentrism, and internalized racism for predicting psychological wellbeing nor distress. Thus, there was no detectable moderation of the relationship between experiences of gendered racism and mental health for the men of color in the current study regardless of maleness and racial identities that self-defined nor societally defined them as men of color.

However, failing to detect moderation is not proof that there is no relationship at all. It could be that, similar to prior research that has explored characteristics of specific racial groups of men of color (e.g., Black, Asian, or Latino men), different racial groups have different experiences of their intersecting racial and gender identities (Arellano-Morales et al., 2016; Bowleg et al., 2016; Liu & Wong, 2018). Additionally, the lack of a significant interactions may have been due to the measurement of racial and gender identities by means of separate scales. Prior researchers have created scales to measure specific racial-gender groups' experiences of gendered racism. Perhaps specific race-gender identity measures would produce differing results from the current study.

It is also plausible that intersectionality theory does not pertain to men of color in the same way as it does for people with dual marginalized identities. For instance, men of color who rely on societal definitions of what it means to be a man may not interpret gendered racism as directed towards their gendered or privileged self as well as their racialized or marginalized self; instead, interpreting such experiences as only related to their marginalized racial identity. Therefore, the combination of internalized malecentrism and racism might appear not to be related or dependent on each other due to the possible ways in which men of color, who endorse internalized malecentrism, construct their sense of self as distinct separations between being a man and being a person of color.

Limitations

Although the current study had many strengths and brings novel findings to the literature on the study of men of color, there are also limitations. Limitations range from methodological to statistical, and will be discussed in the following sections.

Methodological Limitations

Some methodological issues arose in conducting the current study. Namely the sample and related sampling issues as well as the measures used all presented unique limitations.

Sampling and Sample Issues

Different aspects of sample diversity may have implications for interpreting the results. These aspects include sample racial composition and political considerations.

Sample Diversity. The sample of men of color collected for this study consisted predominately of Black men. Post-hoc analyses (Appendix B) indicated that Black men differed from the Asian and Latinx men in the sample, having higher psychological wellbeing scores and lower psychological distress scores. Although it was not possible to fully account for the ways in

which limited diversity of participants might have had implications for the results because of the small sample size, it does bring up questions about the ways in which these results might differ for non-Black men of color as well as Black men exclusively.

Based on this post-hoc analysis, it may be that Asian and Latinx men have slightly different experiences of their racial and gendered identities' roles in the relationships between their experiences of gendered racism and mental health. However, I would not expect the differences to be extraordinarily unique as it appears that the only differences between these groups were that, in the current sample, Asian and Latinx men were experiencing greater distress and less wellbeing than Black men. Though the literature would support a similar process happening for all men of color, where their identity development plays a role in the relationship between gendered racist events and their mental health (Arellano-Morales et al., 2016; Bowleg et al., 2016; Liu et al., 2018), future research may indicate unique ways in which different racial groups process such information.

Political Considerations. The findings from the current study could also have been due to the timing of the data collection, which occurred during the summer of 2020, when BlackLivesMatter protests were looming large, through to the late Winter of 2021 when attacks on Asian/Asian American, and Pacific Islander (AAPI) people started to gain more public attention. Perhaps the men of color in this sample were responding to all of these national encounters, as well as their own personal experiences while the data were being collected. Such issues could not be fully accounted for in the present study. While national protests and societal reckonings on race and racism cannot always be predicted, future research on racial and maleness identities might benefit from finding ways to account for ongoing discussions related to those identities in the zeitgeist. It may be that such events play a role in men of color's mental

health as well as change the ways that they use their racial and maleness identities when major events are targeting their communities.

Relatedly, the COVID-19 pandemic coincided with the data collection of the current study. As the pandemic is still ongoing as of writing up the project, there is no way to fully comprehend the impact this global event has had on men of color. However, the fact that many cases and deaths happened disproportionately in communities of color, changes in men of color's mental health and identities would be reasonable to expect. Additionally, when I was collecting data, some participants anecdotally reported difficulties with being on computers for a survey after being on computers all day for work. These and other COVID-19 considerations may have contributed to the findings in ways that might not be replicated after the pandemic has ended.

Measures

The present study was novel in that it attempted to measure some constructs for which there were no commonly used measures for assessing the variables of interest. Specifically, the use of the Everyday Discrimination Scale and the identity scales had limitations that potentially have implications for interpreting the results.

Everyday Discrimination Scale. The use of the Everyday Discrimination Scale for understanding gendered racism had limitations insofar as the specificity of the items was concerned. The scale was based on an intersectional conceptualization of racism as inherently gendered (i.e. Essed's (1991) everyday racism), however the language was quite broad and non-specific to men of color's experiences. Moreover, I modified the instructions by asking that participants respond as men of color. Nevertheless, a scale that is specifically focused on the gendered racist experiences of men of color might produce more robust results. Past studies (Bowleg et al., 2016; Liu et al., 2018; Schwing et al., 2013) have produced measures for specific

race-gender intersections (e.g. Black men), but these measures limit the exploration of shared experiences for all men of color.

Identity Measures. To permit moderation analyses and reduce the number of variables, the racial identity statuses were collapsed in ways that potentially reduced their meaningfulness. Most previous researchers have used the separate racial identity statuses. Although Cokley (2007) pointed out the limitations of Helms's Black racial identity attitudes scale from a statistical perspective, various previously cited studies found evidence of reliability and validity of scores on the PRIAS depending on the nature of the sample (Carter et al., 2017; Perry, Vance, & Helms, 2009). However, these data showed that the PRIAS and MIAS statuses had reasonably high Cronbach alpha coefficients, indicating that the measures were reliably measuring racial and maleness identity, respectively. Rather than combining the statuses, future researchers should consider analyzing the statuses separately. Alternatively, future research could explore creating measures that are specifically constructed to measure intersectional forms of identity. As no such measures currently exist, the current study was limited by using measures intended to assess individual identities in a way to create a proxy for intersectional identity.

It is also important to note here that, though racial and maleness identity development are intrapsychic processes that are fluid and constantly changing in response to internal and external stimuli, the current study is limited to understanding identity within a snapshot of time. In order to measure identity development, and therefore use it as a variable in analyses, these fluid processes must be held steady for the purposes of research. Such a snapshot should not be understood to reflect the true experiences of identity development of an individual, but instead a limitation of single-time-point research on fluid process.

Statistical Limitations

In addition to the methodological limitations, the current study also has limitations due to statistical reasons. Namely, the effect sizes of the findings, though significant, were quite small and the Johnson-Neyman technique for probing moderation analyses also presented concerns.

Effect Sizes

The data and analyses used for the current study yielded some significant results, although most of the conditional effect sizes were quite small. Further research, perhaps with larger samples and a different model brought on by the understandings found in this study, might produce different and more robust results. Additionally, the Cronbach alpha coefficients for the Everyday Discrimination Scale (EDS) and the Mental Health Inventory (MHI) were unusually high (i.e., over .90). As Streiner (2010) points out, when creating a measure of a construct, there is an expected amount of homogeneity that should arise due to differing underlying aspects of the construct. For example, psychological wellbeing can be broken down into social connectedness and general positive affect, which while related, should relate internally more than to each other. The possible underlying redundancy of the scales that led to very high alpha coefficients may also have implications for the results of the current study, especially influencing the conditional effect sizes of the moderation.

Johnson-Neyman Technique

When probing the three-way interaction between experiences of gendered racism, overcoming racism, and internalized malecentrism, the Johnson-Neyman (J-N) technique was used to understand what levels of the moderators produced significant results, as the use of the standard deviations did not provide interpretable results. However, the J-N technique indicated that only 22% of the men in the study reported scores that fell in the range of internalized malecentrism necessary for the interaction to occur, while the figure was only 9% for

overcoming racism scores. These results indicate that this finding was likely based on a small percentage of men in the sample. In fact, further exploration of the data showed that only 18 (9.2%) men of color had low enough overcoming racism scores and high enough internalized malecentrism scores to fall within the range for this finding to occur. When discussing the use of the J-N technique Hayes (2018) warns against interpreting possibly spurious results found by this technique when the representation in the sample is similarly low. Future research might benefit from larger samples, either to prevent such small amounts of the sample from providing significant results or to provide evidence for such results as pertaining to more people.

Reflexivity

Here it is important to acknowledge my own racial and gender categories and how they might have influenced the sampling and data collection of the current study, as well as interpretation of the results. By seeking participants through social media and through the internet broadly using email, this author's gender and race were easily accessible to participants and potential participants. I identify as a Black man, a fact that was not lost on Black men the author interacted with for data collection. Black men often responded to this research and my career progression positively, giving encouragement, and sending the survey out to their networks with messages that further indicated my race and gender as encouragement for others to participate. This might explain why so many Black men, specifically, responded. However, it does not account for the lack of other men of color.

Further, my own experiences as a Black man may have influenced my interpretation of the results. Though, the hypotheses and analyses were chosen and tested based on the literature concerning men of color, the possibility of being completely objective is limited due to human nature and the psychology of the psychologist (Morawski, 2000; 2005). For these reasons, it may

be that my own experiences of attempting to understand the ways in which my maleness and racial identities interact, or do not, influenced the interpretation of results. Future research by researchers who hold different intersections of gender and racial categories will be important, not to insure "objectivity," but a balance of subjectivities that may highlight further truths.

Implications

The purpose of the current study was to explore the ways in which men of color may respond to experiences of gendered racism, depending on their internal identity development. The results indicated that men of color may use their marginalized and privileged identities in different ways. These results have implications for future theory and research, for practicing and training clinicians, as well as for the lay public.

Implications for Intersectionality Theory and Research

Intersectionality needs to be explored more for men of color and other identity intersections that include both marginalized and privileged identities. Much of the intersectional work that is being conducted today focuses on "double-" (e.g. Black women) or even "triple-marginalized" (e.g. lesbian Black women) categories. Research with multiply marginalized people is important and should continue to permit better understanding of their experiences. At the same time, the research on marginalized people's experiences with privilege needs to increase. When focusing on marginalization, only half of men of color's stories are told. Intersectionality tells us that individuals' experiences are unique based on the intersections of their identity categories, which means that men of color's experiences are not solely related to their marginalization, but must be related to their privilege as well. Further research exploring the nature of this unique interaction is important for better understanding men of color's experiences.

Additionally, results from the current study may point towards a direction for intersectional theory to expand, when discussing experiences of those with marginalized and privileged social categories. For the men of color in the current study, it appears that they used their marginalized identity and their privileged identity in different ways. Where intersectionality theory currently highlights the ways in which people's marginalization cannot be separated from each other, the case might be that marginalization and privilege are separated in individual's perceptions of their experiences, at times, perhaps in order to protect their psyches. This alternating of identities would not represent a departure from intersectionality's core tenet as the individual's experiences would remain intersectional; however, their perceptions of their experiences might not always be. Further research would be necessary to explore how the possible mixtures of societally defined and/or self-defined understandings of what it means to be a man of color, may boost or limit the ability of either identity to moderate the relationship between experiences of gendered racism and mental health for men of color.

The current study focused on the moderating relationship of racial, gender, and racialized-gender identities, and showed a mixture of results. Future studies may explore other ways that men of color may construct their identities internally and how those constructions relate to various experiences they have. In particular, the creation of a way to measure racial and gender identities together may allow for more accurate modeling of how men of color construct their intersectional identity. Further work would need to be done, building on the studies that have focused on specific racial groups of men, in order to construct a measure that is flexible enough to capture shared experiences of men of color across racial groups.

Additionally, the interconnectedness of, not only men of color's identities, but their psychological distress and wellbeing may prove to be a worthwhile line of research. Results from

this study indicated that experiences of gendered racism may not directly relate to men of color's psychological distress symptoms in the same way as to their psychological wellbeing symptoms. Further research may find that gendered racism's not directly relating to wellbeing is an aberration of the current study, or it may find that, due to the ways in which men of color separate their identities, they may also be able to separate their experiences, in order to face only one attack rather than an intersectional one. It will be necessary to follow up on how wellbeing relates to experiences of gendered racism, as men of color's distress is important to understand, but their wellbeing is also important and should gain more attention.

Implications for Clinical Practice

Clinicians may take from the current study the messiness that exists when considering intersectionality at the individual level. Most discussions of intersectionality focus on the collective experiences of a group of people as this study did with men of color. However, it would appear that there may be unique ways that even the group "men of color" experiences their race and gender. This means that clinicians will need to consider the ways in which a particular patient understands his racialized experiences, his gendered experiences, and his race-gendered experiences. Patients may see a particular event, such as an encounter with gendered racism, as any one of these possibilities and may utilize one or the other or both identities to understand the event. Clinicians that are able to acknowledge how maleness, race, and racialized maleness may all be experienced by a male-identified patient of color would likely be able to build better rapport and a more culturally responsive treatment plan.

Further, the current study only addresses men of color as people of color and as men, and says nothing about other intersecting identity categories (e.g., sexuality, socioeconomic status, or ability status). Clinicians would do well to understand how a particular patient understands these

identities as overlapping or separate and the ways in which he defines these parts of himself and uses those identities. The socialization of a man of color – within his families, cultural groups, and other intersecting categories – can play a major role in how he understands his racial and maleness identities. The intrapsychic nature of identity does not lend itself to easy check boxes of a typical intake form, but deeper exploration may help patients to better understand themselves and their experiences.

Additionally, the results of this study point towards the possibility that men of color may not experience, or at least report, their psychological distress and wellbeing as interconnected. While future research needs to be done to confirm these results, clinicians may explore this possibility with their patients. Treatment modalities such as Acceptance and Commitment Therapy (ACT) acknowledge the ways in which distress is normal and that it does not necessarily have to take away from someone engaging in the positive aspects of their lives. Men of color, through their position as both marginalized and privileged, may naturally engage in a process where they depend on one identity or another in order to maintain the positive aspects of their life, while experiencing such things as gendered racism. For instance, when feeling that their maleness is under attack due to their race, they may rely on the strength they find in their racial identity, or when their racial category draws negative attention, they may rely on the privilege within their maleness. Clinicians able to help see how men of color's identities are linked and unique may be able to help their patients find strength in moments of distress.

Implications for the Lay Public

Men of color's positions as men, people of color, and the combination of both can all be embodied in one person, without any of the components taking away from the others. The results of the current study point towards the reality that a man of color is not one thing, but can be any

number of things at a given moment. Any man of color may experience life in any number of ways. Even these categories are not all encompassing of his other identity categories such as his socioeconomic class, sexuality, or ethnicity, amongst others. However, when considering the experiences with gendered racism that all men of color face, it is important to find strength and support in one's racial, gender, and racialized gender identities. This may look different for different people and different for the same person at different times, but it is still important to explore what being a man, being a person of color, and being a man of color means to each individual.

Though not the purpose of the current study, the results also point towards the separation of men of color's distress and wellbeing. For an individual, this may mean working to acknowledge both the good and the bad he is feeling at a given moment, not letting feelings of distress mask the ways in which he is still able to connect with others and still remain positive in light of the negative circumstances. Men of color are traditionally some of the least likely consumers of mental health treatment, but seeking out formal care or informal care through social networks and support groups, may help men of color to, not only explore their identities, but to explore their mental health as well.

Conclusion

Men of color's categorization as both men and people of color comes along with unique experiences of both privilege and marginalization. As of yet, intersectionality research and theory have not dedicated much effort to studying how privilege and marginalization come together within an individual's experiences, as much as they have discussed multiple forms of marginalization together. Thus, men of color's experiences are only known from one perspective, their marginalization. Findings from the current study would seem to indicate that to

better understand men of color and the ways in which they experience the world, especially when related to intersectional forms of marginalization in the outer world, such as gendered racism, it is important to continue to develop intersectional theory and research that is able to account for privilege and marginalization. The study of privilege, alone, has not garnered much attention, but as intersectionality research grows, it will only become more important to understand how individuals construct their sense of self while holding relative privilege as well as relative marginalization.

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Appendix A: Study Measures

Demographic Questionnaire

1. What is your age?
    a. (forced free response)
2. As we understand it *Race* is defined as the category for sorting people based on their physical appearance (e.g. skin color, hair texture, nose shape). Given this definition of race, what race(s) do you identify with? (multiple forced choice)
    a. Asian
    b. Black
    c. Indigenous
    d. Latino
    e. White
    f. Other (write in)
3. As we understand it *Ethnicity* is defined as the category for sorting people based on their cultural and geographical background. Given this definition of ethnicity, what ethnicity(ies) do you identify with? (multiple choice)
    a. East Asian
    b. East Asian American
    c. South East Asian
    d. South East Asian American
    e. Middle Eastern
    f. Middle Eastern American
    g. North African
    h. Sub-Saharan African
    i. African American
    j. Black American
    k. European
    l. European American
    m. Aboriginal Australian
    n. Aboriginal Canadian
    o. Native American
    p. Inuit
    q. Other (write in)
4. As we understand it *Gender* is defined as the category for sorting people based on societal expectations of maleness and femaleness. Given this definition, what gender do you identify as? (forced choice)
    a. Cis-Female
    b. Trans-Female
    c. Cis-Male
    d. Trans-Male
    e. Gender Non-Conforming
    f. Other (write in)
5. What is your highest educational degree? (single choice)
    a. Less than a high school diploma
    b. High school graduate (including GED or equivalency diplomas)

      c. Some college but no degree
      d. Associate's degree (2-year university or college)
      e. Bachelor's degree (4-year university or college)
      f. Master's degree
      g. Doctoral or Professional degree (e.g. PhD, MD, JD)

6. Have you spent at least 5 years in the United States or US Territories before the age of 18? (forced choice)
      a. Yes
      b. No

Everyday Discrimination Scale (EDS)

In your day-to-day life how often have any of the following things happened to you because of you are a man of color?

1. Treated with less courtesy than others;

    a. 0 (Never) to 5 (Almost every day)

2. Treated with less respect than others;

    a. 0 (Never) to 5 (Almost every day)

3. Received poorer service than others in restaurants or stores;

    a. 0 (Never) to 5 (Almost every day)

4. People acting as if you are not smart;

    a. 0 (Never) to 5 (Almost every day)

5. People acting as if they are better than you;

    a. 0 (Never) to 5 (Almost every day)

6. People acting as if they are afraid of you;

    a. 0 (Never) to 5 (Almost every day)

7. People acting as if they think you are dishonest;

    a. 0 (Never) to 5 (Almost every day)

8. Being called names or insulted;

    a. 0 (Never) to 5 (Almost every day)

9. Being threatened or harassed

    a. 0 (Never) to 5 (Almost every day)

People of Color Racial Identity Attitudes Scale (PRIAS)

Directions: These questions are designed to measure people's social and political attitudes concerning race and ethnicity. Since different people have different opinions, there are no right or wrong answers. Use the scale below to respond to each statement according to the way you see things. Be as honest as you can. Beside each item number, circle the number that best describes how you feel.

1	2	3	4	5
Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

1 2 3 4 5   1. In general, I believe that Anglo-Americans (Whites) are superior to other racial groups.

1 2 3 4 5   2. I feel more comfortable being around Anglo-Americans (Whites) than I do being around people of my own race.

1 2 3 4 5   3. In general, people of my race have not contributed very much to American society.

1 2 3 4 5   4. Sometimes, I am embarrassed to be the race I am.

1 2 3 4 5   5. I would have accomplished more in life if l had been born an Anglo-American (White).

1 2 3 4 5   6. Anglo-Americans (Whites) are more attractive than people of my race.

1 2 3 4 5   7. People of my race should learn to think and act like Anglo-Americans (Whites).

1 2 3 4 5   8. I limit myself to White activities.

1 2 3 4 5   9. I think racial minorities blame Anglo-Americans (Whites) too much for their problems.

1 2 3 4 5   10. I feel unable to involve myself in Anglo-Americans' (Whites') experiences, and am increasing my involvement in experiences involving people of my race.

1 2 3 4 5   11. When I think about how Anglo-Americans (Whites) have treated people of my race, I feel an overwhelming anger.

1 2 3 4 5   12. I want to know more about my culture.

1 2 3 4 5   13. I limit myself to activities involving people of my own race.

1 2 3 4 5   14. Most Anglo-Americans (Whites) are untrustworthy.

1 2 3 4 5   15. American society would be better off if it were based on the cultural values of my people.

1 2 3 4 5   16. I am determined to find my cultural identity.

1 2 3 4 5   17. Most Anglo-Americans (Whites) are insensitive.

1 2 3 4 5	18. I reject all Anglo-American (White) values.
1 2 3 4 5	19. My most important goal in life is to fight the oppression of my people.
1 2 3 4 5	20. I believe that being from my cultural background has caused me to have many strengths.

1	2	3	4	5
Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

1 2 3 4 5	21. I am comfortable wherever I am.
1 2 3 4 5	22. People, regardless of their race, have strengths and limitations.
1 2 3 4 5	23. I think people of my culture and the White culture differ from each other in some ways, but neither group is superior.
1 2 3 4 5	24. My cultural background is a source of pride to me.
1 2 3 4 5	25. People of my culture and White culture have much to learn from each other.
1 2 3 4 5	26. Anglo-Americans (Whites) have some customs that I enjoy.
1 2 3 4 5	27. I enjoy being around people regardless of their race.
1 2 3 4 5	28. Every racial group has some good people and some bad people.
1 2 3 4 5	29. Minorities should not blame Anglo-Americans (Whites) for all of their social problems.
1 2 3 4 5	30. I do not understand why Anglo-Americans (Whites) treat minorities as they do.
1 2 3 4 5	31. I am embarrassed about some of the things I feel about my people.
1 2 3 4 5	32. I'm not sure where I really belong.
1 2 3 4 5	33. I have begun to question my beliefs.
1 2 3 4 5	34. Maybe I can learn something from people of my race.
1 2 3 4 5	35. Anglo-American (White) people can teach me more about surviving in this world than people of my own race can, but people of my race can teach me more about being human.
1 2 3 4 5	36. I don't know whether being the race I am is an asset or a deficit.
1 2 3 4 5	37. Sometimes I think Anglo-Americans (Whites) are superior and sometimes I think they're inferior to people of my race.
1 2 3 4 5	38. Sometimes I am proud of the racial group to which I belong and sometimes I am ashamed of it.

1 2 3 4 5   39.   Thinking about my values and beliefs takes up a lot of my time.

1 2 3 4 5   40.   I'm not sure how I feel about myself.

1 2 3 4 5   41.   White people are difficult to understand.

1 2 3 4 5   42.   I find myself replacing old friends with new ones who are from my culture.

1 2 3 4 5   43.   I feel anxious about some of the things I feel about people of my race.

1 2 3 4 5   44.   When someone of my race does something embarrassing in public, I feel embarrassed.

1	2	3	4	5
Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree

1 2 3 4 5   45.   When both White people and people of my race are present in a social situation, I prefer to be with my own racial group.

1 2 3 4 5   46.   My values and beliefs match those of Anglos (Whites) more than they do people of my race.

1 2 3 4 5   47.   The way Anglos (Whites) treat people of my race makes me angry.

1 2 3 4 5   48.   I only follow the traditions and customs of people of my racial group.

1 2 3 4 5   49.   When people of my race act like Anglos (Whites) I feel angry.

1 2 3 4 5   50.   I am comfortable being the race I am.

Maleness Identity Attitude Scale

Instructions: For each of the following items, use the scale next to the item to express how much you believe the item describes you. There are no right or wrong answers because only you know what you believe about yourself.

1 = Strongly Disagree   2 = Disagree   3 = Neutral   4 = Agree   5 = Strongly Agree

1. As a man, I need to be able to take care of those around me.

2. I think a lot about what it means to be a man.

3. I feel that others discriminate against me just because I am a man.

4. I feel comfortable showing both my masculine and feminine sides.

5. It is my job as a man to support my family.

6. I have started to question what parts of being a man that I appreciate.

7. I have the right to shape society in the ways that men always have.

8. I need to take responsibility for ending sexism and gender bias.

9. I need to be tough so that I can take care of those around me.

10. Sometimes, I am unsure whether it is better to be a man or a woman.

11. I get angry when I think women have treated me unfairly.

12. I do not give men a pass for their behavior just because they are men.

13. I try to avoid doing "girly" activities so that others will feel safe.

14. I think a lot about how to shape my own beliefs about what it means to be a man.

15. I have to stop other men from acting like women—no matter what.

16. I enjoy participating in "girly" activities.

17. I have to be physically and emotionally strong because I am a man.

18. I am finding it difficult to connect with men who do not think about their beliefs about being a man.

19. I only do manly things.

20. I relate better to people when I can view them as individuals regardless of their gender.

21. I have to be a provider.

22. A close relationship with someone has made me think about who I am as a man.

23. Most women do not take the time to understand my needs.

24. I am comfortable in mixed gender groups.

25. I try to understand what women want from me.

26. I am tired of trying to conform to society's expectations for me as a man.

27. I will never do women's work.

28. Being a man does not make me good or bad.

29. I always try to appear to be as tough as possible.

30. I cannot decide whether my being a man is a good thing.

31. I want to show everyone how manly I am.

32. As a man, I have strengths and limitations.

33. Doing masculine things just feels natural to me.

34. I get embarrassed when I think about the things I used to do as a man.

35. No woman is going to lead me around.

36. I feel a personal responsibility to end gender discrimination.

37. I cannot rely on others to take care of me.

38. I need to learn more about what being a man can mean.

39. I do not have any special privileges because I am a man.

40. I do not blame women for my social problems.

Mental Health Inventory (MHI)

0 = None of the time; 1 = A little of the time; 2 = Some of the time;

3 = A good amount of the time; 4 = Most of the time; 5 = All of the time

1. How happy, satisfied, or pleased have you been with your personal life during the past month?

2. During the past month, how often did you feel there were people you were close to?

3. During the past month, how often has feeling depressed interfered with what you usually do?

4. How much of the time, during the past month, did you have difficulty reasoning and solving problems; for example, making plans, making decisions, learning new things?

5. During the past month, how much of the time have you generally enjoyed the things you do?

6. How much of the time, during the past month, has your daily life been full of things that were interesting to you?

7. During the past month, how much of the time have you felt loved and wanted?

8. How much of the time, during the past month, have you been a very nervous person?

9. During the past month, how much of the time did you have difficulty doing activities involving concentration and thinking?

10. During the past month, how much of the time did you feel depressed?

11. During the past month, how much of the time have you felt tense or "high-strung"?

12. During the past month, how much of the time have you been in firm control of your behavior, thoughts, emotions, feelings?

13. During the past month, how much of the time did you become confused and start several actions at a time?

14. During the past month, how much of the time did you feel that you had nothing to look forward to?

15. How much of the time, during the past month, have you felt calm and peaceful?

16. How much of the time, during the past month, have you felt emotionally stable?

17. How much of the time, during the past month, have you felt downhearted and blue?

18. How often have you felt like crying during the past month?

19. How much of the time, during the past month, did you feel left out?

20. During the past month, how often did you feel that others would be better off if you were dead?

21. During the past month, how much of the time did you forget, for example, things that happened recently, where you put things, appointments?

22. During the past month, how much of the time did you feel that your love relationships, loving and being loved, were full and complete?

23. How much have you been bothered by nervousness, or your "nerves," during the past month?

24. During the past month, how much of the time has living been a wonderful adventure for you?

25. How much of the time, during the past month, have you felt so down in the dumps that nothing could cheer you up?

26. During the past month, did you ever think about taking your own life?

27. During the past month, how much of the time have you felt restless, fidgety, or impatient?

28. During the past month, how much of the time have you been moody or brooded about things?

29. During the past month, how often did you get rattled, upset, or flustered?

30. How much of the time, during the past month, did you have trouble keeping your attention on any activity for long?

31. During the past month, how much of the time have you been anxious or worried?

32. During the past month, how much of the time have you been a happy person?

33. How often during the past month did you find yourself having difficulty trying to calm down?

34. During the past month, how much of the time have you been in low or very low spirits?

35. How much of the time, during the past month, have you felt cheerful, lighthearted?

36. During the past month, how depressed (at its worst) have you felt?

37. How much of the time, during the past month, did you react slowly to things that were said or done?

38. During the past month, how often did you feel isolated from others?

BlackLivesMatter Support and Activism Scale

BLM Support

1 – Not at all   2 – A little   3 – Somewhat   4 – A lot

1. How much do you support the Black Lives Matter movement?

2. How much do you think the Black Lives Matter movement has helped Black

    communities so far?

3. In the *future*, how much do you think the Black Lives Matter movement will help Black

    communities?

BLM Action

1 – Never   2 – Once   3 – Two to Five   4 – Six or more

1. In the past six months, how many times have you attended Black Lives Matter (or related

    organizations) protests, sit-ins or demonstrations?

2. In the *past six months*, how often did you typically share news articles or stories on social

    media about the Black Lives Matter movement?

3. In the *past six months*, how many times did you initiate conversations about race or

    racism with non-Black friends?

Appendix B: Post-Hoc Analyses

Post Hoc Racial Differences Analysis

Post-Hoc MANOVA Testing Racial Group Differences on Tested Variables

Variable	$F(3,190)$	p
Psychological Distress	9.36	<.01
Psychological Wellbeing	15.98	<.01
Gendered Racism	2.39	.07
Internalized Racism	2.31	.08
Overcoming Racism	2.20	.09
Internalized Malecentrism	2.29	.08
Overcoming Malecentrism	1.07	.37

Tukey's HSD Showing Statistically Different Mean Scores by Racial Group

Race – Variable	Mean	SD
Black Men – Distress	25.26	19.40
Asian Men – Distress	43.32	20.86
Latinx Men – Distress	40.00	17.71
Black Men – Wellbeing	43.36	13.67
Asian Men – Wellbeing	25.55	12.55
Latinx Men – Wellbeing	34.00	14.57