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Applying Black Feminist Theory to Research, Practice, and Advocacy on Gendered Racism among Black Women

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ABSTRACT

Although there has been an increase in intersectionality scholarship in the field of psychology, there is still a dearth of research and praxis grounded in a Black feminist theoretical perspective. The purpose of this paper is to apply a Black feminist and intersectionality lens to research, practice, and advocacy on Black women's experiences of gendered racism. First, this paper will provide a brief herstory of Black feminist, womanist, and intersectionality theory and its relevance to the field of psychology. Next, we will highlight an example of how to apply a Black feminist and intersectionality lens to research on gendered racism among Black women. Then, we will apply Black feminism to therapy with Black women by highlighting a clinical case example. We will end by highlighting the importance of Black feminism to social justice advocacy and systems-level interventions to promote the health and well-being of Black women.

KEYWORDS

Black feminism;
intersectionality; gendered
racism; Black women;
feminist therapy

The COVID-19 pandemic has put women at the center of the most unequal recession in modern American history, with Black women and other women of color hit the hardest (National Women's Law Center, 2021). For example, in December 2020, the Bureau of Labor Statistics monthly jobs report showed that all the net jobs lost in that month were women's jobs (National Women's Law Center, 2021). However, when the data was analyzed by race and gender, Black women had the largest one-month drop in the size of their labor force with an unemployment rate 1.7 times higher than their pre-pandemic employment rate compared to White women who had job gains (National Women's Law Center, 2021). In addition, Black women were at a greater risk of preexisting gendered racial health disparities in the context of COVID-19 (Carvalho et al., 2022;

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Pirtle & Wright, 2021). However, the unique gendered racial health inequities of Black women have been invisible due to the tendency to focus on race or gender, and not their intersection. Therefore, what is needed is a Black feminist and intersectionality lens to better uncover the impact of racism *and* sexism on the lives of Black women (Lewis, 2023; Pirtle & Wright, 2021).

The purpose of this paper is to apply a Black feminist and intersectionality lens to research, practice, and advocacy on Black women's experiences of gendered racism (i.e., intersection of racism and sexism). First, we will briefly review the *herstory* of Black feminist, womanist, and intersectionality theory (e.g., Collins, 2000; Crenshaw, 1989). Next, we will highlight the scholarship on Black feminist and womanist psychology (e.g., Cole, 2009; Bryant-Davis & Comas-Díaz, 2016). Then, we will provide an example of how to apply a Black feminist and intersectionality framework to research on gendered racism among Black women. In addition, we will apply Black feminism to clinical practice by highlighting a clinical case example. We will end by highlighting the importance of social justice advocacy and systems-level interventions to promote the mental health and well-being of Black women and girls.

Herstory of Black Feminism, Womanism, and Intersectionality

There is a long *herstory* of Black women scholars and activists who have articulated the unique positionality of Black women at the intersection of race, gender, and class oppression. Throughout the mid 19th century and the early 20th century, there have been many Black women scholars, writers, and activists who advocated for the rights of Black women, including Sojourner Truth, Harriet Tubman, Anna Julia Cooper, Ida B. Wells Barnett, and countless others (Collins, 2000; Giddings, 1984; Hancock, 2016; Harris-Perry, 2011; May, 2015). Many of these Black women intellectuals articulated the importance of self-definition, self-determination, the power of educational attainment and knowledge, political action, and Black women's resistance and activism (Collins, 2000).

Several Black women scholar-activists have highlighted sexism within the Black Power movement and racism within the second wave feminist movement of the 1970s (Collins, 2000; hooks, 1981; Taylor, 2017). One significant contribution to Black feminist thought came from the Combahee River Collective, which was a radical Black feminist collective, many of whom were Black queer women, who formed as an outgrowth of the National Black Feminist Organization. In 1977, they wrote the Combahee River Collective Statement (Combahee River Collective 1995), which articulated interlocking systems of racism, classism, and sexism. They stated:

We believe that sexual politics under patriarchy is as pervasive in Black women's lives as are the politics of class and race. We also find it difficult to separate race from class from sex oppression because in our lives they are most often experienced simultaneously (p. 234).

In addition, the collective highlighted the importance of centering Black women's political activism in their fight for liberation.

There was an increase in Black feminist scholarship in the 1980s and 1990s including the work of Patricia Hill Collins, Kimberlé Crenshaw, bell hooks, Beverly Guy-Sheftall, Alice Walker, and many others (Collins, 2000, 2019; Hancock, 2016). For instance, Sociologist Patricia Hill Collins wrote her book, *Black Feminist Thought* (1990/2000), which articulated the importance of a Black woman's standpoint, lived experiences, and critical consciousness to Black feminist epistemology. According to Collins, Black feminist thought centers on illuminating the simultaneous experience of interlocking systems of race, gender, and class oppression. In addition, Collins highlighted the necessity of resisting oppression through self-definition and engaging in political activism. Collins also asserted that the politics of Black feminist thought centered on the dialectic between Black women's oppression and their activism. Critical legal scholar Kimberlé Crenshaw (1989) coined the term *intersectionality* in her critique of antidiscrimination law, which often excluded the unique discrimination of Black women. Crenshaw stated that Black women could experience discrimination that resembled the racism Black men experience, or the sexism White women experience, or the additive effects of racial and gender discrimination, known as *double jeopardy* (Beale, 1970). However, Crenshaw (1989) argued that Black women often "experience discrimination as Black women – not the sum of race or sex discrimination, but as Black women" (p. 149). This argument critiques a single-axis analysis of discrimination and presents an intersectional analysis of discrimination that centers Black women. Alice Walker (1983) coined the term womanism to refer to "a Black feminist or feminist of color committed to the survival and wholeness of entire people, male and female. Not a separatist, except periodically for health" (p. xi). Thus, womanism is a term used to highlight the interconnection between sexism and racism (Bryant-Davis & Comas-Díaz, 2016). Some Black women scholars choose to identify as womanists rather than feminists to separate themselves from the second wave feminist movement, which often excluded Black women and other women of color's unique marginalization. Taken together, Black feminist and womanist scholars have a long *herstory* of centering Black women using an intersectional analysis of discrimination (Collins, 2000; 2019; Giddings, 1984; hooks, 1981).

Black Feminist and Womanist Psychology

There have been several Black feminist psychologists who paved the way for research and practice centered on Black women's experiences of intersectional oppression (Jackson & Greene, 2000; Landrine, 1995; Thomas & Miles, 1995). For example, Psychologist Dr. Beverly Greene (1994) coined the term *triple jeopardy* to refer to the interactive effects of oppression based on race, gender, and sexual orientation. In addition, many Black feminist and womanist psychologists have contributed to the formation of the *Psychology of Black Women*, which is the "systematic study of the motivations, cognitions, attitudes, and behaviors of Black women taking into consideration the contextual and interactive effects of history, culture, race, class, gender, and forms of oppression" (Thomas, 2004, p. 290). Moreover, Black, Chicana, Asian, and Indigenous feminist psychologists have significantly contributed to our understanding of the role of intersectional oppression on the lives of women of color (Comas-Díaz & Greene, 1994; Reid & Comas-Díaz, 1990). For example, Bryant-Davis and Comas-Díaz (2016) wrote their foundational book, *Womanist and Mujerista Psychologies*, which highlighted the influence of women of color feminism in psychological research and practice with a focus on "self-definition and healing of Black women and Latinas as they strive to survive, grow, and thrive in the face of multiple, intersecting forms of oppression" (p. 8). In addition, there have been several women of color feminist psychologists who have produced scholarship about multicultural feminist therapy and clinical practice with Black women and girls (e.g., Jackson & Greene, 2000; Jones & Harris, 2019; Williams & Jackson, 2019). Collectively, this body of scholarship contributes to the long *herstory* of Black feminism in psychology that has served as the foundation for research and clinical practice on Black women. Next, we will highlight how to apply a Black feminist and intersectionality lens to research on gendered racism.

Applying Black Feminism to Research on Gendered Racism

According to Collins (2000), "Black feminist thought consists of theories or specialized thought produced by African American women intellectuals designed to express a Black women's standpoint" (p. 32). In addition, Collins asserts that a Black women's standpoint comes from a shared experience of being Black women in a society that denigrates all women of African descent, development of a critical Black feminist consciousness, and the interdependence of Black women's experiences, thoughts, and action. Collins poignantly states:

Black feminist thought is *of* African American women in that it taps the multiple relationships among Black women needed to produce a self-defined Black women's

standpoint. Black feminist thought is *for* Black women in that it empowers Black women for political activism (p. 32).

Black feminist thought is grounded in a deep understanding of the historical gendered racial stereotypes that contribute to the oppression and marginalization of Black women (Collins, 2000; Essed, 1991; Harris-Perry, 2011). These historical gendered racial stereotypes serve as controlling images, such as the *Jezebel* (i.e., hypersexual and sexually promiscuous), *Mammy* (i.e., asexual and self-sacrificing caretaker), *Sapphire* (i.e., angry, domineering, and aggressive), *Strong Black Woman* (i.e., strong, can handle inordinate amounts of stress), and *Welfare Queen* (i.e., lower class and dependent on public assistance; Collins, 2000; Harris-Perry, 2011). These controlling images, ideologies, and stereotypes of Black womanhood encompass the interlocking systems of racism, sexism, and classism experienced by Black women. To apply Black feminist thought to research, it must be grounded in an understanding of interlocking systems of oppression.

Gendered racism refers to the experience of both racism and sexism (Essed, 1991). Building on the concept of gendered racism, Lewis (2023) defined systemic gendered racism as “the intersection between White supremacy and patriarchy, which includes two interlocking components: (a) a structural mechanism of domination, and (b) a corresponding ideological belief that justifies the oppression of Black women based on their marginalized race and gender” (p. 581). This definition highlights the interlocking nature of the structure and ideology of gendered racism, which is often reinforced at the individual, interpersonal, institutional, and cultural levels. In addition, White supremacy and patriarchy are bound together by *misogynoir*, which refers to the intersection of racialized and sexualized violence unique to Black women’s marginalized positionality in society (Bailey, 2021). Next, we highlight a burgeoning area of psychological research on gendered racism as an example of how to utilize a Black feminist epistemological framework in research.

Applying a Black feminist and intersectional analysis, Lewis et al. (2013) have developed a large body of research on the concept of gendered racial microaggressions, which they have defined as “subtle and everyday slights and insults based on the intersection of one’s race and gender” (p. 51). Gendered racial microaggressions can also be conceptualized as interpersonal gendered racism, which can be reinforced through everyday practices in overt and covert ways. Lewis et al., 2016 utilized a Black feminist epistemological framework to conduct qualitative focus group interviews with Black women college students to understand their phenomenological experience of gendered racial microaggressions. The findings included three core themes, each of which include two subthemes: *Projected Stereotypes*

includes the Expectation of the Jezebel (e.g., being exoticized, sexualized, or objectified) and the Expectation of the Angry Black Woman (e.g., being perceived as the stereotype of the angry Black woman). The second core theme is *Silenced and Marginalized*, which includes Struggle for Respect (e.g., having one's power and authority questioned or undermined) and Invisibility (e.g., being marginalized, invisible, or silenced in academic and professional settings). The third core theme is *Assumptions of Style and Beauty*, which includes Assumptions of Communication Styles (e.g., assumptions about Black women's communications styles) and Assumptions of Aesthetics (e.g., messages about Black women's beauty and aesthetics, including body type, hair styles, and facial features; Lewis et al., 2016).

Lewis and Neville (2015) also developed the Gendered Racial Microaggression Scale (GRMS) to begin to uncover the psychological and physical health correlates of gendered racial microaggressions. Empirical research has found a significant association between experiencing gendered racial microaggressions and negative health outcomes, including greater psychological distress and depressive symptoms (Lewis & Neville, 2015; Williams & Lewis, 2019), greater traumatic stress symptoms (Dale & Safren, 2019; Moody et al., 2023; Moody & Lewis, 2019), greater anxiety symptoms (Wright & Lewis, 2020), and negative mental and physical health (Lewis et al., 2017). Lewis has also applied Black feminist thought and intersectionality to research on racism and health by developing the *Biopsychosocial Model of Gendered Racism* (Lewis, 2023; Lewis et al., 2017) to investigate the unique role of gendered racism and health for Black women.

Taken together, this research example highlights the importance of centering Black women's unique standpoint and phenomenological experiences in studying Black women's oppression. Black women are worthy of being at the center of analysis and not being compared to White women or Black men. It is important for researchers seeking to utilize Black feminist thought and intersectionality to develop research questions that center Black women and their intersectional experiences. In addition, applying a Black feminist epistemological framework combined with a critical intersectionality lens pushes the researcher to situate their research findings in a sociocultural and structural analysis that illuminates systemic factors that are crucial to understanding Black women. It is also important to consider the role of systemic gendered racism in psychological research on Black women. In addition, researchers should embrace an intersectional mixed methods approach (Watson-Singleton et al., 2023). Specifically, this research example highlights the power of utilizing methodological flexibility by employing both qualitative and quantitative research methods to fully

study important psychosocial phenomena experienced by Black women. Black feminist and intersectionality research should also have a commitment to social justice and to increase critical consciousness and critical action for systems-level change. Lastly, applying a Black feminist and intersectionality lens requires researchers to cultivate feminist research ethics and engage in critical reflexivity about their own positionality and how power, privilege, and oppression emerge within the research endeavor (Lewis & Williams, 2022). Next, we will highlight how to apply Black feminism to clinical practice with Black women experiencing gendered racism.

Applying Black Feminism to Clinical Practice

The foundational tenets of Black Feminist Thought (Collins, 2000) can be applied to therapy with Black women experiencing gendered racism. Utilizing a Black feminist therapeutic approach can serve to center and uplift Black women's gendered racial experiences and tailor treatment specific to the needs of Black women (Jones & Harris, 2019). Black feminist therapy is a worldview or lens in which a therapist can utilize to work with a range of clients and presenting concerns (Jones, 2015). Feminist scholar-activists offer the following recommended applications of Black feminist therapy: (1) increasing Black feminist critical consciousness and intersectional identity development for both clinician and client, (2) using a Black feminist and intersectional framework for case conceptualization, and (3) utilizing interventions that are empathic, supportive, and center Black women's experiences. In this section we present a case example of a Black woman therapy client and apply principles of Black Feminist Thought to case conceptualization and treatment.

Case Example

Angela¹ is a 30-year-old cisgender Black woman who works as a lawyer for a predominantly White law firm. Angela enters therapy reporting “not feeling well lately,” exhibited by decreased energy and motivation at work, and seems reluctant to verbally express her emotions in session. She has switched jobs three times within the past five years, each time coming after “feeling overwhelmed with work.” Upon further reflection, she notes that over the past three years, she has become increasingly “burnt out” at work and “detached” from previously close relationships with friends and family. In her two-year job performance review, Angela received unsatisfactory ratings with feedback regarding her “directness and abrasiveness” in team meetings. As a result, Angela has felt increasingly uncomfortable at work, and these comments have continued despite her addressing these concerns with Human Resources. Angela reports feelings of uncertainty about the

future of her career and states that her goals for therapy are to gain coping skills and manage her burnout to prevent having to switch jobs again.

Black Feminist Critical Consciousness

When applying a Black feminist approach to Angela, a clinician would first need to increase their awareness of Black women's experiences of gendered racism and reflect on their own biases. Scholars posit that clinicians should increase their awareness of their own identities and of their clients' identities to help build trust and reduce the risk of over-pathologizing or under-pathologizing Black women clients due to gendered racism (Nelson et al., 2020; Sue et al., 2019; Szymanski & Lewis, 2016). Clinicians can increase their own critical consciousness by attending seminars and continuing education training focused on conducting therapy with Black women and reflecting on their own biases and fears around working with Black women clients (Nelson et al., 2020). For example, a clinician should reflect on their own initial reactions to hearing Angela share the comments that her coworkers have made about her, and critically reflect on whether these comments might be rooted in historical stereotypes that pathologize Black women, particularly in predominantly White organizations. Aligned with increasing critical consciousness, it would also be important to help Angela increase her awareness of her race and gender by exploring her own gendered racial identity development (Williams & Lewis, 2021). Clinicians are encouraged to read the current research on Black women's experiences of gendered racism, which highlights the various impacts of gendered racism on mental health, such as trauma, anxiety, and depression symptoms (Dale & Safren, 2019; Moody et al., 2023; Moody & Lewis, 2019; Thomas et al., 2008; Williams & Lewis, 2019; Wright & Lewis, 2020).

Approaching therapy with Black women from a critical perspective may help to reduce doubting Black women's experiences as well as increase one's ability to assist Black women clients in coping with the effects of gendered racism. It is not uncommon for a clinician who does not have awareness of gendered racism to hear about Angela's presenting concerns and begin therapy by questioning the validity of her gendered racism experiences or by not acknowledging discrimination altogether, due to their own bias or discomfort. This might lead a clinician to minimize the role of workplace gendered racism as contributing to Angela's distress or presenting concerns. However, a Black feminist therapeutic approach would create space for Angela to openly share her experiences with gendered racism at work and validate her experiences by acknowledging how intersectional oppression might be impacting her psychological well-being.

Black Feminist Therapy Case Conceptualization

A Black feminist approach to case conceptualization incorporates carefully attending to the intersections of Black women's identities and experiences that impact their mental health. A Black feminist therapist working with Angela would identify sociocultural factors and systems of oppression that could be contributing to Angela's distress (i.e., gendered racism, power dynamics at her job, and internalized cultural messages). In addition, it would be important for a clinician not to move quickly to solutions, which might invalidate Angela's experience. A Black feminist therapist would create space for Angela to process her gendered racism experiences, while also working to name the multiple levels of oppression that may be impacting her work environment. For example, a Black feminist therapist working with Angela could ask follow-up questions to assess for factors in her work environment that may impact her decreased motivation, such as race and gender representation in her law firm, the quality of her work relationships with colleagues, or the role of bias in her recent performance review.

Through a Black feminist therapeutic lens, paying close attention to the kinds of gendered racial messages Angela has received from her colleagues as a contributing factor to her distress is of central importance. Thus, it would be important to assess *how* these comments made about Angela have impacted her decreased motivation and energy. It is clear that Angela is experiencing gendered racism from her colleagues in the form of gendered racial microaggressions (i.e., colleagues noting her abrasiveness and directness) that are connected to stereotypes about Black women in the workplace (Lewis & Neville, 2015). When considering the level of impairment, it is important to note that these microaggressions have impacted Angela's motivation and energy, causing her to feel "overwhelmed." Further, this seems to be a recurring experience across several jobs leading to multiple career shifts in a short amount of time, each career shift likely further impacting Angela's overwhelm despite her limited verbal expression of emotion in session.

Black feminist scholars posit that therapists should work with their Black women clients to acknowledge the impact of the strong Black woman schema on their help-seeking behaviors and normalize vulnerability (Jones & Pritchett-Johnson, 2018; Nelson et al., 2020). Angela's restricted emotional expression in therapy does not necessarily indicate that she is not significantly impacted by gendered racism. This may indicate ways that Angela has learned to navigate and cope with gendered racism in invalidating White supremacist and patriarchal spaces. Research demonstrates that Black women are more likely to utilize disengagement coping strategies (i.e., not directly addressing the stressor) in response to gendered racism (Lewis et al., 2013; Williams & Lewis, 2019), which could be connected to

the internalization of the strong Black woman schema. The strong Black woman schema contributes to Black women feeling like they must always be “strong,” self-sacrificing, and handle problems on their own (Watson-Singleton, 2017; Woods-Giscombé & Black, 2010; Woods-Giscombé et al., 2019). It is possible that Angela has internalized the strong Black woman schema, which has influenced how she presents in therapy when discussing her experiences of gendered racism in the workplace. With the little information that we have about Angela, it is unclear if she is fully aware of or able to identify her workplace stressors as gendered racism. To assess this further and obtain an accurate case conceptualization, a clinician might decide to ask more exploratory questions to get Angela’s perspective as well as explore the historical impacts of systems of oppression on Black women in predominantly White spaces. A clinician might also explore Angela’s current gendered racial identity development more broadly to gain an understanding about the role of gendered racial socialization and generational patterns of gendered racism on Angela’s perceptions of her identity as a Black woman. Clinicians could also utilize validated intersectional measures that are created based on research on Black women to assess Angela’s self-perceptions of her identity and level of internalized gendered racism (Lewis & Neville, 2015; Williams & Lewis, 2019; 2021). Gaining this insight can be both beneficial for the client’s own validation of her experiences and for the clinician’s implementation of a culturally responsive treatment plan tailored to the clients’ intersecting identities as a Black woman.

Black Feminist Interventions and Radical Healing

Black feminist therapy interventions can help increase adaptive coping, combat negative effects of gendered racism, increase positive identity development, and reduce stigma around help-seeking through individual and group-oriented interventions for Black women. It is important that clinicians consider the protective effect of the centrality of one’s gendered racial identity and the impacts of gendered racism on mental health when tailoring their interventions for Black women clients (Lewis et al., 2017; Williams & Lewis, 2019). For example, a therapist could utilize interventions aimed at strengthening Angela’s gendered racial identity by guiding her process of unlearning the controlling images that she may have internalized about Black women. A therapist could assist Angela in naming generational cycles of gendered racial trauma and exploring the direct impact of gendered racism and gendered racial socialization on her own identity development.

The *Psychology of Radical Healing* framework (French et al., 2020) provides a model that therapists can apply to clinical interventions using five

core components: (a) collectivism, (b) critical consciousness, (c) radical hope, (d) strength and resistance, and (e) cultural authenticity and self-knowledge. Radical healing requires that clinicians expand their perceptions of healing to include nontraditional and Afrocentric healing practices such as communal healing circles that have helped Black women healing from gendered racism for generations (Adames et al., 2023; Lewis, 2021; Lewis & Neville, 2015). In addition, clinicians can increase outreach efforts to reduce help seeking barriers and provide Black women group therapy formats (i.e., sister circles) and individual therapy approaches focused on the Black woman experience, coping patterns, and unlearning harmful internalized messages (Bryant-Davis, 2013; 2019; Jones & Pritchett-Johnson, 2018; Neal-Barnett et al., 2011; Nelson et al., 2020). In the case of Angela, a Black feminist therapist may utilize specific interventions aimed at cultivating radical hope, exploring Angela's forms of resistance, and allowing a space where she can express her own cultural authenticity (Adames et al., 2023). Therapists could also seek outside resources other than talk therapy to recommend to Angela, such as local Afrocentric community healing groups or support groups for Black women.

Black Feminist Activism and Social Justice Advocacy

A core component of Black feminist activism is resisting interlocking systems of oppression. Collins (2000) argued that Black women's activism consists of both struggling for group survival (e.g., creating Black women communities and networks to indirectly resist oppression) and the struggle for institutional transformation to directly resist oppression. Black feminist activism encompasses developing critical consciousness, empowerment, and resistance (Collins, 2000). Engaging in social justice activism is also a core value in the field of psychology and mental health (Vasquez, 2012; Vera & Speight, 2003; Nadal, 2017). Black feminist scholar-activists urge educators, researchers, and practitioners to engage in systems-level change by utilizing a Black feminist and intersectionality approach to create policies and institutional practices that increase access and equity for Black women. Doing so requires special attention to gendered racism and its impacts on Black women at the individual, interpersonal, institutional, and cultural level (Crenshaw et al., 2015; Lewis, 2023).

Organizational Policies and Systems-Level Interventions

Social justice advocacy can be done within the institutions that psychologists work through advocating for policy changes or updating organizational processes that have historically impacted marginalized

communities, especially women of color (Bowleg, 2021). Engaging in preventative interventions can help combat gendered racism in institutional spaces. For example, academic psychologists can work toward changing university policies pertaining to tenure, promotion, and hiring procedures that disproportionately affect the retention rates of Black women faculty and staff. Mental health professionals working with clients like Angela, can critically evaluate their organizational policies that may limit Black women's access to resources and establish new policies that require outreach and therapeutic services targeted toward Black women to make Black women's mental health an organizational priority. In addition, psychologists and mental health professionals can engage in systems-level interventions that promote positive gendered racial identity development for Black women (Williams & Lewis, 2021). Educators and clinicians can create institutionally supported affinity spaces for Black women in their organizations, or they can step outside of their traditional roles to engage in community led critical conversations and dialogues with Black women that promote radical healing (French et al., 2020; Lewis, 2021). For example, when working with Black women clients it would be important to explore the accessibility of mental health services at one's organization (i.e., representation of Black staff, multicultural competency training among staff, diversity, equity, and inclusion emphasized on the website and promotional materials, and level of outreach to Black communities).

Since research on Black women and gendered racism is crucial to our understanding of systemic issues, efforts should be made to increase research focused on systems-level change. For example, efforts can be made to increase federal funding for gendered racial health disparities research to increase knowledge about Black women's health that can be utilized by Black feminist scholars, activists, educators, clinicians, and policy makers. In line with Black feminist aims of empowerment and social justice, researchers can engage in critical participatory action research and social action research for systems-level change. There has also been a history of minimizing the knowledge produced by Black women scholars in the field of psychology. Researchers should make a conscious effort to cite Black women scholars in their research to help increase the visibility of Black women's voices and disrupt epistemic exclusion in the field (Cole, 2020; Lewis, 2023; Settles et al., 2020).

Conclusion

In this paper, we applied a Black feminist and intersectionality lens to research, practice, and advocacy on gendered racism experienced by Black women. We highlighted the legacy of Black feminist, womanist, and

intersectionality scholars who have provided a foundational lens for our research and praxis on Black women and gendered racism. We also demonstrated how to apply a Black feminist and intersectionality framework to research on gendered racism. Then, we applied a Black feminist therapeutic lens to a clinical case to highlight how to work with a Black woman experiencing gendered racism in their everyday life. We also highlighted the importance of considering systems-level interventions and social justice activism when applying Black feminism to research and practice. It is important for researchers and practitioners to ensure their work is grounded in Black feminist praxis and that there is an ongoing commitment to dismantling interlocking systems of oppression that disproportionately harm the lives of Black women.

Note

1. The name, identifying information, and content of the clinical case have been de-identified and disguised for the purpose of this paper.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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