

Black Women's Narratives Navigating Gendered Racism

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White people, Black men, and non-Black People of Color often expect Black women to care for others, often to the detriment of Black women being able to prioritize their own needs. This feeling is even more pronounced in helping professions, such as student affairs, and is consistent with a history of expectations that Black women care for others' needs.

racial battle fatigue

gendered racism

Black women

1. Introduction

"Who would we be", Rachel Cargle asked, "if we weren't just trying to survive" ^[1]? The "we" in Cargle's question is Black women, who often busily take care of so many people's needs believing they cannot pause and focus on their own care and healing. In an interview for Harper's BAZAAR magazine, Cargle, a scholar-activist, posed this question and introduced The Nap Ministry, an organization Tricia Hersey founded in 2016 committed to seeing the revolutionary power of naps among Women of Color. Imagine a world in which Black women could see centering their own healing as an act of resistance, refusing to prioritize everyone else's needs, and instead, focusing on their healing and care.

2. Racial and Gender Microaggressions

Historically, Black people in the United States have been subject to structural and institutional oppression that manifest in professional and public spaces ^[2]. Higher education is no exception, where whiteness and institutional racism impact Black women who operate within unchanging systems ^{[3][4]}. Within these systems of oppression, Black women contend with common, seemingly innocuous slights, which are microaggressions ^{[5][6]}. Racial microaggressions manifest when white people touch Black women's hair, make comments about how "professional" they are or how well they speak, and when white people attach Black women to stereotypes.

In 2010, Sue et al. ^[7] expanded the framework of racial microaggressions to include gender microaggressions as well. This particular type of microaggression manifests in Black women being seen as hypersexual and sexism toward Black women. In addition, when men see Black women as less than or inferior and expect Black women to take care of them, they reinforce another common gender microaggression ^[8].

3. Racial Battle Fatigue, Gendered Racism, and Othermothering

The microaggressions that manifest through continuous racist interactions are major contributors to racial battle fatigue (RBF). RBF is the “stress and exhaustion associated with racial microaggressions” ^[9] (p. 300). Manifestations of RBF are often psychological (e.g., frustration, hopelessness, and anger), physiological (e.g., headaches, grinding of teeth, shortness of breath, and trouble sleeping), and emotional/behavioral (e.g., loss of appetite, increased use of alcohol or drugs, and poor job performance). These stress responses can lead to a variety of serious health conditions ^{[2][9][10]}, such as higher blood pressure ^[9]. A study conducted by Black researchers for the Study of Women's Health Across the Nation (SWAN) estimated Black women are approximately eight years older biologically than their white counterparts based on stress brought on by racism and sexism ^[11]. Black women's mortality rates have also increased steadily since the 1990s, linked to systemic oppression ^[12].

For Black women, scholars have asserted the importance of recognizing the multifaceted intersections distinct from Black men when studying oppression ^{[13][14][15][16]}. In higher education, Patton and Njoku ^[17] discuss how institutional policies and practices could result in psychological, emotional, and epistemological harm to Black women. Operating in spaces of white supremacy and misogynoir ^{[10][18][19][20]}, Black women are also seen as stereotypes, like the Mammy or Strong Black Woman ^[14]. These views of Black women only further exacerbate the weight of RBF.

One way in which racial battle fatigue and gendered racism manifest is through othermothering, which describes the ways Black women often perform duties akin to childrearing, such as emotional support, taking care of others, and helping to solve problems ^{[21][22]}. In Guiffreda's ^[22] study examining Black students' relationships with Black faculty, the author found that Black students often described these relationships as more student-centered and advocacy-related, and students felt more emotionally supported. This point is important because Black women often engage in more unpaid labor in workplace settings, and this unpaid labor is often not rewarded in Black women's advancement processes ^[23]. In fact, they are often penalized for engaging in this othermothering, even if it benefits students ^[23].

In her study of 28 Black faculty, Griffin ^[21] found that Black faculty often felt obligated to support Black students' development; participants also discussed “the distinct closeness and sense of comfort they feel with Black students” (p. 175). The relationship between this closeness, comfort, and sense of obligation underscores a form of othermothering, wherein participants spent more time engaging with Black students than their white counterparts. This othermothering is rooted in one of the core features of Black Feminist Thought, a legacy of struggle (described in greater detail below) ^{[24][25]}, in which participants in Griffin's ^[21] study felt obligated to support Black students in succeeding given their “commitments to community uplift” (p. 180).

4. Self-Care, Coping, and Healing Strategies from Gendered Racism

Despite the gendered racism that Black women navigate, some have found ways to cope in the midst of this gendered racism. Ironically, many of the ways Black women navigate gendered racism have strong connections to racial and gender stereotypes. For example, researchers have identified John Henryism ^[26], the Strong Black Womanhood schema ^{[27][28]}, and the Superwoman schema ^[29] as methods of coping with psychological and physiological ailments related to RBF. All three of these strategies draw upon historical and contemporary caricatures of Black people as extraordinarily strong, overly resilient, and self-reliant to illustrate how powering through the effects of oppression may manifest in dire health consequences.

John Henryism—the concept that describes Black people's high coping effort with environmental stressors ^[30]—can often lead to negative health effects among Black people. Because Black women are also navigating sexism, their health effects from John Henryism can be even more dangerous. The Strong Black Woman and Superwoman schemas (e.g., Black women achieving at work despite gendered racism, taking care of others), while seemingly positive as they demonstrate how Black women thrive even while contending with hardship and oppression, can also result in negative health consequences for Black women ^[14].

Conflicting evidence exists as to whether the aforementioned strategies are effective in preventing or alleviating mental health issues in Black women ^{[28][31][32]}. Perhaps the varied results of these coping strategies are related to the pervasiveness and persistence of oppressive forces that feed RBF. While characteristics such as strength and resilience are generally positive, as researchers, they problematize the necessity of these traits. When white people, Black men, and non-Black People of Color presume that Black women are always strong, they do not take Black women's pain, suffering, and needs seriously ^{[33][34]}. Further, positioning Black women as strong, resilient people obscures the culpability of the oppressive structures Black women navigate ^{[35][36]}.

Beyond coping strategies, which are often temporary, Black women also work to engage in more sustainable healing strategies. Researchers have found that one approach Black women use to move toward healing is creating kinship networks with other Black women ^{[37][38][39]}. These networks provide space for Black women to discuss struggles and build communities of support to move toward healing. Researchers also illustrate the role religion and spirituality play in Black women's healing strategies given, again, the community that these spaces often provide ^{[36][40][41]}. Quaye et al.'s ^{[42][43]} work also distinguishes between self-care and healing. Self-care strategies involved unplugging from social media and finding safe spaces; whereas, healing involved building community with other Black people, examining the root of the cause for one's racial battle fatigue, and working to address that root issue.

Although Black women should not be in a position to find ways to cope more effectively in the midst of gendered racism, researchers seek to illuminate the particular ways racial battle fatigue surfaced among Black women and how they worked to actively heal, particularly in communal spaces. The discussion of collective trauma and oppression among fellow Black women can be healing in and of itself ^[44]. Further, receiving emotional and relational support while experiencing oppression can bolster mental health in Black women ^[27].

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