Social Issues and Policy Review



Social Issues and Policy Review, Vol. 12, No. 1, 2018, pp. 91-111

Reframing Internalized Racial Oppression and Charting a way Forward

Kira Hudson Banks* and Jadah Stephens

Saint Louis University

Experiences of racism, a form of oppression, have lasting negative psychological and physical effects on Black Americans. Identifying underlying mechanisms is necessary to minimize these deleterious outcomes and potentially mitigate health disparities. Internalized racial oppression, the ways in which a member of a target group is in relationship with the dominant group's ideology and the extent to which they accept their subordinate status as deserved, natural, and inevitable, has in particular been understudied and inconsistently defined. We argue that shifting language from internalized racial oppression to appropriated racial oppression more fully centers our understanding of the negative impact systemic oppression can have on individuals. This shift counters psychology's tendency to over-focus on individuals and or their internal processes without taking the broader context into consideration. While racial identity development models conceptualize appropriated racial oppression as a potential aspect of identity development, the field has yet to offer models of how to extract appropriated racial oppression from the development of identity. We put forth a framework for psychological liberation from the negative content related to racial oppression, in addition to offering implications for training programs, leaders in key positions in society, and researchers.

Approximately 2.7 million Black Americans are at risk for negative outcomes related to racism-related stressors (APA, 2016). However, we would argue that this figure may be an underestimate, given that most studies fail to measure racism-related stress due to what has been historically called internalized racial

^{*}Correspondence concerning this article should be addressed to Kira Hudson Banks, Department of Psychology, Saint Louis University, 221 N. Grand Blvd., Saint Louis, MI 63103 [e-mail: kira.banks@health.slu.edu].

The authors appreciate the thoughts and support of the editors throughout the publication process. The lead author would like to thank Dr. Wizdom Powell for her encouragement and advice in the early development of this manuscript.

oppression: the ways in which a member of a target group is in relationship with the dominant group's ideology and the extent to which they accept their subordinate status as deserved, natural, and inevitable (adapted from Griffin, 1997). A literature review of articles that measure the effects of discrimination over the past 10 years located 243 peer-reviewed articles, of which only 6 studies explicitly measured internalized racial oppression. The Surgeon General's report (2001) highlighted the internalization of negative content about one's group as a pathway through which racism is harmful (U.S. Department of Health and Human Services, 2001). Recent studies have empirically examined the role of internalized oppression in depression and negative mental health symptoms (James, 2017; Luoma, Kohlenberg, Hayes & Fletcher, 2012; Szymanski & Henrichs-Beck, 2014; Velez, Moradi, & DeBlaere, 2015). This research suggests our understanding of the psychological reach of racism is underestimated if internalized racial oppression remains unexamined. Furthermore understanding internalized racial oppression can inform interventions and potentially contribute to the amelioration of health disparities.

The goals of this article are (1) to review the literature on internalized racial oppression and how it fits within the current conceptualizations of racial identity development, (2) to propose a terminology shift from internalized racial oppression to appropriated racial oppression, (3) to propose a framework for the process of psychological liberation, that is the release of negative content related to racial oppression, and (4) offer related policy and practice implications.

To be clear, the most direct intervention for these deleterious outcomes would be to end systemic racism. As psychologists, we can call for such changes as we have researched and documented the psychological impacts of systemic oppression (Hatzenbuehler, 2016, Hall, Yip & Zarate, 2016; Plaut, 2010). Achieving this goal is a long-term endeavor; in the interim, it is worth identifying underlying mechanisms as potential points of intervention, which can inform future research, increase efforts to address health disparities, and shape the education and training of future psychologists. Furthermore, developing a framework for how individuals might psychologically release the negative content related to the oppression of their group would add to the body of literature.

Framing Internalized Oppression

Oppression is defined as a system that shapes individuals by restricting, restraining or immobilizing those not in power (Frye, 2000). Policies and practices shape the experience of individuals on the basis of social identity or group membership. In order to maintain or justify the system, the marginalized group is often framed as inferior or less than the group in power. In the context of race in the United States, Whites are in positions of power and people of color are marginalized.

Racism is a form of oppression. Racism is defined as a system of dominance and privilege based on racial group designations (Essed, 1991; Harrell, 2000). Racial discrimination is the interpersonal behavioral manifestation of racism within the system of racism. Racism can also occur at other levels to affect individuals, such as institutional racism, racism occurring within institutional policies and practices, or structural racism, racism that is upheld across institutions via public policies and practices that perpetuate inequity (Jones, 1972). The result of these practices has created the framework within which internalized racial oppression exists. The negative messages, beliefs about inferiority, and related manifestations of internalized racial oppression if seen outside of the system of racism could be explained as individual weakness or maladaptive coping. However, Plaut (2010) and others argue, the individual is nested within various systems. Therefore, understanding how the system of racism shapes those targeted and those benefiting is necessary to interpret psychological research.

Racism is conceptualized as a biopsychosocial stressor with biological, psychological, and social factors that contribute to how individuals perceive, cope and navigate racism, which includes internalized racial oppression (Clark, et al., 1999). These stressors can be manifested in a variety of behaviors and practices that are associated with psychological and physiological stress responses. Constitutional, sociodemographic, psychological and behavioral factors can influence an individual's experience of an environment (Banks, Kohn-Wood, Spencer, 2007; Clark et al., 1999; Evanson-Rose & Lewis, 2005; Morenoff & Lynch, 2004). We use this conceptual framework to explore individuals' relationship with racial oppression. Alongside the experience of racial oppression, which is non-voluntary in the U.S. context, human agency supports intentionality and self-reflectiveness (Bandura, 2001), cognitive defusion supports creating distance from distressing content (Luoma & Hayes, 2008), and critical consciousness facilitates the process of transformation that results from questioning oppression (Burton & Kagan, 2009; Freire, 1970). These constructs frame the examination of internalized racial oppression so that it can be understood in context.

Internalized Racial Oppression Revisited

As already noted, internalized oppression concerns the ways in which a member of a target group adopts the dominant group's ideology and the extent to which they accept their subordinate status as deserved, natural, and inevitable (adapted from Griffin, 1997). Other definitions of internalized oppression refer solely to the adoption of negative messages, myths, and beliefs of inferiority about one's group membership (David, 2013; Watts-Jones, 2002) or "the acceptance, by marginalized racial populations, of the negative societal beliefs and stereotypes about themselves" (Williams & Williams-Morris, 2000, p. 255). The distinction between these definitions is that the latter are explicit about the negative narrative;

whereas the former is less restrictive. The dominant group's ideology, by virtue of being dominant, is powerful and pervasive (Fanon, 1967). We argue that individuals in the target population inherently have a relationship with oppression and the extent to which they believe they deserve the oppression, it is natural, *or* it is inevitable dictates the nature of the relationship. The nature of the relationship will vary based on a variety of constructs such as racial identity, stigma consciousness, belief in a just world, and Protestant work ethic. Finally, rather than being an internal process, internalized racial oppression is conceptualized as a mediated process.

The bulk of research on internalized racial oppression documents the negative outcomes such as lowered self-esteem and psychological distress. Examples of internalized racial oppression include accepting American standards of beauty, devaluing of one's own group, and maladaptive patterns of thinking (Campon & Carter, 2015). The concept is also associated with increased psychological distress, depressive symptoms, anxiety symptoms, self-degradation and decreased self-esteem (Campon & Carter, 2015; Velez, et al., 2015; Watts-Jones, 2002). Recent research found that individuals with high self-esteem were less likely to have had major depressive disorder (MDD) in the past year when racism is internalized compared to those with lower self-esteem (James, 2017). However, as internalized racial oppression increased, the risk of MDD increased for those with high selfesteem but not low. These findings support previous research that suggests that high self-esteem is protective when racism is internalized (Burkley & Blanton, 2008; Kim, Lee & Hong, 2012). At the same time, other research has conceptualized internalized racial oppression as an ego threat, and as the threat increases, those with high self-esteem might be less able to self-regulate resulting in negative emotional outcomes (Baumeister, Heatherton, & Tice, 1993). Graham, West, Martinez, and Roemer (2016) found that internalized racial oppression mediated the relationship between racist events and anxiety and stress symptoms, such that when internalized racial oppression was added to the model it significantly predicted anxious arousal and stress symptoms while racist events no longer significantly predicted anxiety or stress. A similar construct, colonial mentality, was also found to be associated with negative personal evaluations and lower life satisfaction in a Filipino sample (David, 2010). This research suggests that internalized racial oppression has direct and indirect effects on mental health in addition to playing a role in the experience of racism.

In addition to mental health effects, internalized racial oppression also has implications for physical appearance and health. Individuals of color have few public role models to normalize their own appearance, which can result in feelings of inferiority and shame (Perkins, 1996). Individuals might internalize negative messages related to their racial group and engage in behaviors to change their appearance, altering hair, using skin bleaching products, and receiving cosmetic surgery to make physical features to appear more Eurocentric (Kaw, 1993; Jones,

2000; Hall, 2005). Additionally, internalized racial oppression has been theorized to manifest itself through maladaptive or self-harm behaviors (David, 2013). There is some empirical evidence to support this idea. A qualitative study of Black individuals who identify as sexual minorities found a thematic code related to acting out, which involved risky sexual behavior (Ajayi & Syed, 2016). Risky sexual behavior was found to be a correlate of internalizing White beauty norms in a sample of Black adolescent girls (Townsend, Thomas, Neiland, & Jackson, 2010). Internalizing negative beliefs about oneself can potentially have deleterious effects on behavior, health, and overall well-being.

In spite of the overwhelming focus on the adoption of negative messages and negative outcomes, internalized oppression can be conceptualized as more encompassing than devaluing oneself or feeling inferior. Tappan (2006) argues that what is known as internalized oppression, an internal process, is actually appropriated oppression, a mediated process by which people in oppressed groups learn to use and master the tools of their oppressors (Tappan, 2006; Campon & Carter, 2015). The ways in which some individuals use the tools, while rooted in oppression, might not appear negative or yield negative outcomes immediately. At the root of each of the following examples is a dominant ideology that has perpetuated misinformation or a narrow narrative about a group. For example, an Asian woman who has eye lid surgery to appear more European is not immediately seen as self-hating with low self-esteem. Perhaps she perceives racial oppression as inevitable and decides to remove one barrier that she has control over. Another Asian woman could be pursuing the same surgery, because she sees her appearance as ugly and White women as the natural beauties. Yet another example is a Black woman who believes the notion that Black people are inferior; however, she personally works extremely hard to "run twice as fast, and jump twice as high," to simply get where she is. She is successful and sees other Black people as lazy for not taking advantage of opportunities. Another Black woman rejects the notions of inferiority embedded in racial oppression. She pushes herself to be perfect, the best at everything she does, so that her achievements are proof that Black people are not inferior. Yet another example is of a Black man who excels at basketball, because he believes it is natural for Black men to be good athletes. He has worked hard but assumed that it was inevitable that he would be a sports star rather than pursue his natural talent in math. Contrast that example with a Black man who actively avoids playing basketball, because he does not want to be pigeonholed. He tries to distance himself from "those guys" by honing his golf game.

These are examples of how individuals have appropriated, taken up, and used the tools of the dominant ideology. However, these examples of appropriated racial oppression are more complex than simply accepting negative messages about one's group and having low self-esteem. Appropriated racial oppression encompasses the ways individuals learn to use, relate to, and buy into the tools of oppression.

The processes and outcomes are varied, because the way in which individuals interact with the content varies. Achievement, perfectionism, and assimilation are a few responses to racial oppression beyond self-hate and low self-esteem, which are commonly mentioned. These responses that appear more adaptive at face value are reminiscent of John Henryism (Bennet et al., 2007). John Henryism is a coping strategy for managing prolonged stress by expending high amounts of effort, which results in great productivity but at severe psychological costs. These concepts and others appear to be the result of racial oppression yet would not be captured under the narrow definition of adopting negative messages until the individual showed signs of severe distress. Yet when the same concept that was driving oppressed individuals to produce is the concept that may also lead to their demise, we should seek to identify and intervene before a crisis.

No one in the target group is without a relationship with appropriated racial oppression, because the tools are omnipresent. An individual can choose not to actively engage them, to use them minimally, or try to use them for good, yet there remains a fundamental relationship. Therefore, to only focus on the adoption or not of negative messages or the lowering of self-esteem or not is to miss the larger effects of appropriated racial oppression.

Towards that end, we propose two shifts in terminology: one, to shift language from "internalized racial oppression" to "appropriated racial oppression," and two, to adopt broader definitional language than previously used in the literature to avoid narrowly limiting the focus to negative messages: the ways in which a member of a target group is in relationship with the dominant group's ideology and the extent to which they accept their subordinate status as deserved, natural, and inevitable (adapted from Griffin, 1997). Appropriated racial oppression is a pivot in language to highlight the fact that negative messages are modeled by the dominant culture and are taken up, or appropriated, by the oppressed group (Campon & Carter, 2015; Tappan, 2006). Making this distinction, further punctuates the source of the negative messages. Clearly marking that the oppressive attitudes are taken from the larger system is an attempt to protect oppressed groups for being blamed for their own oppression.

Distinguishing Appropriated Oppression from Related Terms

Appropriated oppression can be distinguished from terms that have been used to describe similar processes. Self-stigma is the process of incorporating others' or society's prejudices and stereotypes into one's perception of the self and can result in decreased self-esteem and self-worth (Lucksted & Drapaiski, 2015; Vogel et al., 2007, 2013). When an individual experiences self-stigma at high levels, they may behave in ways to anticipate or to avoid interaction with stigmatizing experiences. For example, people with high levels of mental illness self-stigma have been found to avoid seeking psychotherapy (Luoma et al., 2012;

Vogel, et al., 2007). Self-stigma has also been explored in research on stigma consciousness and racial identity (Pinel, 1999; Vandiver et al., 2002). The critique of self-stigma is similar to the critique of internalized racial oppression. There is an over-focus on the adoption or not of negative content, missing the potential broader relationships an individual can have with oppression. Self-stereotyping has similar limitations.

Self-stereotyping occurs when members of stigmatized groups use stereotypes of their group to describe themselves (Latrofa, Veas & Cadinu, 2012) such as women endorsing being better at nurturing based solely on their gender. When an individual's self-concept and self-image is strongly associated with their ingroup, self-stereotyping is more likely to occur (Rivera & Paradez, 2014). For example, research has shown that individuals from low status groups (e.g. women) and not high status groups (e.g. men) experience self-stereotyping, in part, due to their self-identification with their ingroup on stereotype relevant traits (Latrofa, Vaes, Cadinu, 2010; Latrofa et al., 2012). Self-stereotyping is a mechanism by which individuals, particularly women, are able to choose which attributes to associate with themselves and their group. This process allows some women to feel more ownership over labeling thereby mitigating some of the negative effects of selfstereotyping (Oswald & Chapleau, 2010). The potential advantage is that the focus is not solely on negative content, which allows for some agency in which stereotypes to accept or reject. However, individuals are limited by either accepting or rejecting the stereotypes leaving no room for an exploration of to what extent an individual believes the broader dynamics are deserved, natural, or inevitable or other ways they might navigate the negative content.

Variables that Influence Appropriated Racial Oppression

A number of variables likely influence the experience of appropriated racial oppression. Furthermore, research suggests target group members do not interpret every experience through the lens of their social identity (Pinel, 1999). Therefore, exploring variables that might influence the experience of appropriated racial oppression is important. Stigma consciousness, belief in a just world, Protestant work ethic, and system justifying motives are among the many variables that likely affect the ways individuals relate to oppressive content and the extent to which they take on dominant ideology as their own.

Stigma consciousness is the extent to which an individual expects to be stereotyped. Individuals with high levels of stigma consciousness are more attuned to discrimination yet might also be more likely to reject stereotypes (Pinel, 1999). Black people with strong endorsement of belief in a just world, a sense that people get what they deserve, have higher risk for negative health outcomes in the context of discrimination (Eliezer et al., 2011; Hagiwara et al., 2015). Those individuals might be more willing to believe a dominant ideology that Black people are

inferior. These are system justifying beliefs that lead people to assume that current social arrangement is fair (Eliezer et al, 2011). System justification motives, beliefs in meritocracy, and beliefs such as the Protestant work ethic that suggests if you work hard, you will achieve. Each of these constructs, highlights the individual as the key to success. Individuals who over rely on these theories without also taking into consideration barriers inherent in oppression can potentially misattribute accountability and subsequently misidentify points of intervention. The mix of individual accountability within an oppressive system is complicated. One of the areas of research that has grappled with the multifaceted dynamics of individuals and groups is the racial identity literature.

Appropriated Racial Oppression and Racial Identity

Racial identity theory and prejudice research provided earlier conceptualizations of appropriated racial oppression. The doll studies by Clark and Clark (1947), modeled after the work of Ruth Horowitz' (1939), were thought to have tapped into self-hatred occurring in the context of racism (Cross, 1991). These studies asked children about preferences for Black and White dolls through "show me" prompts. A small number of children expressed preferring White dolls and expressed negative attitudes towards Black dolls. Rather than understanding these responses within the context of racism, these responses about reference group were conflated with personal identity. Researchers assumed negative comments about the dolls equated to self-hate, or internalized oppression, as a Black person. These studies set a research trajectory that framed Black people as self-hating rather than resilient in the face of racism. The mention of self-hatred, or discomfort or dislike with being Black, is seen in several theories of identity and discrimination literature. Self-hate is one manifestation of appropriated racial oppression.

Allport (1954) outlined several internal processes that targets of discrimination might experience. He labeled self-hate, denial of membership in-group, and in-group aggression as intropunitive strategies. These were considered compensatory behaviors turned inward that Allport observed among targets of discrimination. However, our present day understanding of the complexity of appropriated racial oppression clarifies these behaviors as the outcome of a mediated process rather than internal punishment. Targets do not adopt these strategies in a vacuum. The strategies have a function within a system of oppression to protect and preserve identity. Crocker and Major (1989) theorized that the internalization of racism is a coping strategy. If negative messages are internalized, an individual can attribute challenges to the group identity thereby protecting self-esteem. However, subsequent research on sensitivity to rejection and stereotype threat highlight the proposed protective function complicate our understanding of oppression (Steele, 1997; Mendoza-Denton, Downey, Purdie, Davis, & Pietrzak, 2002). While Allport identified expressions of appropriated racial oppression, he mischaracterizes their

origins and frames them as solely internal processes rather than in response to a function of learning external dynamics.

Cross' Nigrescence Theory (1991) was developed in response to the social movement of the 60s and was developed to map the process by which Black individuals come to understand how race is a part of their self-concept. Cross argued that self-concept (SC) is equal to reference group orientation (RGO) and personal identity (PI) (SC = RGO + PI). This equation is important, because prior conceptualizations conflated group and personal identity. Cross' theory countered the previous assumptions that self-hatred equals identity. Reference group orientation and personal identity were seen as independent constructs. An individual can have negative attitudes about Black people or be lacking in racial pride and still have a strong positive personal identity. However, if an individual has self-hatred and despises being black, the two independent constructs, reference group orientation and personal identity, become more complicated in their relationship (Cross & Vandiver, 2001).

In the revised Cross Racial Identity Scale (Vandiver et al., 2002), three subscales, miseducation, racial self-hatred, and rage and anger, tap into appropriated racial oppression. Self-hatred attitudes that occur prior to an individual actively incorporates race into their sense of self, have been found to correlate with all of the subscales of the brief symptom inventory (Worrell, et al., 2011). However, the broader racial identity clusters of attitudes did not correlate with decreased self-esteem (Cross & Frost, 2016; Worrell, 2012). A new measure of racial identity made improvements in measuring self-hatred and miseducation across multiple racial and ethnic groups responses with content not tied to specific stereotypes (Worrell, Mendoza-Denton, & Wang, 2017). These findings suggest that while self-hatred does not dominate Black racial identity, it plays a role in influencing identity. These scales endure, however, because racial identity has a history of tapping into an aspect of internalized oppression. And perhaps these areas have remained the focus, because self-hatred and misinformation are easier to identify than striving to over achieve or other seemingly positive attitudes that might stem from attempting to disprove assumptions of inferiority.

Within the Multidimensional Inventory for Black Identity (Sellers, Rowley, Chavous, Shelton, & Smith, 1997), appropriated racial oppression might best be tapped into by the private regard subscale. This aspect of the MIBI maps onto how an individual feels about being Black. Private regard along with other subscales such as centrality, how central race is to how you think about yourself, might influence an individual's relationship with appropriated racial oppression. Similar to how racial identity has been found to influence an individual's perception and reaction to a racist event (Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003), appropriated oppression might be able to inform our understanding of experiences of racism as well.

Integrating Appropriated Oppression into our Understanding of Racism and Racial Identity

Integrating appropriated oppression into the biopsychosocial framework of racism as a stressor enhances our conceptualization of the experience of racism. Appropriated oppression should be considered within the model as a psychological and behavioral factor affecting an individual's experience, perception, and coping response to racism and discrimination. For example, if an individual experiences job discrimination based on race, the negative messages they have appropriated about themselves and their group might influence their perception of the event. It may lead to more negative coping responses and poorer psychological and physiological outcomes. Understanding appropriated oppression as a psychological factor within the biopsychosocial model of racism is an advancement of the model and allows for a greater understanding of the underlying mechanisms impacting individuals' experiences of racism.

The study of appropriated oppression, with its varying terminology and definitions, has occurred throughout the years, allowing for a general understanding of its negative effects on psychological well-being, self-esteem, and physical health. Previous research on appropriated oppression, more frequently referred to as "internalized oppression," has primarily focused on the individual as the arbiter of their own oppression and has focused less on the way in which societal systems have created an environment that instills devaluation of certain racial groups and perpetuates negative beliefs about oneself and one's group. Because societal influences are intractable forces in the process of appropriated oppression, it could be argued that any individual living in a racist society would experience some amount of appropriated racial oppression, not of their own volition but as a result of their environment. Thus, the importance of understanding appropriated oppression in the context of discrimination is necessary to fully understand the various mechanisms influencing stress and coping responses to racism.

In addition, given that appropriated racial oppression is conceptualized as a mediated process, it is possible that the process varies over time. Socializing agents, such as media and family, do not disappear over the life course, and individuals remain exposed to content reifying dominant ideology. Individuals do not become immune to the myths and negative messages. Perhaps they get more adept and navigating the messages and develop more agency about when and how to utilize the tools they have appropriated.

To further conceptualize how people are effected by appropriated racial oppression, we suggest an expansion to Cross' racial identity model that then points us toward a model for psychological liberation from the ideologies put forth by appropriated oppression. Where Cross suggests that SC = RGO + PI, we argue that SC = AO(RGO + PI). Self-concept equals appropriated oppression distributed across personal identity and reference group orientation. Personal identity

can include self-esteem, self-worth, self-confidence, self-evaluation, interpersonal competence, ego-ideal, personality traits, introversion-extroversion, and level of anxiety, and reference group orientation and can include racial identity, group identity, race awareness, racial ideology, race evaluation, race esteem, race image, racial self-determination (Cross, 1991). Within the construct of racial oppression, these and related constructs are affected by appropriated oppression. This argument acknowledges the entrenched ways in which oppression seeps into our personal and group identities. Rather than simply being summative, appropriated racial oppression influences the way an individual develops a sense of self and meaning as a Black person. It is not, however, a return to the assumption that self-hatred predominates the Black psyche. Rather this formula reminds us of the complex and nuanced ways the mediated process impacts the lives of Black people. In addition to reconceptualizing the reach of appropriated racial oppression, it seems critical to consider the psychological process of interrupting appropriated racial oppression.

Model of Psychological Liberation

We propose the Model of Psychological Liberation as a bottom up process that centers the individual within the broader system of oppression. The decision was made to name the model in the affirmative rather than the absence of appropriated oppression (e.g., the Anti-Appropriated Oppression Model) to highlight the possibility of a psychological experience that is proactive rather than merely reactive to an oppressive system (Mattis, Grayman-Simpson, Powell-Hammond, Anderson, & Kimbro, 2015). As articulated by Leach and Livingstone (2015), it is important to highlight psychological resistance in a field that so often marks the deficits of being in an oppressed group. The conceptualization is rooted in the exploration of Black identity, however, it potentially has implications for other marginalized groups just as the construct appropriated oppression has some commonalities across groups.

This model is meant to be iterative and nonlinear, meaning individuals can enter at any point in the model and often cycle through phases while deepening their self-reflection and commitment to psychologically renegotiate their relationship with racial oppression. While tasks are suggested at each juncture, there are layers to mastery and a variety of depths to each task. For example, awareness of oppression could mean a light bulb moment of seeing how racism impacts other people, being enlightened by a personal experience, being challenged by witnessing the effects on loved ones, or being inundated with images from the latest iteration of race-based violence. Each of these examples constitutes awareness, yet each has its own flavor and contribute to the depth and complexity of awareness. The examples also illustrate how this process can potentially occur at the level of personal identity and group identity.

The intersectionality of oppression has been likened to a bird cage (Frye, 2000). Frye conceptualizes each bar of the bird cage as a different manifestation of oppression. It might appear to be easy for the bird to escape the cage if the focus is on a single bar. However, when the bars are seen as a whole, the interlocking system is clear. It limits the bird in the cage just as oppression restricts. This theory of psychological liberation represents the process by which the bird maintains its dignity while caged so that it will be capable of flight when the bars are no longer a barrier. Other theories of liberation focus on the bird, or birds, getting free. And while that type of liberation is key, theories such as learned helplessness (Abramson, Seligman & Teasdale, 1978) and John Henryism (Bennet et al., 2007) remind us that oppression can create psychological realities that debilitate individuals in various ways such that even if systems are altered or no longer present, the effects remain.

The focus on outward action and dismantling systems of oppression is understandable, because many theories of liberation psychology were born inside of wars for independence, democracy or nation building efforts. Action is instrumental to collective liberation, yet less attention has been paid to individual psychological liberation. What happens between the process of awakening to oppression and getting free is worth investigating.

If we understand from the literature and theoretical expansion above that appropriated oppression mediates an individual's experience of racism and impacts the development of personal identity and reference group orientation, then appropriated oppression certainly plays a role in the psychological experience of liberation. The proposed model is informed by social cognitive theory (Bandura, 2001), critical consciousness (Burton & Kagan, 2009; Freire, 1970), and cognitive defusion (Luoma & Hayes, 2008). One of the key components of social cognitive theory is agency, which enables individuals to play a part in their self-development, adaptation, and self-renewal as well as supports flexibility and ingenuity to navigate environmental and social constraints (Bandura, 2001). Critical consciousness builds on the idea of agency towards the specific direction of collective liberation from oppression. We posit that these constructs are at play alongside experiences of racism and that they can propel individuals into action to improve their psychological realities and potentially to join with others to shift the collective reality. Finally, cognitive defusion (Luoma & Hayes, 2008), the process of changing the stimulus function of distressing or counterproductive thoughts, is conceptualized to be helpful as individuals evaluate and renegotiate their relationship with appropriated racial oppression.

Awareness/acknowledgement of oppression. The first phase involves being able to see and know that oppression exists. Beyond potentially experiencing discrimination, an individual grows to understand the systemic nature of oppression. Individuals can name the ways institutions create, manage and distribute resources disproportionately and restrict opportunities for some groups while privileging

others. This phase can be complicated by the prevailing theory of colorblind racial ideology, which asserts that race is not a relevant construct for today's society (Neville, Lilly, Duran, Lee & Browne, 2000). It is likely that race becomes salient and potentially central in this phase depending on racial identity attitudes prior to this awareness (Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003).

Awareness/acknowledgement of impact of oppression on self. Freire (1970) suggests that with regard to individuals in oppressed groups, "Only as they discover themselves to be 'hosts' of the oppression can they contribute to the midwifery of their liberating pedagogy." (p. 48) After acknowledging oppression exists comes the realization that it has a personal cost. For example, a Black woman who has appropriated the idea that she is incompetent recognizes that she has compensated by engaging in perfectionism, overworking, doubting her own competence, or being hypervigilant about feedback and criticism. The Black man who has distanced himself from "those guys" who play basketball realizes the loss of friendship his us/them attitude has created. Each of these responses has a potential impact on physical health, mental health and interpersonal relationships.

Ability to see oppression as separate from self. This phase relates to the ability to create space and distance from the content of the dominant ideology and to observe one's relationship with appropriated oppression. Rather than fight with the misinformation or distortions, that content can be seen for what it is, a tool of oppression that is being used and can be put to rest. Cognitive defusion is a core process of Acceptance Commitment Therapy (ACT) and refers to the ability to experience concepts that are harmful as information or context rather than the truth about oneself (Luoma & Hayes, 2008). For example, if a Black man has the thought that he is lazy despite being industrious and successful, cognitive defusion would help him notice and tolerate the thought rather than immediately believe that it is truth or jump to prove his worth through over working or perfectionism. Observing thoughts from a distance allows for more psychological flexibility, which ultimately means more choices about how to respond in the face of race-related stress and how to move towards values and goals and intentionally away from oppressive thoughts and environments.

Ability to see the humanity in oneself in spite of oppression. A sense of self that is not rooted in oppression has the opportunity to emerge and strengthen in this phase. The distance between self and content that is created through cognitive defusion and interrogating oppression rather than accepting it allows for self-reflection and exploration. This exploration might include being intentional about engaging in value directed behavior or growing in ways that were previously off-limits. This ability exists inherently. Research suggests people in disadvantaged positions have a long history of psychological resistance (Leach & Livingstone,

2015). They engage in a meaning making processes around their status that largely goes unexamined, because psychology is often focused on material disadvantage. Individuals in the multiculturalist cluster of racial identity attitudes or high on humanist ideology might find this phase aligns with their overarching beliefs.

Willingness to notice/reflect on/wrestle with contradictions in real time. The practice of noticing can create space and time for individuals to be more thoughtful about how these emerging ideas and reflections translate into everyday action. Freire (1970) stresses the importance of praxis: action, reflection, action. Contradictions will exist between what the system of oppression would have one do versus what an individual inside the process of psychological liberation would do. Being willing to stay in practice of ongoing action and reflection is a key marker of this phase. This willingness can facilitate the daily action that is necessary to implement the vision of a new narrative.

Action to create a new personal narrative towards liberation. This phase involves developing a sense of self that is not in reaction to appropriated oppression. Not all individuals engage in political action as traditionally captured in liberation. For some individuals, personal narratives do shift as a result of being a part of collective action. Others pull away from collective action to invest in the self-care and cultivation necessary to forge a liberated narrative. The core features of agency (Bandura, 2001): intentionality, forethought, self-reactiveness and self-reflection are important throughout but particularly as individuals are building a liberated psychological reality. Individuals envision and create a sense of self that is humanizing rather than dehumanizing.

Action to transform broader systems towards liberation. "In order for the oppressed to be able to wage the struggle for their liberation, they must perceive the reality of oppression not as a closed world from which there is no exit, but as a limiting situation which they can transform." (Freire, 1970 p.49). This phase represents the social, political or collective movement commonly present in liberation theories. Movement activities aimed at systemic change and working to dismantle the system of oppression, dominate this aspect of the model.

As previously mentioned, individuals can enter at any point in the model. Entering at social action will likely catalyze deeper awareness of oppression and self reflection on the personal impact of oppression. However, some individuals have a relationship with appropriated oppression that is eclipsed by a sense of self outside of oppression that has been long nurtured. Their entry point might be to reflect on the contradictions daily with less of a need to create a new narrative. The configurations are numerous, and yet psychology has narrowly defined the position of oppression as predominantly negative in nature. There is nothing inherently wrong with individuals who have appropriated oppression.

The act is a by product of living within the system of racism. Psychology has an opportunity to understand and capture the psychological resistance to being narrowly portrayed as disadvantaged and the psychological liberation from the struggle with appropriated oppression.

Social Issues and Policy Implications

Based on the literature reviewed, we offer the following recommendations to improve the health of Black Americans and potentially other groups impacted by systemic oppression. First, we advocate for the adoption of appropriated oppression as the preferred term as opposed to internalized oppression. Second, we argue that appropriated oppression should be integrated into models of stress and coping for Black Americans and advocate increasing research on its role as a contributor to health disparities. Third, training programs for helping professions, educators, journalists and media should ensure appropriated oppression and the potential ways to interrupt it are taught.

Appropriated racial oppression is a pivot in language from "internalized racial oppression" or "internalized racism" to highlight the fact that negative messages are modeled by the oppressor and broader system and are taken up, or appropriated, by the oppressed group (Campon & Carter, 2015; Tappan, 2006). This distinction further punctuates the source of such negative messages to protect oppressed groups for being blamed for the negative outcomes. Even beyond the appropriated oppression literature, researchers have been urging the field to widen the frame to include social context when studying individuals. Hatzenbuehler (2016) highlighted the importance of structural racism, and for decades multicultural psychology has been pushing the field to see individuals in their rich cultural contexts (Hall, Yip & Zarate, 2016). This shift in terminology, to appropriated oppression, highlights the system of racism rather than the individual experiencing racism. Utilizing the term, appropriated racial oppression, would improve problem identification related to the deleterious effects of racism as well as appropriately set the frame for agenda setting and future policy. Campon has built upon this conceptualization and developed a scale to measure appropriated racial oppression (Campon & Carter, 2015). Researchers and practitioners should use the scale to understand the complexities of appropriated racial oppression. The scale takes an important step towards exploring the construct beyond negative stereotypes. However, further subscales should be developed to tap into the less overtly negative components of appropriated racial oppression (e.g., perfectionism to counter the imposter syndrome, or over working to counter negative attitudes to the detriment of physical or mental health).

Second, appropriated racial oppression should be integrated into models of racism as a stressor for Black Americans increasing research on its role as a contributor to health disparities. Research has documented direct and indirect

effects on mental and physical health. From a biopsychosocial perspective, appropriated racial oppression can help map the numerous ways individuals are impacted by systemic oppression. Millions of individuals affected by racism are at increased risk for deleterious effects. Appropriated racial oppression is a piece of the puzzle needed to solve this social issue.

Part of the solution to appropriated racial oppression is modeling a way out rather than simply being content to mark the manifestations. Understanding racism as a stressor and its impact on health disparities requires investment in examining how individuals can psychologically disentangle themselves from the ideas that are appropriated as a result of racial oppression rather than merely studying the outcomes and correlates of such oppression. Agencies should contribute to this trajectory by writing white papers or sharing stories of how to work with community partners to develop appropriate models or interventions that speak to liberation.

Third, training programs for helping professions, educators, journalists and media should ensure appropriated racial oppression and the potential ways to interrupt it are taught. These fields greatly influence the messages society perpetuates about Black Americans. Shifts might be warranted in degree-granting institution curriculum or continuing education for sectors that contribute to society's understanding of frames (e.g., journalism and media) and those that work closely with marginalized groups (e.g., educators, doctors, therapists). Increasing education about appropriated racial oppression would enhance sensitivity to the narratives these professions create and perpetuate. Beyond being aware, choosing to use the term "appropriated racial oppression" is proactive in naming the ways society perpetuates negative stereotypes and beliefs about Black Americans. In a small way, this naming has the potential to create distance between self and content, which contributes to dismantling appropriated racial oppression.

Education about appropriated racial oppression for mental health practitioners could have a significant impact on the treatment of clients. Depression and anxiety might be fueled by cognitions related to appropriated racial oppression. In others, appropriated racial oppression might manifest subtly in ways that are not obvious or could be misidentified. Practitioners trained to identify and process appropriated racial oppression with their clients could address some of the disparities in mental health treatment.

Finally, there appears to be a gap in the literature. It is necessary to invest in psychologically disentangling one's self from the ideologies that fuel appropriated racial oppression rather than merely studying the outcomes and correlates. We should model a way out rather than simply be content to mark the manifestations of appropriated oppression. The tendency to focus on marking the occurrences of oppression rather than considering interventions, could be due to feeling that ending racial oppression is a daunting task. Some individuals do not feel as if change is possible. Others feel intervening is outside of the purview of psychology. However,

researchers who understand the reach of appropriated racial oppression would be well suited to partner effectively with the community and create solutions.

Conclusion

Appropriated racial oppression is a timely social issue worthy of attention given its relationship to racism and stigma more broadly. Models of racism as a stressor and theories of stress and coping would be strengthened by including the concept and measurement of appropriated racial oppression. Exploring appropriated racial oppression can inform efforts to decrease health disparities and has implications for policies in K-12 and graduate education as well as the training of service providers. Future research should explore mechanisms underlying the appropriation of racial oppression to illuminate pathways of liberation.

References

- Abramson, L. Y., Seligman, M. E., & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology*, 87(1), 49–74.
- Ajayi, A. A., & Syed, M. (2016). How stigma gets under the skin: Internalized oppression and dual minority stress among Black sexual minorities. In J. Sullivan & W. E. Cross (Eds.), African American Identity: Meaning-Making, Internalized Racism. NY: State University of New York (SUNY) Press.
- American Psychological Association (2016). Stress in America: The impact of discrimination. Stress in America Survey.
- Allport, G. (1954). The Nature of Prejudice. Reading, MA: Addison-Wesley Publishing Co.
- Bandura, A. (2001). Social cognitive theory: An agentic perspective. Annual Review of Psychology, 52(1), 1–26.
- Banks, K., Kohn-Wood, L., & Spencer, M. (2007). An examination of the African American experience of everyday discrimination and psychological distress. *Community Mental Health Journal*, 42(6), 555–570.
- Baumeister R. F., Heatherton T. F., & Tice D. M. (1993). When ego threats lead to self-regulation failure: negative consequences of high self-esteem. *Journal of Personality and Social Psychology*, 64(1), 141.
- Bennet, G. G., Merritt, M. M, Sollers, J. J. III, Edwards, C. L., Whitfield, K. E., Brandon, D. T., & Tucker, R. D. (2007). Stress, coping, and health outcomes among African Americans: A review of the John Henryism hypothesis. *Health and Psychology*, 19(3), 369–383.
- Borrell, L., Diez Roux, A., Jacobs, D., Shea, S., Jackson, S., Shrager, S., & Blumenthal, R. (2010). Perceived racial/ethnic discrimination, smoking and alcohol consumption in a the multi-ethnic study of atherosclerosis. *Preventative Medicine*, 51(3-4), 307–312.
- Burkley M, & Blanton H. (2008). Endorsing a negative in-group stereotype as a self-protective strategy: sacrificing the group to save the self. *Journal of Experimental Social Psychology*, 44, 37–49.
- Burton, M. & Kagan, C. (2009). Towards a really social psychology: Liberation psychology beyond Latin America. In M. Montero & C. C. Sonn (Eds.), *Psychology of Liberation*. New York: Springer.
- Campon, R. R., & Carter, R. T. (2015). The appropriated racial oppression scale: development preliminary validation. *Cultural Diversity and Ethnic Minority Psychology*, 21(4), 497– 506.
- Clark, R., Anderson, N. B., Clark, V. R. & Williams, D. R. (1999). Racism as a stressor for African Americans. American Psychologist, 54(10), 805–816.

Clark, K. B., & Clark, M. P. (1947). Racial identification and preference among negro children. In E. L. Hartley (Ed.), *Readings in Social Psychology*. New York: Holt, Rinehart, and Winston.

- Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. Psychological Review, 96, 608–630.
- Cross, W. E. (1991). Shades of black. Philadelphia: Temple University Press.
- Cross, W. E., & Frost, D. M. (2016). Black identities, internalized racism, and self-esteem. In J. M. Sullivan & W. E. Cross (Eds.), Meaning-Making, Internalized Racism, and African American Identity. New York: SUNY.
- Cross, W. E., Jr., & Vandiver, B. J. (2001). Nigrescence theory and measurement: Introducing the Cross Racial Identity Scale (CRIS). In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (2nd ed., pp. 371–393). Thousand Oaks, CA: Sage.
- David, E. J. R. (2010). Testing the validity of the colonial mentality implicit association test and the interactive effects of covert and overt colonial mentality on Filipino American mental health. *Asian American Journal of Psychology*, *1*(1), 31–45.
- David, E. J. R. (2013). Internalized oppression: The psychology of marginalized groups. New York, NY: Springer.
- Eliezer, D., Townsend, S. S., Sawyer, P. J., Major, B., & Mendes, W. B. (2011). System-justifying beliefs moderate the relationship between perceived discrimination and resting blood pressure. *Social Cognition*, 29(3), 303–321.
- Essed, P. (1991). Understanding everyday racism. Newbury Park, CA: Sage.
- Everson-Rose S. A., & Lewis T. T. (2005). Psychosocial factors and cardiovascular disease. Annu. Rev. Public Health 26:469–500.
- Fanon, F. (1967). Black skin, white masks. New York: Grove Press.
- Freire, P. (1970). Pedagogy of the oppressed. New York: Continuum.
- Frye, M. (2000). Oppression In A. Minas (Ed.), Gender Basics: Feminist Perspectives on Women and Men (2nd). Belmont, CA: Wadsworth.
- Graham, J. R., West, L. M., Martinez, J., & Roemer, L. (2016). The mediating role of internalized racism in the relationship between racist experiences and anxiety symptoms in a black American sample. *Cultural Diversity and Ethnic Minority Psychology*, 22(3), 369–376.
- Griffin, P. (1997). Introductory module for the single issue courses. In M. Adams, L. A. Bell, & P. Griffin (Eds.), *Teaching for diversity and social justice: A sourcebook (pp.* 61–81). New York: Routledge.
- Hagiwara, N., Alderson, C. J., & McCauley, J. M. (2015). "We get what we deserve": the belief in a just work and its health consequences for Blacks. *Journal of Behavioral Medicine*, 38, 912–921.
- Hall, R. (2005). The Euro-Americanization of race: Alien perspective of African Americans vis-a vis trivialization of skin color. *Journal of Black Studies*, 36(1), 116–128.
- Hall, G. C., Yip, T., & Zarate, M. A. (2016). On becoming multicultural in a monocultural research world: A conceptual approach to studying ethnocultural diversity. *American Psychologist*, 71(1), 40–51.
- Harrell, S. (2000). A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry*, 70(1), 42–57.
- Hatzenbuehler, M. L. (2016). Structural stigma: Research evidence and implications for psychological science. American Psychologist, 71(8), 742–751.
- Horowitz, R. E. (1939). Racial aspects of self-identification in nursery school children. *Journal of Psychology: Interdisciplinary and Applied*, 7, 91–99.
- James, D. (2017). Internalized racism and past-year major depressive disorder among African-Americans: The role of ethnic identity and self-esteem. *Journal of Racial and Ethnic Health Disparities*, 4(4), 659. https://doi.org/10.1007/s40615-016-0269-1
- Jones, J. M. (1972). Prejudice and Racism. Reading, MA: Addison-Wesley Publishing.
- Kaw, E. (1993). Medicalization of racial features: Asian American women and cosmetic surgery. Medical Anthropology Quarterly, 7(1), 74–89.
- Kim, H., Lee, K., & Hong, Y. Y. (2012). Claiming the validity of negative ingroup stereotypes when foreseeing a challenge: A selfhandicapping account. *Self Identity*, 11(3), 285–303.

- Latrofa, M., Vaes, J., Cadinu, M., & Carnaghi, A. (2010). The cognitive representation of self-stereotyping. Personality and Social Psychology Bulletin, 36(7), 911–922.
- Latrofa, M., Vaes, J., Cadinu, M., & Carnaghi, A. (2012). Self-stereotyping: The central role of an ingroup threatening identity. *The Journal of Social Psychology*, 152(1), 92–111. https://doi.org/10.1080/00224545.2011.565382
- Leach, C. W., & Livingstone, A. G. (2015). Contesting the meaning of intergroup disadvantage Towards a psychology of resistance. *Journal of Social Issues*, 71(3), 614–632.
- Lucksted, A., & Drapaiski, A. (2015). Self-stigma regarding mental illness: Definition, impact, and relationship to societal stigma. *Psychiatric Rehabilitation Journal*, 38(2), 99–102. https://doi.org/10.1037/prj0000152
- Luoma, J. B., & Hayes, S. C. (2008). Cognitive defusion. In: W. T. O'Donohue & J. E. Fisher (Eds.), Cognitive behavior therapy: Applying empirically supported techniques in your practice (2nd ed.). Hoboken, NJ, USA: John Wiley & Sons Inc.
- Luoma, J. B., Kohlenberg, B. S., Hayes, S. C., & Fletcher, L. (2012). Slow and steady wins the race: A randomized clinical trial of Acceptance and Commitment Therapy targeting shame in substance use disorders. *Journal of Consulting and Clinical Psychology*, 80, 43– 53. https://doi.org/10.1037/a0026070
- Mattis, J. S., Grayman Simpson, N., Powell-Hammond, W., Anderson, R. E., Kimbro, L., & Mattis, J. H. (2015). Positive Psychology in African Americans. Handbook of Positive Psychology in Racial and Ethnic Minority Groups: Theory, Research, Assessment, and Practice.
- Mendoza-Denton, R., Downey, G., Purdie, V. J., Davis, A., & Pietrzak, J. (2002). Sensitivity to race-based rejection: Implications for African-American students' college experience. *Journal of Personality and Social Psychology*, 83, 896–918.
- Morenoff J. D., & Lynch, J. W. (2004). What makes a place healthy? Neighborhood influences on racial/ethnic disparities in health over the life course. In N. B. Anderson, A. B. Rodolfo, & B. Cohen (Eds.), Critical Perspectives on Racial and Ethnic Difference in Health in Late Life (pp. 406–49). Washington, DC: Natl. Acad. Press.
- Neville, H. A., Lilly, R. L., Duran, G., Lee, R. M., & Browne, L. (2000). Construction and Initial Validation of the Color-Blind Racial Attitudes Scale (CoBRAS). *Journal of Counseling Psychology*, 47, 59–70.
- Oswald, D., & Chapleau, K. (2010). Selective self-stereotyping and women's self-esteem maintenance. *Personality and Individual Differences*, 49(2010), 918–922.
- Perkins, K. (1996). The influence of television images on black females' self-perceptions of physical attractiveness. *Journal of Black Psychology*, 22(4), 453–469.
- Pinel, E. C. (1999). Stigma consciousness: The psychological legacy of social stereotypes. *Journal of Personality and Social Psychology*, 76(1), 114–128.
- Plaut, V. C. (2010). Diversity science: Why and how difference makes a difference. \(Psychological Inquiry, 21, 77–99. \)
- Rivera, L. M., & Paradez, S. M. (2014). Stereotypes can "get under the skin": Testing a self-stereotyping and psychological resource model of overweight and obesity. *Journal of Social Issues*, 70(2), 226–240.
- Sellers, R. M., Rowley, S. A. J., Chavous, T. M., Shelton, J. N., & Smith, M. A. (1997). Multidimensional Inventory of Black Identity: A preliminary investigation of reliability and construct validity. *Journal of Personality and Social Psychology*, 73, 805–815. https://doi.org/10.1037/0022-3514.73.4.805
- Sellers, R. M., Caldwell, C. H., Schmeelk-Cone, K. H., & Zimmerman, M. A. (2003). Racial identity, racial discrimination, perceived stress, and psychological distress among African American young adults. *Journal of Health and Social Behavior*, 44, 302–317. https://doi. org/10.2307/1519781
- Steele, C. M. (1997). A threat in the air: How stereotypes shape intellectual identity and performance. *American Psychologist*, 52, 613–629.
- Szymanski, D., & Henrichs-Beck, C. (2014). Exploring sexual minority women's experiences of external and internalized heterosexism and sexism and their links to coping and distress. Sex Roles, 70, 28–42.

Tappan, M. B. (2006). Reframing internalized oppression and internalized domination: From the psychological to the sociocultural. *Teachers College Record*, 108(10), 2115–2144.

- Townsend, M. S., Thomas, A. J., Neilands, T. B., & Jackson, T. R. (2010). I'm no Jezebel; I am young, gifted, and Black: Identity, sexuality, and Black girls. *Psychology of Women Quarterly*, 34(3), 273–285.
- U.S. Department of Health and Human Services. (2001). Mental health: culture, race, and ethnicity-A supplement to mental health: A report of the surgeon general.
- Vandiver, B., Cross, W., Worrell, F., & Fhagen-Smith, P. (2002). Validating the cross racial identity scale. *Journal of Counseling Psychology*, 49(1), 71–85.
- Velez, B., Moradi, B., & DeBlaere, C. (2015). Multiple oppressions and the mental health of sexual minority Latina/o individuals. *The Counseling Psychologist*, 43(1), 7–38.
- Vogel, D. L., Bitman, R. L., Hammer, J. H., & Wades, N. G. (2013). Is stigma internalized? The longitudinal impact of public stigma on self-stigma. *Journal of Counseling Psychology*, 60(2), 311–316.
- Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal* of Counseling Psychology, 54(1), 40–50.
- Watts-Jones, D. (2002). Healing internalized racism: The role of a within-group sanctuary among people of African descent. *Family, Process*, 41(4), 591–601.
- Williams, D. R., & Williams-Morris, R. (2000). Racism and mental health: The African American experience. *Ethnicity & Health*, 5(3/4), 243–268.
- Worrell, F. C., Mendoza-Denton, R., & Wang, A. (2017). Introducing a New Assessment Tool for Measuring Ethnic-Racial Identity: The Cross Ethnic-Racial Identity Scale–Adult (CERIS-A). Assessment, 1–5. https://doi.org/10.1177/1073191117698756
- Worrell, F. C., Mendoza-Denton, R., Telesford, J., Simmons, C., & Martin, J. F. (2011). Cross racial identity scale (CRIS) scores: Stability and relationships with psychological adjustment. *Journal of Personality Assessment*, 93(6), 637–648.
- Worrell, F. C. (2012). Forty years of Cross' nigrescence theory: From stages to profiles, from African Americans to all Americans. In J. M. Sullivan & A. M. Esmail (Eds.), *African American identity:* Racial and cultural dimension of the Black experience (pp.2-27). Lanham, Md: Lexington.

KIRA HUDSON BANKS is an Associate Professor in the department of psychology at Saint Louis University. Her research examines the experience of discrimination, its impact on mental health, and how members of marginalized groups learn to adopt and psychologically distance themselves from the negative ideologies put forth by systems of oppression. She has published in journals such as *American Psychologist, Cultural Diversity and Ethnic Minority Psychology, Journal of Diversity in Higher Education, and The Harvard Business Review* and popular media outlets such as *Huffington Post and The Atlantic*. As a consultant, she has worked with schools, communities, institutions of higher education and corporations to improve diversity and inclusion efforts and to engage people in productive dialogue and action. She served as a racial equity consultant for the Ferguson Commission and the Racial Equity Catalyst for Forward Through Ferguson. She received her BA from Mount Holyoke College, where she was inducted into Phi Beta Kappa, and her MA and PhD from the University of Michigan.

JADAH STEPHENS is a 4th year clinical psychology doctoral student at Saint Louis University. Her research interests include discrimination and mental health, specifically internalized racial oppression. She is also interested in identity development and racial socialization, particularly with transracial adoptees and Asian Americans. Her clinical interests are focused on health psychology and integrated care with an emphasis on working with underserved populations.

Her passion for health psychology developed from her experience working as a psycho-oncology practicum student in a hospital setting. Ms. Stephens has worked with children of all ages, from preschool through high school, providing group therapy and conducting psychoeducational assessments. She has also provided brief assessments and interventions for individuals with serious medical conditions. Ms. Stephens earned her BA from Roosevelt College and her MA from Boston University.