Internalized Racism: A Systematic Review of the Psychological Literature on Racism’s Most Insidious Consequence

E. J. R. David*, Tiera M. Schroeder, and Jessicaanne Fernandez
University of Alaska Anchorage

Racism is often thought of as existing and operating at the interpersonal and institutional levels. One aspect of racism that has been relatively forgotten, however, is its internalized component: racism that exists and operates at the internalized level. Surprisingly, even psychology—the field that is arguably best equipped to study the internalized component of racism—seems to have lagged in investigating and addressing this construct. Thus, we conducted a systematic literature review of psychological work on internalized racial oppression to better understand what is currently known, what the recent surge in scholarship has contributed, and where the research and service gaps are in order to identify areas for future growth. Overall, psychological attention on internalized racism seems to be increasing, and there have been some exciting conceptual (e.g., cognitive behavioral conceptualization, moving toward “appropriated racial oppression”) and empirical (e.g., development of scales, correlates with mental health variables) developments. However, our review also revealed a need for more work that: (1) utilizes qualitative or mixed methods; (2) focuses on the experiences of different racial and ethnic groups; (3) investigates how internalized racism intersects with other forms of internalized oppression; (4) clarifies the connection of internalized racism with other theoretically similar phenomena; and (5) incorporates social justice and advocacy in clinical and community services to balance unequal power dynamics that perpetuate racism—the root cause of internalized racism.

Oppression has taken place throughout history. Examples include biblical stories (e.g., the enslavement of the people of Israel), the colonization of Indigenous peoples (e.g., Dunbar-Ortiz, 2015), the subjugation of women (e.g., Baker, 2006),......
the denial of equal rights for lesbian, gay, bisexual, transgender, and queer individuals (e.g., Nadal, 2013), the constant push for anti-immigrant policies (Vargas, 2018), and the marginalization of people with different abilities (e.g., Watermeyer & Gorgens, 2014). Sidanius and Pratto (1993, 2001)—in their articulation of social dominance theory—even argued that intergroup oppression is inevitable. Indeed, oppression in its many forms (e.g., racism, sexism, heterosexism, xenophobia, and ableism) has been so widespread that it is likely that everyone has witnessed oppression, experienced oppression, inflicted oppression, or all of the above.

So what is oppression? Although there are various definitions (e.g., Barker, 2003; Collins, 1993; Davis, 2002; Deutsch, 2006; Frye, 1983; Gil, 1994; Johnson, 2002a, 2002b; Young, 1990), all of them center on the notion that groups of people have unequal power (oppression as a state) and the more dominant groups use their power to exert violence on, exploit, marginalize, deny equal rights from, and inferiorize the dominated groups (oppression as a process). For example, Prilleltensky and Gonick (1996) conceptualize oppression as follows:

“...oppression entails a state of asymmetric power relations characterized by domination, subordination, and resistance, where the dominating persons or groups exercise their power by restricting access to material resources and by implanting in the subordinated persons or groups fear or self-deprecating views about themselves... Oppression, then, is a series of asymmetric power relations between individuals, genders, classes, communities, nations, and states (pp. 129–130).

Thus, “oppression is both a state and a process, with the state of oppression being an unequal group access to power and privilege, and the process of oppression being the ways in which inequality between groups is maintained” (David & Derthick, 2014, p. 3).

In addition to understanding that oppression is both a state and a process, it is important to clarify two key and necessary components of oppression—power and privilege. By its very definition, oppression does not exist if there are no power and privilege inequalities between people. Power may be defined as people’s access to resources that enhance their chances of getting what they need in order to lead safe, productive, fulfilling lives. It is the capacity to exert force, influence, or control over one’s environment—which includes other people, organizations, and institutions—in order to get what one wants (Fiske, 1993; Fiske & Berdahl, 2007). Power also includes the system of individuals, institutions, and cultural norms, standards, and assumptions that support, justify, legitimize, and protect certain worldviews and ways of doing. The existing power inequality between groups gives some people privileges that others do not have. Privilege may be defined as unearned power that is only easily or readily available to some people simply as a result of their social group membership. Privilege is enjoyed by a dominant group—whether they are aware of their privileges or not, whether they want it or not, and whether they are well-intentioned or not—giving them economic,
political, social, and cultural advantages over members of marginalized groups (David & Derthick, 2014).

**Racial Oppression**

For many people, the type of oppression that most easily comes to mind is racism—oppression that is based on racial or ethnic group membership. Racism has been an important global issue for centuries. Particularly in the United States, it is undeniable that racism is a major component—if not the foundation—of the country’s creation, development, and rise as a world power. Although racism may have evolved throughout history from blatant forms to more subtle forms (and, recently, blatant again), and although people may employ various strategies to mask their racial bias or deny the existence of racism (Karmali, Kawakami, Vaccarino, Williams, Phills, & Friesen, 2019), it is clear that racism still exists (David & Derthick, 2017) and has various negative effects on Peoples of Color (e.g., Albuja, Gaither, Sanchez, Straka, & Cipollina, 2019; Ozier, Taylor, & Murphy, 2019). For instance, the Southern Poverty Law Center (2016) has reported that there has been a significant rise in hate crimes over the past 2 years, with most of these hate crimes due to race and other identities (e.g., immigration status and religion) that are linked to race. Thus, racism continues to be an important social issue today.

When people think of racism, they likely think of interpersonal examples, such as when a White police officer closely monitors the behaviors of Black, Latinx, and Native people, because the officer assumes they are more likely to commit crimes or when a White woman calls an Asian person a derogatory term as they accidentally bump into each other. These are both examples of racism operating at the **interpersonal level** because they involve relatively more powerful and privileged individuals (White folks) engaging in biased thoughts, attitudes, and behaviors toward other individuals (Peoples of Color). Although interpersonal forms of racism are still the most easily seen and acknowledged type of racism, there seems to be an increasing societal understanding that racism also exists and operates at the **institutional level** (Jones, 1997, 2000). In other words, it seems that more people are becoming aware that existing policies, norms, and institutions may privilege some racial groups while denying such privilege to other groups, and that such privilege and power inequalities between racial groups is a necessary component of racism (Prilleltensky & Laurier, 1996). Increased discussions about how racism exists and operates in interpersonal interactions and institutions (for an example of interpersonal and institutional racism, see Kovera, 2019) seem to suggest that people are becoming more aware that racism is systemic and **everywhere**. However, fewer people seem to be aware that racism also exists and operates **within** people. Indeed, one aspect of racism that continues to be relatively forgotten is its internalized aspect—racism may also exist and operate at
the internalized level (David, 2014; David & Derthick, 2017; Jones, 2000; Pyke, 2010).

**Internalized Racial Oppression**

Internalized racial oppression may be defined as “the individual inculcation of the racist stereotypes, values, images, and ideologies perpetuated by the White dominant society about one’s racial group, leading to feelings of self-doubt, disgust, and disrespect for one’s race and/or oneself” (Pyke, 2010, p. 553). In early conceptualizations (e.g., Fanon, 1965; Freire, 1970; Memmi, 1965), internalized racism was considered a major psychological effect of racism. Psychiatrist Franz Fanon posited that the sustained denigration and injustice that the oppressed are subjected to often lead to self-doubt, identity confusion, and feelings of inferiority. Postcolonial scholar Albert Memmi added that the oppressed may eventually believe the inferiorizing messages about one’s racial group. Consistent with this, the classic doll studies of Clark and Clark, (1947)—perhaps the first quantitative, lab-based psychological study on internalized racism—indicated that internalizing the alleged inferiority and undesirability of one’s racial group can begin at a very young age. Another notable postcolonial scholar Paolo Freire also contended that because of the inferiority attached to their racial group, the oppressed might develop a desire to distance oneself from their racial or ethnic group and to emulate the oppressor because their ways are seen as superior. These early conceptualizations of internalized racism suggest that experiencing racism over lifetimes and generations can lead individuals to internalize the messages of inferiority they receive about their group, and to develop animosity toward others of the same race or ethnicity, or toward other oppressed racial or ethnic groups. These ideas are consistent with Lipsky’s (1987) definition of internalized racism as the “turning upon ourselves, upon our families, and upon our own people the distress patterns that result from the . . . oppression of the (dominant) society” (p. 6).

The importance of understanding and addressing internalized racism has been expressed by other scholars as well (e.g., Bailey, Williams, & Favors, 2014; Banks & Stephens, 2018; Gonzalez, Simard, Baker-Demaray, & Iron Eyes, 2014; Hipolito-Delgado, Gallegos Payan, & Baca, 2014; Millan & Alvarez, 2014). For example, noted sociologist Karen Pyke (2010) stated that “to forge effective methods of resistance, it is necessary to understand how oppression is internalized and reproduced” (p. 552). The U.S. Surgeon General also noted that internalized racism is an important pathway through which racial oppression causes psychological and physical harms to Peoples of Color (U.S. Department of Health and Human Services, 2001).

Despite the importance of internalized racism, however, the field of psychology seems to have paid little attention to it (David, 2014; David & Derthick, 2017; David & Okazaki, 2006a). This is surprising because psychology - with its
emphases on individual level and internal factors (e.g., cognitions, emotions) - seems to be the field that is arguably the most intuitively equipped to study the internalized component of racism. For instance, a basic search on PsycINFO on “racism” revealed 12,698 hits whereas “institutional racism” revealed 919 hits. The term “internalized racism,” however, produced only 292 hits (as of July 27, 2018). Further, in addition to the relatively low numbers for “internalized racism,” it is also important to note that a significant proportion of the existing psychological literature on this construct—approximately 90%—has come during the last two decades. Therefore, there seems to be a need to review the existing psychological literature on internalized racism to better understand what is known about internalized racism, how the recent surge in scholarship has improved the understanding of this construct, where the research gaps are, and areas for future growth.

Method

The purpose of our review was to provide a general description of the existing empirical (quantitative, qualitative, mixed methods) and theoretical literature on internalized racism. Thus, as summarized in Figure 1, our literature search and literature review process was broad and inclusive. We started by searching the largest database of psychology and psychology-related literature—PsycINFO (includes PsycNET, PsycARTICLES, PsycBOOKS, and PsycEXTRA)—for scholarship focusing on internalized racism using the following keywords: internalized racism, internalized racial oppression, internalized ethnic oppression, internalized racial discrimination, internalized ethnic discrimination, colonial mentality, or internalized colonialism. Our search produced 122 results (as of October 26, 2018). We reviewed the abstracts and categorical information available on PsycINFO to decide which of the articles pertained to the topic of interest. For articles that did not have abstracts readily available via pdf or physical copy, we obtained copies through interlibrary loan.

After an initial review, we omitted 15 (see Figure 1), leaving us with a total of 107 articles. Each member of the research team reviewed all of them independently. The second and third authors categorized the remaining articles based on source format (e.g., peer-reviewed journal article, book, book chapter, etc.), nature of the article (e.g., theoretical/conceptual, data based), method (e.g., qualitative, quantitative, mixed methods), race/ethnicity of participants, sample population (e.g., school, general population, etc.), and setting (i.e., location of study). The second and third authors also included a short excerpt of the main findings for each article. After consolidating the categorizations and resolving questions or inconsistencies, the categorizations were sent to the first author who further reviewed the categorizations for inconsistencies, confusions, or errors. This back-and-forth between the authors took place until all disagreements,
Inconsistencies, confusions, and errors were resolved unanimously. In addition, the first author—who specializes in internalized racism work—noticed that several known psychology and psychology-related articles on internalized racism were not captured by the PsycINFO search. Thus, 16 publications were added to the list of 107, bringing the final total of reviewed articles to 123. Finally, each of us provided general observations of the reviewed literature and some recommendations for future work in this area.
Results

General Description of Existing Literature

The 123 articles included in our review are identified by asterisks in the reference list (for a complete list of the reviewed literature and how they were categorized, please visit: https://mfr.osf.io/render?url=https%3A%2F%2Fosf.io%2Fvjygc%2Fdownload). Our systematic review showed that an overwhelming majority of the existing psychological work in this area was done over the past 10 years (approximately 74%), suggesting that there is a rapidly increasing interest on internalized racism in psychology. Of the 123 articles that focused on internalized racism, a majority were data-based (n = 81; 66%). Of these data-based publications, approximately two-thirds used quantitative methods only (67%) and most were conducted with adults (72%) and with the general community (67%). Literature focusing on African Americans was the most common (41%), and the overwhelming majority (92%) of the literature focused only on internalized racial oppression and did not consider any other type of internalized oppression. A more detailed breakdown of the reviewed literature is pictorially presented in Figure 2.

Theoretical and Conceptual Developments

A deeper review of the internalized racism literature revealed some notable theoretical and conceptual developments, and we highlight some of them in this section. There seems to be empirical evidence to support early theoretical conceptualizations of internalized racism (i.e., Fanon, 1965; Freire, 1970; Memmi, 1965). Specifically, data suggest that people who experience more racism also tend to have higher levels of internalized racism (e.g., David & Okazaki, 2006b; Graham, West, Martinez, & Roemer, 2016), and people who are more frequently exposed to inferiorizing messages about their race or ethnicity through their experiences with their relatives, peers, and the general community also tend to have higher levels of internalized racism (e.g., David & Nadal, 2013; Ferrera, 2011; Varela, 2015). Further, not only does internalized racism result from racism and socialization, internalized racism perpetuates racism—consistent with Pyke’s (2010) contention that the reproduction of oppression is a component of internalized racial oppression. For example, Neville, Coleman, Falconer, and Holmes (2005) found a negative relationship between internalized racism and the degree to which people agree that racism exists. Similarly, David and Okazaki (2006a) argued that one component of internalized racism is when members of oppressed racial groups tolerate, minimize, deny, and perhaps even justify racism. Such findings are consistent with system justification theory, which argues (among other things) that members of disadvantaged groups may legitimize social hierarchies even at
the expense of their own group’s interest (Jost & Banaji, 1994). Thus, in addition to participating in their own oppression through self-destruction, violence toward self (Padilla, 2001), and self-denigration (David & Okazaki, 2006a), members of racially oppressed groups may also rationalize and propagate racism. Further, internalized racism perpetuates racism by creating conflicts within (e.g., David & Okazaki, 2006a, 2006b; Pyke & Dang, 2003) and between (e.g., Fors, 2018; Tawa, Suyemoto, & Tauriac, 2013) oppressed racial groups, and may push oppressed groups to emulate and identify with oppressors (Lipsky, 1977; Padilla,
Perhaps even more insidious is that internalized racism results in the incorporation of inferiorizing stereotypes into cultural values and traditions (i.e., “that’s just the way we are”; Lipsky, 1977, p. 5), so that oppression becomes institutionalized as a norm and, thus, may be transmitted across generations (e.g., David, 2013; David & Nadal, 2013; David & Okazaki, 2006b; David, Sharma, & Petalio, 2017; Whatley, 2017).

Levels and manifestations of internalized racial oppression. Integrating what has been learned about the concept of internalized racism, David, Petalio, and Crouch (2018) proposed a conceptual framework to delineate that internalized racism may be expressed intrapersonally, interpersonally, and institutionally. The most frequently known manifestation of internalized racism is intrapersonal—when individuals hold derogatory, denigrating, or inferiorizing attitudes or feelings toward themselves and enact such beliefs toward themselves (e.g., use of skin-whitening products). When inferiorizing beliefs and behaviors are expressed toward others, internalized racism is expressed interpersonally (e.g., when Native people belittle other Native people for being “too Native”). When inferiorizing attitudes and practices become normalized—perhaps even to the point where social norms, policies, or laws are developed to legitimize them—internalized racism becomes institutionalized (e.g., when Peoples of Color equate “looking professional” and “respectable” to wearing suits and having short hair, and these become unquestioned practices in their families and businesses). Internalized racism that is expressed interpersonally or institutionally occurs when internalized racism is directed toward other oppressed racial groups or other members of one’s racial group. Thus, interpersonal and institutional internalized racism occur when internalized racism becomes lateral (or horizontal) racism—when members of oppressed racial groups use the biased views and/or institutions of the dominant society to marginalize other racial groups (i.e., between-group) or other people in their own racial group (i.e., within-group). An example of within-group lateral racism is when Asians derogate other Asians for speaking English with an accent (e.g., Castillo et al., 2007, 2008; David & Okazaki, 2006b). An example of between-groups lateral racism (e.g., White & Langer, 1999) is when Asian Americans see themselves as “model minorities” and uphold stereotypical views of Black, Latinx, and Native Americans as lazy and not as intelligent.

Cognitive behavioral theory (CBT) conceptualization of internalized racism. There has also been a proposal to adapt a cognitive behavioral theory (CBT) conceptualization of internalized racism, which defines internalized racism as a set of self-defeating thoughts, attitudes, and behaviors that were developed as a result of one’s experiences of racism (David, 2009). This move toward conceptualizing internalized racism in CBT terms is an attempt to make internalized racism more familiar and “palatable” to the field of psychology and, therefore, facilitates the
field’s attention to and consideration of the construct. Using CBT principles and concepts, internalized racism may be conceptualized as a distorted view of the self (as inferior), one’s racial group (as inferior), and of others (e.g., White people as superior and other Peoples of Color as inferior) that is a consequence of experiences in the environment. One of the most basic tenets of CBT is that thoughts that occur most frequently and are most easily accessible in memory are the ones that tend to be believed. Thus, according to the CBT conceptualization of internalized racism, members of oppressed racial groups have been—both in subtle and overt ways—consistently receiving the message that they are inferior to the dominant racial group. Eventually, members of oppressed racial groups may no longer need society to perpetuate such inferiorizing messages, because they begin inferiorizing themselves in overt and subtle ways (Cajucom, 2017; Duran, Firehammer, & Gonzalez, 2008; McDonald & Gonzalez, 2006).

Social-cognitive conceptualization of internalized racism. Consistent with a CBT conceptualization of internalized racism, emerging evidence suggests that internalized racism is composed of both overt (i.e., conscious, behaviors) and covert (i.e., attitudes, emotions, may be nonconscious) components, with the covert components existing and operating outside of one’s awareness, intention, or control (David, 2010, 2013; David & Okazaki, 2010). This social-cognitive conceptualization of internalized racism is based on the literature on learning and cognition, memory, priming, spreading activation theory, and the dynamic constructivist approach to culture and cognition (Hong, Morris, Chiu, & Benet-Martinez, 2000). Based on this body of literature, members of oppressed racial groups may internalize the oppression they experience so deeply that it creates within them a knowledge system characterized by automatic negative cognitions and perceptions of their racial group. For instance, using methods such as the word-completion task, implicit association test, and the lexical decision priming task with Filipino Americans (David, 2010; David & Okazaki, 2010), evidence suggests that members of this group may have learned to automatically associate undesirable, unpleasant, and negative thoughts with Filipino, and desirable, pleasant, and positive thoughts with American/White. The implicit association test has also been used to capture components of internalized racism among African Americans (Chae et al., 2014) and Latinx (e.g., Uhlmann et al., 2002). These findings suggest that racism may be internalized deeply enough by members of racially oppressed groups for a distorted cognitive system to be developed and automatically operate.

Toward “appropriated racial oppression”. Most recently, and the last conceptual development we want to highlight, some intriguing and promising efforts have challenged the term “internalized” itself along with the potentially problematic connotations attached to it. Indeed, some scholars (Banks & Stephens, 2018;
Campon & Carter, 2015; Tappan, 2006) have argued that internalized racial oppression is better termed and conceptualized as “appropriated racial oppression.” They contend that the term “internalized” perpetuates the psychological field’s tendency to overemphasize internal factors and, consequently, blame individuals for oppression instead of focusing on the reality that oppression is systemic. Also, proponents of “appropriated racial oppression” argue that this is a less restrictive conceptualization than “internalized racial oppression,” because the former is not limited to accepting the negative messages about one’s racial group but also includes the adoption, mastery, and use of the various “tools of oppression”—some of which may appear adaptive or positive at face value (e.g., assimilation, “looking professional” or “respectable”). Even further, they argue that a shift in conceptualization toward “appropriated racial oppression” allows for a more nuanced and complete understanding of how Peoples of Color “inherently have a relationship with oppression and the extent to which they believe they deserve the oppression, it is natural, or it is inevitable” (Banks & Stephens, 2018, p. 94).

**Research Trends**

*Quantitative measures for internalized racial oppression.* In addition to the exciting theoretical and conceptual developments summarized in the previous section, our systematic review of the internalized racism literature allowed us to identify some research trends. Although approximately 25% of the data-based literature used qualitative methods, there seems to be a clear recent surge in developing quantitative scales to capture internalized racism, making quantitative explorations of the construct more feasible. It is noteworthy that the first quantitative measure for internalized racism—the Nadanolization Scale—was not published until Taylor and Grundy (1996), perhaps a reflection of how internalized racism has been neglected by psychology. However, what is perhaps a reflection of the recent surge in psychological interest in internalized racism is that—in just the last decade—there have been psychometrically developed scales to capture internalized racism as experienced by various groups, such as African Americans (Bailey et al., 2011), Asian Americans (Choi, Israel, & Maeda, 2017; Liao, 2017), Filipino Americans (David & Okazaki, 2006a), Latinx (Hipolito-Delgado, 2016), Puerto Ricans (Capiezo et al., 2019), Ghanaians (Utsey et al., 2015), and even a general scale for use with all Peoples of Color (Campon & Carter, 2015). Although groups differ in their experiences of internalized racism (e.g., desiring straight hair is common among African Americans but not Filipinos, while desiring straighter/bridged noses is common among Filipinos but not African Americans), it is important to note that there are some consistent similarities such as feelings of inferiority, shame, or embarrassment; adopting American or Western standards of physical attractiveness (e.g., lighter skin tones);
animosity toward other members of one’s racial/ethnic group; and minimizing, tolerating, denying, and even justifying racism.

Further, in addition to self-report scales, methods have been developed to more subtly capture internalized racism using procedures, such as the Implicit Association Test and various priming tasks, for example, lexical decision priming (e.g., Chae et al., 2014; David & Okazaki, 2010), consistent with the social-cognitive conceptualization of internalized racism suggesting that one component of the construct may exist and operate as implicit automatic associations outside of one’s awareness, intention, or control. These efforts to quantify internalized racism are typically intended to better understand how various racial groups experience or manifest internalized racism, as well as to quantitatively link (through correlations) internalized racism with other psychological constructs such as ethnic identity, self-esteem, and various mental health variables.

Correlates of internalized racial oppression. A large percentage of the data-based studies (approximately 46%) on internalized racism explored its relationship with other variables, and we highlight some of them in this section. A number of studies has investigated the relationship between internalized racism and ethnic/racial identity, which tend to be negatively correlated (e.g., Benigno, 2017; Bryant, 2009; Cokley, 2002; David & Okazaki, 2006b; Ferrera, 2017; Hipolito-Delgado, 2008, 2010, 2016; Zhen-Duan, Jacuez, & Saez-Santiago, 2018; Williams, 2011). Relatedly, some studies also suggest that internalized racism is related to assimilation or lower levels of being enculturated or connected with one’s racial/ethnic group (e.g., David & Okazaki, 2006b; Hilaire, Blitz, Lisa, & Greene, 2006). These studies suggest that levels of ethnic/racial identity and enculturation may be important factors to consider in preventing the development of internalized racism or reducing/eliminating internalized racism.

A number of studies has looked at the relationship between internalized racism and academic performance. Some studies (e.g., Brown, Rosnick, & Segrist, 2017; Brown & Segrist, 2016; Johnson, 2009; Morente, 2016; Robertson, 2018) suggest that internalized racism is related to lower career aspirations, lower valuing of education, lower academic self-concept, and lower grades. However, some studies have also found no evidence that internalized racism and academic achievement are correlated (e.g., Aliciano, 2018; Harper & Harris, 2010). Initial evidence has shown that among African American high schoolers there is a positive relationship between internalized racism and aggressive behavior and propensity for violence (Bryant, 2009). This same study also found that African American students who were educated in “African-centered” ways tended to have lower levels of internalized racism than African American public high school students, again highlighting the importance of a positive racial/ethnic identity in potentially buffering the negative effects of internalized racism.
Most studies that investigate internalized racism’s relationship with other variables are focused on various indicators of mental health. In this regard, internalized racism seems to be consistently related to lower levels of personal and collective self-esteem (e.g., Bailey, 2009; Clement, 2015; David & Okazaki, 2006b; Utsey et al., 2015), psychological well-being (e.g., Bailey, 2009; Ferrera, 2016), and life satisfaction (e.g., Bailey, 2009; David & Okazaki, 2006b). Some studies have also found correlations between internalized racism and higher levels of hopelessness (Cort et al., 2009) and stress (e.g., Bailey, 2009; Garcia, David, & Mapaye, 2018; Grace, 2013; Szymanski & Obiri, 2011; Tull, Sheu, Butler, & Cornelious, 2005). There is also a growing body of empirical literature documenting internalized racism’s links with specific psychological disorders like depression (e.g., Cajucom, 2017; David, 2010, 2008; David & Okazaki, 2006b; Molina & James, 2016; Mouzon & McLean, 2017; Utsey et al., 2015), anxiety (e.g., Clement, 2015; Graham, West, Martinez, & Roemer, 2016; Utsey et al., 2015), and body dissatisfaction (e.g., Cajucom, 2017; Cort et al., 2013; Mason, 2016). Furthermore, some studies have linked internalized racism to physical ailments such as obesity (e.g., Butler, Tull, Chambers, & Taylor, 2002; Chambers et al., 2004; Martin, 2013), cardiovascular disease (e.g., Chae, Lincoln, Adler, & Syme, 2010), and even sooner death as internalized racism has also been found to be related to shorter telomere length (i.e., Chae et al., 2014).

Addressing Internalized Racial Oppression

Because of empirical evidence showing that internalized racism has negative mental health consequences, there have also been efforts to address internalized racism in clinical and community settings (see David, 2014 for a review). We highlight some of them in this section.

Clinical context. The majority of the literature on clinical approaches to internalized oppression pertains to African Americans. For example, Thomas, Speight, Witherspoon, and Chin (2005) explored the impact of internalized oppression on Black women and found that it often effects psychological functioning as well as interpersonal behavior. They recommended therapy that focuses on the development of critical consciousness and an authentic self. Frame, Williams, and Green (1999) also worked with African-American women who reported internalized oppression and described specific interventions that promote self-love, self-compassion, and identity exploration. Similarly, Watts-Jones (2002) emphasized the importance of promoting and engaging in a safe community in which healing of internalized oppression can thrive, while Kaufka (2009) endorsed the use of a composition-based narrative therapy process that addresses internalized oppression by externalizing the problem, reclaiming personal stories, and
providing an outlet for emotion exploration dialogical interaction between conflicted aspects of the self.

Addressing internalized racism in the clinical setting is also where we typically see the few articles that touch on intersectionality. For example, Drazdowski and colleagues (2016) reviewed the effects of racism and LGBTQ discrimination on internalized oppression and illicit drug use among people of color. They suggested examining the links between forms of oppression, internalized oppression, and illicit drug use with the aim of redirecting focus on substituting more adaptive coping. Similarly, Rutter and Camarena (2015) presented a theoretical psychotherapeutic model for African American and Latino men who have sex with men, which could also be used as a template for work with other marginalized groups. It begins with assessment of colonial mentality that emphasizes acknowledgement and understanding of the client’s experience of marginalization. It follows with treatment that incorporates motivational interviewing, indigenous knowledge, narrative therapy, cognitive interventions, and feminist counseling theory, with the intent of incorporating a postmodern view that encourages identity integration and service focused on enhancing clients’ involvement in their community.

A smaller portion of the literature pertains to address internalized racism among South Asian minorities, although many of the recommendations are similar to those summarized previously. For example, Dominic (2016) found that discrimination against South Asian minorities in Indian workplaces was perpetuated with the intent of preserving upper caste hegemony, which resulted in dehumanization and demoralization. He insisted upon the importance of mental health workers developing an understanding of marginalized clients’ inner worlds of discrimination to find effective coping strategies for ethnic discrimination-related stress, in addition to encouraging the challenges of problematic systemic norms. As for work with South Asian Americans, Parakrama (2014) also stressed the importance of mental health professionals’ understanding the effects of internalized racism and the nature of race in psychotherapy in order to provide effective and supportive services.

Overall, the literature suggests that addressing internalized racism in clinical settings should be approached with great sensitivity and considerable awareness of the oftentimes imperceptible ways in which it affects marginalized individuals. Approaching therapy through an internalized racism lens that seeks to uncover and understand the ways in which individuals internalize oppression and how that internalization affects their lives appears to be a key component of effective and supportive treatment. The most common treatment recommendations include person-centered and narrative therapies that aim to help individuals gain insight about their experience of internalized oppression, empower them to reclaim their narratives, and integrate newfound understanding of themselves into their identity.
Community context. While acknowledging the importance of addressing internalized racism in clinical contexts, primarily because internalized racism has serious negative mental health implications, many scholars also continue to emphasize that internalized racism would not exist if the system of racism did not exist (e.g., Banks & Stephens, 2018; David, 2013; Pyke, 2010). Thus, there have also been noteworthy efforts to make systemic or environmental changes to address internalized racism. For example, Miranda (2013) has suggested that schools can become transformative spaces to address and prevent internalized racism among Mexican American students if the schools provide youth with opportunities to gain better understanding of their history and to have sustained conversations about such history with their families. Similarly, the development of schools or similar educational spaces (e.g., workshops, after-school programs, etc.) that promote cultural recovery and empowerment seem promising ways to address internalized racism among Native Americans (e.g., see Gonzalez, Simard, Baker-Demaray, & Iron Eyes, 2014, for a review), Pacific Islanders (e.g., see Salzman & Laenui, 2014, for a review), African Americans, (e.g., see Bailey, Williams, & Favors, 2014, for a review), and Asian Americans (e.g., see Millan & Alvarez, 2014, for a review) largely because such efforts tend to address power imbalances in the larger society. Further, in addition to strengthening individual and systemic factors that may serve as protection against the development of internalized racism, these community-level efforts attempt to develop critical awareness among Peoples of Color and spark collective action to challenge racially oppressive social systems—the root cause of internalized racism.

Discussion

There seems to be a growing interest in internalized racism in psychology, and our review suggests that the understanding of this construct has significantly improved. Despite such advancements, however, our review also allowed us to identify areas for future growth. Thus, we close by providing research, service, and policy recommendations.

Research Recommendations

Conceptually, the proposal to move toward “appropriated racial oppression” to allow for an expanded and more nuanced conceptualization of internalized oppression represents an important contribution to further clarifying this construct. The potential danger of the term “internalized” to shift focus away from systemic racism toward blaming individuals is an excellent point. However, the term “appropriated racial oppression” is not without its own limitations. For instance, the term “appropriate” is usually defined as taking something without the permission of the “owner.” In the case of oppression, it seems as though oppressors would
happily “share” their oppression to oppressed people. Indeed, as South African antiapartheid activist Stephen Biko (1978) stated, “the most potent weapon in the hands of the oppressor is the mind of the oppressed.” Further, “appropriate” also speaks to an imbalance of power between groups who are exchanging or adopting elements of their cultures, with the more powerful group taking something from the less powerful group and benefitting from it. In other words, appropriation can only go one way—from oppressed to oppressor, by the oppressor, for the benefit of the oppressor. When it comes to oppression, oppressed groups cannot appropriate it (because they do not hold more power) and they are clearly not benefitting from it. Therefore, the term “appropriated racial oppression” seems limited, even nonsensical.

Perhaps psychological research can continue using the term “internalized racism”—we are psychology after all—but also consistently emphasize that internalized racism would not exist if racism did not exist and expand its definition as proponents of “appropriated racial oppression” propose. In fact, this may not require that much of a change as a closer look at how some scholars have conceptualized internalized racism seems to already adhere to this conceptualization, while still using the term internalized racism. For example, in their conceptualization of internalized racism among Filipinos, David and Okazaki (2006b) included assimilation, tolerating, denying, justifying racism/colonialism, and perceiving racism/colonialism as necessary and for one’s own good. Similarly, Neville and colleagues as well as other scholars (e.g., Fors, 2018) have always conceptualized internalized racism as including the adoption of the dominant group’s perspectives on race (e.g., colorblindness) that seems to be “adaptive” or positive on the surface.

Our review also revealed a large body of psychological literature that is relevant to and informs the understanding of internalized racism (or appropriated racial oppression), but does not explicitly focus on internalized racism. Indeed, the empirically sophisticated and dynamic work on racial phenotypical bias (e.g., for a review, see Maddox, 2004), outgroup favoritism (e.g., for a review, see Dasgupta, 2004), system justification theory (e.g., Jost & Banaji, 1994; Jost, Banaji, & Nosek, 2004), and social dominance theory (Sidanius & Pratto, 1993, 2001) are about phenomena that may be seen as manifestations of internalized racism (e.g., members of marginalized groups preferring the characteristics of dominant groups, desiring to preserve systems that benefit dominant groups, and accepting the hierarchical order of groups). Yet work on these topics very rarely mention internalized racism or other forms of internalized oppression as part of their conceptualization of their respective phenomena. The fact that such literature is not explicitly framed as about internalized racism—or that such work typically does not even make an effort to mention or connect with internalized racism (nor were they required to by reviewers/editors)—speaks to the point that internalized racism is typically ignored, unacknowledged, and understudied in psychology. Similar to how internalized racism has been conceptually connected with CBT
and social-cognition literature, perhaps future work can consolidate the seemingly related bodies of literature on phenotypicality bias, outgroup favoritism, system justification theory, and social dominance theory into an integrated theory of internalized racism (or internalized oppression more generally). Such an integrated articulation of these related phenomena may clarify their connections with each other and facilitate future research.

As psychological research on internalized racism proceeds, more work needs to be done with the various racial and ethnic groups who have experienced various forms of historical (e.g., colonialism, slavery, and genocide) and contemporary (e.g., anti-Muslim and anti-immigrant sentiments) racism. Understandably, given their long and painful histories of racial oppression in the United States and in other parts of the world, a large proportion of internalized racism literature is about African Americans (41%). However, given the diversity of racist experiences between racial groups, and how such experiences may be internalized and manifested by each racial group, there seems to be plenty of much-needed research opportunities.

Further, as researchers widen their focus to conduct research with various racial and ethnic groups, they must also widen their methodological toolbox. Indeed, 67% of the data-based literature on internalized racism used only quantitative methods. Given the diversity of experiences between oppressed racial groups and the complexity of internalized oppression and its effects, psychological research should utilize both quantitative and qualitative methods. Indeed, as useful as quantitative studies are, there are nuances to internalized racism that such studies may not completely capture. For example, through the use of in-depth interviews, Ferrera (2016) found that the internalized racism manifestation of colonial debt was consistently mentioned by Filipino Americans as adversely affecting their emotional well-being. This finding is inconsistent with quantitative results (e.g., David & Okazaki, 2006b) showing that this component of internalized racism was not statistically related to mental health variables (and if so, related in a beneficial direction). Thus, qualitative studies may provide a more nuanced understanding of internalized racism, which can lead to more refined research questions and more accurate understanding of the construct.

Generally, as research on racism and other forms of oppression is conducted, researchers need to be aware of and guard against a dominant tendency to automatically privilege quantitative work—or research that seems to better satisfy conventional standards of science, such as statistics, large sample sizes, and highly controlled experiments—as inherently better, more rigorous, or more acceptable than qualitative work. Keeping in check the tendency to automatically overvalue the standards of conventional science and unquestionably accept its assumptions, values, and methods is especially important when studying oppression and working with oppressed groups. This is because many oppressed groups have painful histories with conventional science, not only in terms of how science was used
to inferiorize them and legitimize their oppression (e.g., “The Bell Curve” by Hernstein & Murray, 1994), but also because an overemphasis on Western scientific methods, assumptions, and values has contributed to the erasure of many racial groups’ own epistemology or ways of knowing—a tragedy that scholars have called scientific imperialism (e.g., Diaz-Loving, 1999; Enriquez, 1993; Kim, 2000; Shams, 2002) or epistemicide (de Sousa Santos, 2014). Thus, researchers need to listen to the communities they are supposed to be serving and use research methods that are more indigenous, natural, and empowering to them. In this regard, psychology’s growing use of community-based participatory research is promising because it regards researchers and participants as equal stakeholders, engages the community of interest in all aspects of the research process (e.g., decisions about topic, methods), and gives the community power over how research is disseminated (e.g., journal articles, media, and conference presentations).

Also, similar to the need for more intersectionality research in multicultural psychology in general (e.g., Castillo-Lavergne & Destin, 2019; Jaxon, Lei, Vraneski-Shachnai, Chestnut, & Cimpian, 2019), psychological research on internalized racism in particular needs to reflect the reality that people simultaneously hold multiple oppressed identities and that such identities may interact to influence peoples’ psychological experiences in very complex ways. Indeed, our review shows that only 8% of the literature on internalized racism also touched on other types of oppression. Thus, the psychological literature on intersectionality needs to grow, and the relatively few studies looking at intersectionality have provided some exciting insights. For example, Szymanski and Gupta (2009) looked at the intersections of internalized racism and internalized heterosexism and found that, although both were important for LGBTQ POC’s mental health, internalized heterosexism was more of a concern. Several studies (e.g., Szymanski & Henrichs-Beck, 2014; Szymanski & Kashubeck-West, 2008; Szymanski & Owens, 2009) also found that experiences of sexism and heterosexism—as well as the internalization of such forms of oppression—had unique and cumulative effects on sexual minority women’s mental health. Indeed, this is definitely an exciting area of research and future psychological work on multiple oppressed identities may shed light on many remaining unanswered questions.

Service Recommendations

Our review suggests that internalized racism is related to more psychological distress and various mental health concerns. Therefore, psychological services must incorporate a social justice framework to better identify racial oppression as a contributor to clients’ distress and address it appropriately, sensitively, and effectively. A social justice approach acknowledges the role of systemic oppression
in the development and maintenance of psychological distress or psychopathology (Martín-Baró, 1996; Ratts, 2009). Services can also be antioppression by valuing—and incorporating—other ways of healing (e.g., talking circles, sweats, storytelling, culture camps, hunting, berry picking, and ethnic studies courses) to more appropriately, respectfully, and effectively help individuals who are members of historically oppressed groups. In addition to serving as culturally appropriate and comfortable avenues through which internalized racism and its effects can be better explored and understood, incorporating other ways of healing into services is one small way in which service providers can change clients’ immediate environmental contexts and structures; make services more accommodating of their cultures, worldviews, and experiences; and balance the power differential between “expert” and “layperson,” “clinician” and “patient,” or “provider” and “recipient.” Indeed, incorporating a social justice lens into existing services may help mental health service providers ensure that they do not fall victim to simply teaching clients to tolerate racism or become well-adjusted to oppression. Thus, not only will the adoption of a social justice framework and becoming more oppression-informed improve the effectiveness of services, it prevents the propagation of internalized oppression.

Policy Recommendations

In addition to making small changes in structures that service providers have direct control over, such as clinics and theoretical orientations, service providers must also take collective action toward changing larger systems or institutions. Psychologists and the organizations that represent psychologists (e.g., American Psychological Association) must work toward legitimizing other ways of knowing and healing, many of which are based on non-Western worldviews, and regard them as just as legitimate, valid, and potentially helpful as Western-based practices. Some specific institutional-level changes that a social justice-informed psychology can work toward are: (1) requiring social justice or “oppression-informed” training in psychology graduate programs (e.g., Neblett, 2019); (2) revising the standards of APA’s list of empirically based practices (American Psychological Association Presidential Task Force on Evidence-Based Practice, 2006) to include the perspectives and standards of historically oppressed communities; (3) encouraging empirical tests of indigenous or traditional ways of healing that communities regard as helpful for their well-being, which could lead to considering the inclusion of these approaches in APA’s list of empirically based practices; (4) making health insurance companies recognize such practices as “reimbursable”; and (5) making educational institutions, insurance companies, community agencies, hospitals, and clinics value the practitioners (e.g., elders, traditional healers) of these methods (David & Derthick, 2017). Once again, these recommendations are driven by an effort to balance the power between ways of knowing, healing, and
doing that have been historically valued and privileged and those that have been marginalized, hence, directly addressing the state and processes of oppression that leads to internalized oppression.

Finally, oppression-informed psychologists must find and embrace other roles that allow them to be more useful to the communities with whom they work, communities that have increasingly become more diverse over the years. Thus, psychologists must also diversify their skillsets and ways of helping by going beyond their laboratories, classrooms, offices, clinics, therapy rooms, or hospitals—contexts wherein the imbalance of power between psychologists and the people they serve are maintained—and find other ways to make society more just and healthy. In addition to conventional roles as teachers, therapists, researchers, or administrators, other roles that psychologists can fulfill as they collectively try to address and eliminate oppression include consultation (e.g., assist organizations, agencies, or community groups in some specific issues or projects), community organizing (e.g., bringing community members together in a joint action intended to improve their lives and well-being), and coalition building (e.g., bringing together community groups, organizations, or stakeholders to address issues). These other roles put psychologists in contexts wherein they must work collaboratively with the communities they are supposed to serve—equalizing the power dynamics to go beyond making individual-level changes and also try to make systemic changes. Indeed, as liberation psychology pioneer Ignacio Martín-Baró (1996) argued, it is the duty of the psychologist to change the world.

Summary and Conclusion

Our systematic review of the psychological literature on internalized racism suggests that there has been significant growth in this area of work. There have been exciting conceptual (e.g., cognitive behavioral conceptualization, moving toward “appropriated racial oppression”) and empirical (e.g., development of scales, correlates with mental health variables) developments. Nevertheless, our systematic review also revealed gaps in efforts to better understand and address this phenomenon. Specifically, our review suggests that more work is needed that: (1) utilizes qualitative or mixed methods; (2) focuses on the experiences of different racial and ethnic groups; (3) investigates how internalized racism intersects with other forms of internalized oppression; (4) clarifies the connection of internalized racism with other theoretically similar and overlapping phenomena; and (5) incorporates social justice and advocacy into clinical and community services. We hope that the identification of areas for future growth will contribute to collective efforts to better understand and address internalized racism, which has insidiously plagued and damaged many communities throughout the world for generations.
References


*Benigno, H. A. D. (2017). Paggunita sa nalimutan (remembering what was once forgotten): Exploring the relationship between colonial mentality and parenting in Filipino Americans families. Dissertation Abstracts International: Section B: The Sciences and Engineering, 78(3-B(E)). University of Microfilms, Ann Arbor, MI.


*Clement, L. F. (2015). Is there a correlation between colonial mentality and anxiety in Filipino Americans? Dissertation Abstracts International Section B: The Sciences and Engineering, 75(B-E)). University Microfilms, Ann Arbor, MI.


*Dominic, J. (2016). The lived experience of ethnic discrimination stress in the workplace among high-achieving adivasis. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 76*(7-B(E)). Capella University, Minneapolis, MN.


*Finley, T. L. (2013). Black racial identity and internalized racism: Their relationship to depression in Black deaf college students. Dissertation Abstracts International: Section B: The Sciences and Engineering, 74(6-B(E)). University Microfilms, Ann Arbor, MI.


A Review of Internalized Racism Literature


Liao, L. (2017). Development of the Internalized Racism Scale for Asian Americans. Dissertation Abstracts International Section A: Humanities and Social Sciences, 78(2-A(E)). Arizona State University, Tempe, AZ.


Martin, L. J. (2013). Relationships between perceived racism, internalized racism, and body mass index in Black Americans: Do coping style and attitudinal factors moderate these relationships? Dissertation Abstracts International: Section B: The Sciences and Engineering, 74(5-B(E)). University Microfilms, Ann Arbor, MI.


Miranda, L. (2013). Internalized colonization and decolonizing Mexican American youth. Dissertation Abstracts International: Section B: The Sciences and Engineering, 73(11-B(E)). University Microfilms, Ann Arbor, MI.


*Parakrama, S. N. (2014). The emergence of internalized racism in ethnically matched therapeutic dyads with South Asian Americans. Dissertation Abstracts International: Section B: The Sciences and Engineering, 74(12-B(E)). University Microfilms, Ann Arbor, MI.


*Robertson, A. (2018). Internalized racism as a barrier to academic achievement: Perceptions of middle school students in a community school program. Dissertation Abstracts International Section A: Humanities and Social Sciences, 79(8-A(E)). University of Microfilms, Ann Arbor, MI.


A Review of Internalized Racism Literature

*Umali, C. J. E. (2004). Guess who’s coming to adobo dinner? The experience of Filipina Americans who have been in relationships with African American men. Dissertation Abstracts International: Section B: The Sciences and Engineering, 64(10-B), 5278. University Microfilms, Ann arbor, MI.


*Varela, L. (2015). The impact of internalized racial oppression in the lives of nine American men of Mexican ancestry. Dissertation Abstracts International Section A: Humanities and Social Sciences, 76(5-A(E)). Texas State University, San Marcos, TX.


*Wallace, L. M. (2014). Double dutching in my own skin: An autoethnography on colorism. Dissertation Abstracts International Section A: Humanities and Social Sciences, 74(11-A(E)). The University of North Carolina, St, Greensboro, NC.


E. J. R. DAVID is an Associate Professor at the University of Alaska Anchorage, with his primary duties being with the PhD Program in Clinical-Community Psychology that has a Cultural and Indigenous Emphasis. He has published theoretical and empirical works on Internalized Oppression or Colonial Mentality,
including four books: *Brown Skin, White Minds: Filipino -/American Postcolonial Psychology* (Information Age Publishing); *Internalized Oppression: The Psychology of Marginalized Groups* (Springer Publishing); *The Psychology of Oppression* (Springer Publishing); and *We Have Not Stopped Trembling Yet* (SUNY Press). Dr. David was the recipient of the 2007 American Psychological Association (APA) Society for the Psychological Study of Ethnic Minority Issues (Division 45) Distinguished Student Research Award, the 2012 APA Minority Fellowship Program (MFP) Early Career Award in Research for Distinguished Contributions to the Field of Racial and Ethnic Minority Psychology, the 2013 Asian American Psychological Association (AAPA) Early Career Award for Distinguished Contributions to Research, the 2014 Alaska Psychological Association “Cultural Humanitarian Award for Exemplary Service and Dedication to Diversity,” and was inducted as a Fellow by the AAPA in 2015 for “Unusual and Outstanding Contributions to Asian American Psychology.”

TIERA M. SCHROEDER received her Bachelor of Arts degree in Psychology at Fort Lewis College, and is now pursuing a PhD in Clinical-Community Psychology with a Cultural and Indigenous emphasis at the University of Alaska Anchorage. Her research interests pertain to Alaska Native substance use and misuse and Alaska Native suicidality, with the intentions of finding ways to cultivate and implement culturally based prevention and intervention techniques. The aim of her current research revolves around identifying sources of dissemination of the “firewater myth” (i.e., the belief that American Indians and Alaska Natives have specific biological vulnerability to alcohol problems) in an attempt to combat continuation of the belief.

JESSICAANNE FERNANDEZ received her Bachelor of Arts degree in Psychology at California State University, Chico and is currently attending the University of Alaska Anchorage’s Clinical-Community Psychology PhD program that has a Cultural and Indigenous emphasis. Her research interests include using qualitative research methodology on a variety of topics surrounding discrimination, microaggressions, and racism among Filipino youth and other Asian American youth populations and how these groups overcome such issues during adolescence/early adulthood. In addition, she is also interested in researching Asian American and other minority groups that have experienced eating disorders, domestic violence, sexual abuse, and/or childhood/adolescence trauma and how their cultural/familial influences differ from the experiences of White Western individuals, as well as looking into what types of measures can be taken to prevent these issues from arising in these groups (i.e., youth empowerment programs, promoting awareness, etc.).