

AN ABSTRACT OF THE THESIS OF

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Abstract approved:

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The current study aimed to further explore the relationship between internalized racism and depression, using racial identity (centrality) as a moderator. The current study was guided by two hypotheses. First, it was hypothesized that internalized racism would predict depression. Second, it was hypothesized that racial identity (centrality) would moderate the relationship between internalized racism and depression. Consistent with previous research in the field, results indicated that internalized racism was a significant predictor of depression in the sample. Further, it was found that centrality moderated the relationship between internalized racism and depression, potentially acting as a protective factor.

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Internalized Racism and Depression: The Moderating Role of Racial Identity

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I understand that my thesis will become part of the permanent collection of Oregon State University libraries. My signature below authorizes release of my thesis to any reader upon request.

Jazlyn M. Mitchell, Author

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INTRODUCTION

Internalized Racism

Racism is a form of oppression that is based on membership to a particular racial or ethnic group (David et al., 2019), and is intricately woven throughout the fabric of our society. Racism can take on many forms, most commonly thought of as operating on interpersonal and institutional levels. However, internalized racism, a less commonly studied component of racism, is characterized by the perception that one's own racial group is inferior, less capable, and less intelligent than that of the dominant racial group (Williams & Williams-Morris, 2000). Rangle (2014) defined internalized racism, or appropriated racial oppression, as the process by which an individual's racial self-image is formed based on direct and indirect negative stereotypical messages communicated throughout one's life which, in turn, influence the individual's personal self-image and worth, thoughts, emotions, and behaviors. Rangle (2014) further posits internalized racism is a form of racial self-perception manifested in conscious and subconscious efforts to dissociate from one's racial group and seek identification with the dominant racial group. Essentially, internalized racism is a form of racism that operates inside and within people (David et al.). Though the direct exploration of internalized racism within the psychological community is relatively recent, researchers have been investigating internalized racism indirectly for decades.

Early conceptualizations of internalized racism viewed the construct as a negative psychological consequence of oppression (Fanon, 1965; Freire, 1970). In a review of the literature, David and colleagues (2019) posited that these conceptualizations of internalized racism demonstrate that experiencing racism may lead people to absorb the messages of inferiority they are exposed to about their racial group and to become prejudiced against people of their own racial group as well as other marginalized populations. Clark and Clark (1939) were

the first to publish an empirical study explore internalized racism with their famous doll study. In their study, a sample of children were instructed to choose the “nice” doll given the choice between a white doll and a dark-skinned doll, over half of the children selected the white doll, illustrating the detrimental effects of internalizing racist stereotypes and demonstrating that internalized racism may develop at a very young age. Additionally, Cross (1971) demonstrated aspects of internalized racism in the pre-encounter stage of the Nigrescence model of racial identity. The Nigrescence model is a five stage model that details the experience of transitioning from "Negro" to "Black", where each stage analyzes level of awareness one might have in that process. The pre-encounter stage, the first stage in the model, is characterized by a Black racial identity that is predominated by pro-White/anti-Black attitudes (Cross, 1971). Further, Cross stated that Black folks in this stage think, act, and behave in ways that degrade Blackness. Similar to current conceptualizations of internalized racism, Black folks’ racial identity in this stage is characterized by a conscious and unconscious desire to disassociate from their own racial group and align more with the dominant racial group. Early research on internalized racism set the stage for future research in the area and provided a spotlight to further explore the often-overlooked consequences of racism.

Today, researchers have been taking more of an interest in internalized racism with studies on the subject increasing. Nearly half (approximately 46%) of the data-based studies on internalized racism have explored its relationship with other variables (David et al., 2019). The most common of which are those associated with mental health. In their review, David and colleagues (2019) indicated that internalized racism is associated with lower self-esteem and life satisfaction, and higher levels of hopelessness and stress. Given the current findings, researchers are now beginning to explore internalized racism and specific mental health disorders, leading to

a better understanding on the ways in which internalized racism can adversely affect psychological functioning.

Internalized Racism and Depression

Like more commonly studied forms of racial oppression (i.e., institutional racism and interpersonal racism), internalized racism has been shown to have detrimental effects on mental health. In fact, in a 2001 report by the U.S. Surgeon General, it was stated that the internalizing of negative racial stereotypes and images can lead to adverse effects on psychological functioning and low self-worth (U.S. Department of Health and Human Services, 2001). The current study focuses primarily on the relationship between internalized racism and depression, as it is one of the most prevalent mental health conditions in the United States, with one in five adults reporting having ever received a depression diagnosis (Center for Disease Control and Prevention, 2023). Depression also disproportionately affects Black Americans (World Health Organization, 2022; Gonzalez et al., 2010). There is limited data demonstrating a direct link between internalized racism and depression, though there is a small body of research exploring the relationship. For example, research has demonstrated that internalized racism among Black Americans is linked to depressive symptoms, with internalized racism increasing as depressive symptoms increase (Mouzon & McLean, 2017; Worrell et al., 2011; Taylor et al. 1991, Willis et al., 2017). These findings are consistent across different measures of internalized racism and measures of depression, indicating a relatively strong relationship between each variable (Gale et al., 2020). In a study exploring internalized racism and mental health among African Americans, US-born Caribbean Blacks, and foreign-born Caribbean Blacks, researchers found that internalized racism was associated with both increased depressive symptoms and psychological distress for all three Black subgroups, though the relationship was weaker among

foreign born Caribbean Blacks, suggesting a potentially unique relationship between internalized racism and mental health among those born in the United States (Mouzan & McLean, 2017). In a study examining the Cross Racial Identity Scale's relationship to psychological adjustment, Worell et al. found Black self-hating attitudes in African Americans were correlated with increased depression, among other psychological symptoms. Finally, Taylor and colleagues (1991) found that internalized racism was a significant predictor of depressive symptoms among Black women. These findings suggest that internalized racism is associated with depressive symptoms among Black Americans, and that internalized racism is important to understanding the negative effects oppression can have on mental health.

Racial Identity (Centrality) as a Moderator

Sellers and colleagues (1998) defined racial identity as the significance and meaning that African Americans place on race in defining themselves. Experiencing racism doesn't always lead to negative consequences. Racial identity is one factor that can buffer against the effects of racism and has been associated with well-being and better mental health outcomes (Banks & Kohn-Wood, Jones et al., 2007; Willis et al., 2021; Settles et al., 2010). Thus, racial identity holds the potential to protect against internalized racism and its negative effects, such as depression. For example, in a longitudinal study exploring internalized racism, racial identity, and psychological distress, Willis and colleagues (2021) found several racial identity beliefs moderated the relationship between internalized racism beliefs and changes in psychological distress over a year later. Their findings suggest that internalized racism and racial identity beliefs can combine to influence the psychological well-being of African American adults. Further, James (2017) found ethnic identity, a construct similar to racial identity, moderated the relationship between internalized racism and past-year MDD. Collectively, these findings point

to the need for additional research into the processes by which internalized racism affects mental health and the variables, such as racial identity, that support or undermine the link between internalized racism and depression.

Racial centrality may be one way that racial identity can protect against internalized racism and its relationship to depression. Centrality is one of four dimensions of the Multidimensional Model of Racial Identity (MMRI) developed by Sellers and colleagues (1997). Centrality refers to the extent to which a person normatively defines him or herself with regard to race (Sellers et al., 1997) and is relatively stable across situations. Thus, a person whose racial identity is more central to their overall identity may be protected from the effects of internalized racism and subsequent depression. Sellers and colleagues (2007) found strong evidence for an indirect relationship between racial centrality on psychological distress through the effect of racial discrimination and perceived stress, thus demonstrating centrality can protect against the negative mental health effects of racism among African Americans. Thus, there is evidence to suggest centrality may moderate the relationship between internalized racism and mental health outcomes among African American and that the impact of internalized racism on mental health may be influenced by African Americans belief about the significance of race.

The current study

Using secondary data analysis, the current study aims to fill gaps in the literature surrounding internalized racism and mental health by more clearly understanding the link between internalized racism and depression and the ways centrality influences the relationship. This study will be guided by the following two hypotheses. First, it is hypothesized that internalized racism will be associated with depression. Second, it is hypothesized that the relationship between internalized racism and depression will be influenced by centrality.

Methods

Participant Characteristics

This study's sample was comprised of 639 individuals who identified as African American. Demographic information collected includes age, gender, education, income, employment, relationship status, sexual orientation, veteran status, and whether they were receiving counseling at the time of data collection. The sample differs from standard college samples in a variety of ways. The average age of the sample was high (35.29), with 52.90% male and 46.78% female. Most of the sample identified as being employed full-time (69.64%), with 31.46% earning between \$50,001-\$70,000. Furthermore, the sample was relatively well educated, with 40.38% of participants earning a bachelor's degree. Additionally, over half of the sample identified as being married (53.52%) and a considerable percentage of participants identified as veterans (19.41%).

Procedure

After receiving approval from the Oregon State University IRB, the study was considered exempt and data analysis could begin. The original data was gathered using Amazon Mechanical Turk (MTurk), convenience sampling, and stratified semi-random sampling.

Measures

Depression. The depression subscale items of the Depression, Anxiety and Stress Scale (DASS-21) was used to measure depression. The depression subscale of the DASS-21 includes seven items that are each rated on a 4-point Likert scale. The scale response items range from 0 (Did not apply to me at all – NEVER) to 3 (Applied to me very much, or most of the time – ALMOST ALWAYS). The scores range from 0 to 42, with the raw scores ranging from 0 to 21 and being multiplied by two, with higher scores indicating more endorsements of depressive or

anxious symptoms and mood (Lovibond & Lovibond, 1995). Sample items for the depression subscale include “I couldn’t seem to experience any positive feeling at all” and “I found it difficult work up the initiative to do things.” Previous research studies with African Americans found strong support of the DASS-21’s internal reliability, with the depression and subscale having alpha coefficients ranging from .88 to .90 (Liao et al., 2020). In this study’s sample, the depression ($\alpha = .93$) and anxiety ($\alpha = .92$) subscales had internal reliability coefficients that were more than acceptable.

Internalized Racism. Internalized racism was measured using the Appropriated Racial Oppression Scale (AROS-24; Campón & Carter, 2015) is a 24-item measure, using a 7-point Likert scale with the response items ranging from 1 (strongly disagree) to 7 (strongly agree). The AROS-24 assesses the degree to which racial minorities internalize racist experiences and media. The total score for the AROS-24 ranges from 24 to 168, with higher scores indicating higher levels of internalized racism. The entire measure had an overall alpha of .98.

Centrality. Centrality was measured using the subscale of the Multidimensional Inventory of Black Identity (MIBI). The MIBI is an instrument based on the constructs within the MMRI (Sellers, et al., 1997). The MIBI consist of seven subscales. The centrality subscale consists of items measuring the extent to which being African American is central to the respondents’ definition of himself or herself (e.g., “Being black is important to my self-image”). Responses are recorded using a 7-point Likert scale that ranged from strongly disagree (1) to strongly agree (7). High scores on these measures represent higher levels of centrality. The centrality subscale has an overall alpha of .77.

Results

Table 1.

Variable correlations, reliability estimates, means, standard deviations, and ranges for Internalized racism, depression and centrality

	1	2	3	α	M	SD	Range
1 Depression	-			0.93	17.28	12.51	0-42
2 Int Racism	.78***	-		0.98	84.25	43.55	24-168
3 Centrality	-.40***	-.59***	-	0.74	4.88	0.95	1-7

Direct Effects of Internalized Racism on Depression

To assess whether internalized racism was a statistically significant predictor of depression, a linear regression analysis was used. The results indicated that internalized racism was a positive predictor of depression ($\beta = 0.22$, $Se = 0.01$, $p < .001$; see Table 2). These findings suggest that as internalized racism increases as depression increases.

Table 2.

Linear regression of Internalized Racism on Depression

	β	SE	t
AROS	0.22***	0.01	28.96

Centrality as a Moderator between Internalized Racism and Depression

To test the moderation properties of centrality, a linear regression with interactions was used.

The results of the moderation analysis indicate that centrality was a statistically significant moderator of the internalized racism and depression relationship ($B = -.040$, $SE = 0.01$, $p = .004$;

see Table 3). These findings indicate that at high levels of internalized racism, individuals with high levels of centrality experience fewer and less severe symptoms of depression than their peers with low levels of centrality (see Figure 1).

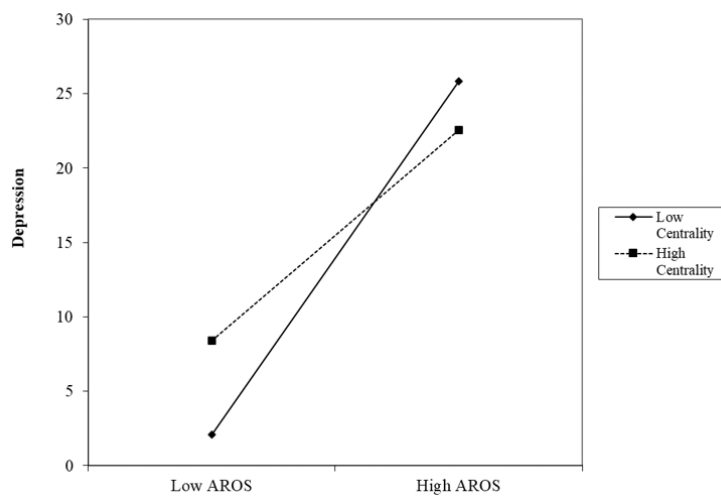
Table 3.

Regression Analysis Examining the Moderation Properties of Centrality on the Internalized Racism-Depression Relationship

	B	SE	t	p	CI
IntRacism	0.432	0.065	6.62	<.001	0.304 - 0.560
Centrality	3.704	0.918	4.03	<.001	1.900 - 5.507
IntRacism*Cen	-0.040	0.014	-2.92	.004	-0.066 - -0.013
Intercept	-22.288	4.945	-4.51	<.001	-32.003 - -12.574

Figure 1.

Two-Way Interaction Plot of the Internalized Racism – Depression Relationship with Racial Identity Centrality as a Moderator



Discussion

Using secondary data analysis, the current study explored the relationship between internalized racism and depression using racial identity centrality as a moderator. The current study was guided by two hypotheses. First, it was hypothesized that internalized racism would be a statistically significant positive predictor of depression in the sample. Second, it was hypothesized that centrality would weaken the relationship between internalized racism and depression. Results indicated that, indeed, internalized racism was a statistically significant positive predictor of depression. Meaning, as internalized racism increased, the endorsement of depression symptoms also increased. These findings are consistent with previous research on internalized racism and mental health, which states that internalized racism is positively associated with depression among Black Americans (e.g., Mouzon & McLean, 2017; Worrell et al., 2011; Taylor et al. 1991, Willis et al., 2017). Furthermore, regarding centrality, results supported the hypothesis that centrality moderated the relationship between internalized racism and depression. Specifically, at high levels of internalized racism, those who scored high in centrality exhibited less severe symptoms of depression compared to those who scored low in centrality. Whereas previous researchers have found evidence of centrality as a buffer against racism and discrimination (e.g., Sellers et al., 2007), these findings are the first to demonstrate centrality may act as a protective factor against the adverse effects of internalized racism (e.g., depression).

Implications

There are several theoretical and practical implications of these findings. Internalized racism is a woefully understudied and overlooked consequence of racism, thus gaining more insight on the nuances of internalized racism and mental health can have an impact on the ways in which

clinicians identify, process, and treat those suffering from internalized racism. With centrality identified as a potential buffer against the relationship between internalized racism and depression, clinicians may be able to use racial identity as a framework to treat internalized racism and subsequent mental health issues (e.g., racial identity development/formation). The current findings also have theoretical implications. As stated previously, the current study is the first to explore racial identity as a moderator between internalized racism and depression. These findings set the stage for further exploration of potential moderators of internalized racism and subsequent mental health and advance research on internalized racism generally.

Limitations and Future Directions

Although the present results clearly support the hypotheses, it is appropriate to recognize several potential limitations. First, this study was conducted using an existing data set, it may be useful in future research to conduct original research to further expand upon and replicate results. Mining existing data to answer novel research questions, in some cases, poses a potential ethical dilemma. Furthermore, data was collected during the COVID-19 pandemic, which may have affected the sample. Worldwide, depression increased during the COVID-19 pandemic (Ettman et al., 2022, Santomauro et al., 2021), which may be reflected in this data causing issues with potential replication and generalizability. Future research, with data collected outside of a global pandemic, should attempt to replicate this study to determine if the association between the variables was due to the unique set of contextual factors, or due to the inherent nature of the variables themselves. In addition to the global pandemic, there was a period of civil unrest (e.g., protests, demonstrations) during the data collection process. A further limitation was the cross-sectional nature of the study design, limiting causal interpretations of results in addition to being unable to identify changes over time.

Finally, the sample consisted of Black Americans only, limiting the generalizability of the results on internalized racism and mental health generally.

Much work remains to be done before a full understanding of the relationship between internalized racism and mental health can be established. First, future research endeavors should explore other potential moderators that may impact the relationship between internalized racism and depression, and mental health generally. Perhaps, because centrality was found to moderate this relationship, exploring other components of Seller's Multidimensional Model of Racial Identity may be useful to get a more comprehensive understanding of the ways in which racial identity can moderate the relationship between internalized racism and depression. In addition, it may be useful to replicate the current findings with other mental health issues, such as anxiety. Finally, another possible avenue of research may be to examine these relationships qualitatively, gaining more insight on the individual ways in which internalized racism impacts mental health and how Black Americans view centrality, racial identity as a whole, and as a protective factor to fight against internalized racism.

Conclusion

In summary, the present research contributes to a growing body of research on internalized racism and mental health. The current study found that internalized racism predicted depression in that internalized racism increased as depression increased. Furthermore, centrality was found to moderate the relationship between internalized racism and depression, potentially acting as a protective factor. Despite limitations, the current study has many implications for clinicians in treating those who experience internalized racism and depression and is the first study to explore

internalized racism, depression, and centrality, further advancing research on internalized racism and filling gaps in the literature. Future directions should address other potential moderators and explore internalized racism in the context of other mental health issues. Overall, though there is much that remains unknown in this area, the current research offers substantial evidence regarding the complex relationship between internalized racism and mental health.

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