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The Protective Influence of Self-Compassion Against Internalized Racism Among African Americans

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THE PROTECTIVE INFLUENCE OF SELF-COMPASSION AGAINST INTERNALIZED RACISM AMONG AFRICAN AMERICANS

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THE PROTECTIVE INFLUENCE OF SELF-COMPASSION AGAINST INTERNALIZED RACISM AMONG AFRICAN AMERICANS

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Racist experiences and internalized racism may lead to poorer mental health outcomes for African Americans born and socialized in the United States (Graham, West, Martinez & Roemer, 2016; Mouzon & McLean, 2017). Self-compassion has been shown to protect against poor mental health outcomes, but limited research exists with respect to African Americans specifically (Lockard, Hayes, Neff and Locke, 2014). The present study explored whether self-compassion could serve as a protective factor between the relations of internalized racism and racist experiences, and the negative mental health outcomes of anxiety, depression, and stress among ($N = 230$) African American adults. To examine these relations, structural equation modeling was utilized to determine the best fit for the data. Though both internalized racism and racist experiences negatively predicted self-compassion, racist experiences failed to predict anxiety, depression, and stress, while internalized racism did positively predict these mental health outcomes. Self-compassion also was found to negatively predict anxiety, depression, and stress. Further analysis of fit statistics suggested that the model excluding racist experiences demonstrated best model fit. Ultimately, it was found self-compassion moderated the relation between internalized racism, and anxiety, depression and stress.

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Chapter 1: Introduction

Racism and its damaging consequences on the physical and mental health of the oppressed has been a longstanding topic of research interest (Paradies, 2006). In the United States, African Americans experience racism (e.g., discrimination; prejudice; marginalization) more than any other racial group (Pieterse, Todd, Neville & Carter, 2012). Thus, the impacts of racism may be especially damaging to African Americans, specifically with respect to the enduring mistreatment of African Americans within the United States, beginning with the transatlantic slave trade and permeating into current policy, access to resources, and general treatment (Hill, 2002). These experiences may infiltrate an individual's sense of self, which may lead to developing beliefs about the self that are derogatory and destructive, therefore creating a sense of internalized racism (Pyke, 2010).

Racism Toward African Americans

While about half of white Americans endorse the belief that racism is an issue of the past, or at least only occurs in extreme cases (Pew Research Center, 2017b), research on racism contradicts these viewpoints. Many Americans still believe that African Americans are unintelligent, prefer to live off of welfare support, are lazy, and are inclined toward violence (Williams & Williams-Morris, 2000). When defending the assertion that racial issues are issues of the past, some may point to the election of President Barack Obama as an indication of how much views toward race have changed (Schmidt & Axt, 2016). Research on this topic demonstrates while many Americans do have positive views toward President Obama, views toward African Americans have not changed in light of his presidency. (Schmidt & Axt, 2016) Conversely, these views have

actually gotten worse, with negative beliefs toward African Americans increasing at the end of his presidency compared to the beginning (Schmidt & Axt, 2016). This discrepancy may be indicative of the tendency of many Americans to disassociate President Obama from the Black community, as he does not fit the negative stereotypes perpetuated about Black people, as opposed to shifting those negative views to positive views of Black Americans as a whole (Schmidt & Axt, 2016). Since the 2016 presidential election, racist messaging, threats, and hate crimes have increased dramatically, suggesting that racism toward minority groups is once again becoming more overt and emboldened (Reilly, 2016).

African Americans, Racism and Mental Health

There is evidence to support that African Americans experience more significant amounts of racism than any other minority group (Pieterse et al., 2012). Experiencing racism has been associated with negative physical and mental health consequences across a large body of research on African American populations (Paradies, 2006). These negative health issues include cardiovascular disease (Pascoe & Smart Richman, 2009), elevated blood pressure and hypertension (Brondolo, Love, Rencille, Schoenthaler & Ogedegbe, 2011), poor birth outcomes (Giscome & Lobel, 2005), and heart strain (Hoggard, Hill, Gray & Sellers, 2015) as well as substance abuse, depression, anxiety, and stress (Paradies, 2006). African Americans subjected to racism more frequently have been found to experience increased severity in mental illness such as anxiety and depression, suggesting a cumulative effect of racism on mental health (Pieterse et al., 2012; Wheaton, Thomas, Roman & Abdou, 2017).

Tripartite Model of Racism

Jones (2000) put forth a theory that describes how racism causes damage at three different levels. First, institutionalized racism occurs when systems of oppression disallow individuals from accessing the same resources available to those of the dominant race. These resources include access to housing, education, medical treatment, and gainful employment. Additionally, institutionalized racism also impacts power, as it limits the oppressed from gaining power through suppressing voting rights, fair representation in the media, and access to an accurate account of history. The oppressor in this type of racism is the government, and other regulating bodies. A salient example of institutionalized racism is the U.S. prison system, where African Americans are incarcerated at five times the rate of white individuals, and receive harsher sentences for the same crime (NAACP, 2018). Namely, though African Americans and white Americans use illicit drugs similarly, African Americans are imprisoned at a rate of six times more than white Americans for illicit drug use (NAACP, 2018). Having been incarcerated also serves to impact access to power and subsequent quality of life after the sentence has been served, through prohibiting voting rights and access to gainful employment (NAACP, 2018). The second type of racism in Jones' theory is personally mediated racism, which is what individuals usually think of when they hear the term "racism." Personally mediated racism occurs when minority groups are subjected to discriminatory comments or behaviors from members of the dominant group. Finally, internalized racism is the last, and as Jones argues, the least understood level of this model. Internalized racism occurs when individuals begin to accept and thus internalize the prejudicial beliefs and biases about themselves that have been perpetuated by the

majority. As internalized racism includes beliefs about one's own worth, especially in comparison to the dominant culture (e.g., whiteness), individuals may tend to experience self-devaluation as a mechanism of internalized racism (Jones, 2000). Jones provides an intriguing analogy of a garden when detailing her proposed three-part model to racism, which will be explored in further detail in Chapter 2.

African Americans and Internalized Racism

Internalized racism is a topic that has gained attention through theory development, but research on this topic is still in its infancy (Jones, 2000; Pyke; 2010). Preliminary research has found that Black individuals living in the United States may experience internalized racism at greater intensity than Black individuals who do not live in the United States, and as consequence, may experience more negative mental health outcomes, such as anxiety and depression (Mouzon & McLean, 2017). Some researchers even found evidence to support that internalized racism may be one of the underlying mechanisms contributing to anxiety, depression and overall psychological distress among African Americans (Graham et al., 2016). Theorists have called for counseling psychologists in research and practice to dedicate more attention to internalized racism in Black Americans, especially with respect to mitigating these negative consequences (Speight, 2007).

Previous researchers have attempted to better understand factors that contribute to internalized racism (Bailey, Chung, Williams, Singh & Terrell, 2011). Most theories about internalized racism include the internalization of white stereotypes about Black people and self-hatred as the two main underlying mechanisms (Bailey et al., 2011). While these two mechanisms have repeatedly been demonstrated to contribute to

experiences of internalized racism, some researchers have put forth, and found support for the additional mechanisms of accepting a biased representation of one's own history, and the alteration of physical appearance and hair (Bailey et al., 2011). To date, these mechanisms taken together provide the most complete picture of internalized racism (Bailey et al., 2011).

Self-Compassion

Self-compassion is a three-part strategy designed to help individuals to cope with life's inevitable hardships, failures, and sufferings (Neff, 2003b). Self-compassion promotes the notion that all individuals face struggles, regardless of why those struggles occur (e.g., intrapersonal issues, interpersonal issues, environmental issues). While it is the tendency of many to self-blame and ruminate on life's struggles, self-compassion entails treating oneself with kindness, especially in times of difficulty. There is evidence that self-compassion is more effective at alleviating mental health issues such as anxiety and depression, and promoting greater satisfaction with life, over and above many popular theories or practices in psychology. For example, research supports that self-compassion provides greater mental health benefits than self-esteem (Neff, 2003b), self-evaluation (Neff et al., 2008), self-worth gained through external validation or religious sources (Zhang et al., 2018), support groups (Johnson et al., 2017), and using mindfulness alone (Van Dam, Seppard, Forsyth & Earleywine, 2011).

The three components of self-compassion include self-kindness, mindfulness, and common humanity. This model designates the three components that lead to self-compassion, as well as components indicating lack of self-compassion. Self-kindness involves accepting shortcomings and struggle as a part of the human condition, as

opposed to the opposite of self-kindness, self-judgment, which involves using self-critical and demeaning talk in response to difficulty. Mindfulness is the practice of non-judgmentally experiencing and acknowledging emotions as they occur and accepting those emotions as they are, as opposed to over-identifying with negative emotions or ruminating on challenging events as indicators of one's own worth. Finally, common humanity refers to the practice of reaching out to others and seeking connection in times of struggle, as opposed to self-isolating or turning away from supportive others due to feelings of shame or worthlessness (Neff, 2003b).

Self-compassion has been promoted within counseling psychology literature and practice as an adaptive way to regard the self (Neff, 2003; Neff, 2011). The use of self-compassion has been demonstrated to improve satisfaction with life and overall reports of well-being, and decrease mental health issues such as anxiety and depression (Bluth & Blanton, 2013; Hope, Koestner & Milyavskaya, 2014; Smeets, Neff, Alberts & Peters, 2014). While the research on self-compassion with respect to minority identities is limited, especially with African Americans, initial studies among other racial minority identities boast promising outcomes (Birkett, 2013; Edwards, Adams, Waldo, Hadfield & Biegel, 2014), highlighting the need for future research (Lockard et al., 2014).

Within the last year, research has begun to explore self-compassion as a tool to alleviate symptoms of psychopathology for African Americans. In a 2018 study, Zhang et al. found that self-compassion mediated the relations between shame and depressive symptoms, suggesting that self-compassion could help to mitigate this relationship. Zhang et al. (2018) maintain that as shame is oftentimes a consequence of oppression, self-compassion may be uniquely able to help African Americans experience less mental

health issues that have developed as a result of their oppressive experiences. In an intervention-based study, African Americans participating in a compassion-based six-week group reported greater reductions in self-criticism and depression than those who participated in a six-week support group (Johnson et al., 2017). These studies provide promising support for the notion that the use of self-compassion can help to alleviate psychological issues amongst African Americans (Johnson et al., 2017; Zhang et al., 2018).

As African Americans have been subjected to intense racism and hatred by the dominant majority, theorists have argued that these messages about race may become internalized, through accepting negative beliefs, prejudicial attitudes and stereotypical tropes into their own sense of self (Pyke, 2010). The internalization of these beliefs may lead to individuals to experience self-criticism, self-doubt, and disgust (Pyke, 2010). As self-compassion and internalized racism are both theories pertaining to how individuals regard themselves, self-compassion, a positive self-attitude, may serve to combat or replace internalized racism, a negative self-attitude. Within the framework of self-compassion, theories of internalized racism mimic many indicators of lack of self-compassion. Self-critical judgment about one's own worth due to negative racial stereotypes (Pyke, 2010) fits within the notion that lack of self-kindness (self-criticism) contributes toward mental illness (Neff, 2011). Additionally, African Americans may over-identify with negative beliefs about themselves, leading to internalization (Pyke, 2010), which fits within the second indicator of lack self-compassion, over-identification as opposed to practicing mindfulness (Neff, 2011). Finally, those experiencing internalized racism may distance themselves from others of their own racial group as a

strategy to distance themselves from negative stereotypes (Pyke, 2010), which is similar to the self-compassion concept engaging in self-isolation rather than seeking common humanity with others (Neff, 2011).

A Note on Terminology

For the purpose of this research, the terms "Black" and "African American" will be used interchangeably to refer to individuals of African descent. The reasons for using these terms interchangeably are two-fold. Primarily, in an effort to maintain the diction that the respective study used in reference to individuals of African descent when citing literature. Additionally, they are used interchangeably in an effort to represent all individuals who may fall into these categories, and their preferences. In a 2005 study, Sigelman, Tuch and Martin found that individuals were divided almost exactly equally in terms of their preference for the term Black versus the term African American to describe their racial identity. Therefore, both terms will be used in this study.

The Study

As internalized racism and self-compassion both serve as ways that an individual regards themselves in relation to their environment, self-compassion may act as a self-regarding strategy to replace internalized racism. Specifically, while internalized racism can lead to self-criticism, over-identification with negative stereotypes, and distancing the self from other members of the same race as a strategy to alleviate the pain caused by experiencing racism (Pyke, 2010), self-compassion seeks to alleviate struggle and hurt through promoting the use of self-kindness, mindfulness over feelings experienced, and common-humanity or connection with others (Neff, 2011). Theories such as Jones (2000) posit that internalized racism occurs, at least in part, as a function of devaluing the self.

Pyke (2010) further argues that internalized racism occurs as a function of self-devaluation, as well as identification with negative beliefs and distancing self from others. As self-compassion serves as a strategy for increasing self-kindness, mindfulness, and common humanity (Neff, 2003b), it may be uniquely able to challenge some of the internalization that occurs as a product of racism.

Moreover, self-compassion has been demonstrated as a tool to alleviate mental illnesses such as anxiety and depression (Bluth & Blanton, 2013; Hope et al., 2014; Smeets et al., 2014). In contrast, internalized racism has been demonstrated to contribute toward anxiety and depression (Graham et al., 2016; Mouzon & McLean, 2017). Thus, self-compassion may be a strategy that African Americans could use in order to reduce internalized racism, and thus experience the protective mental health benefits of self-compassion through the reduction of mental health issues (e.g., anxiety and depression). The following research serves to explore current issues in racism, internalized racism, and self-compassion, and whether self-compassion can buffer the relations between racist experiences, internalized racism and negative mental health outcomes (e.g., anxiety, depression, and stress) in African American adults through utilizing a positive self-attitude (self-compassion) instead of a negative self-attitude (internalized racism).

Structural equation modeling was utilized to explore these relations as well as an overall fit of the model. The following research questions will function as guides to this work: (a) Does experiencing racism and internalized racism predict self-compassion among African Americans? (b) Does self-compassion provide protection (reduction in symptoms) against the anxiety, depression, and stress triggered by racist experiences and

internalized racism among African Americans? A detailed description of the model, hypotheses and analyses will be provided in Chapter 3.

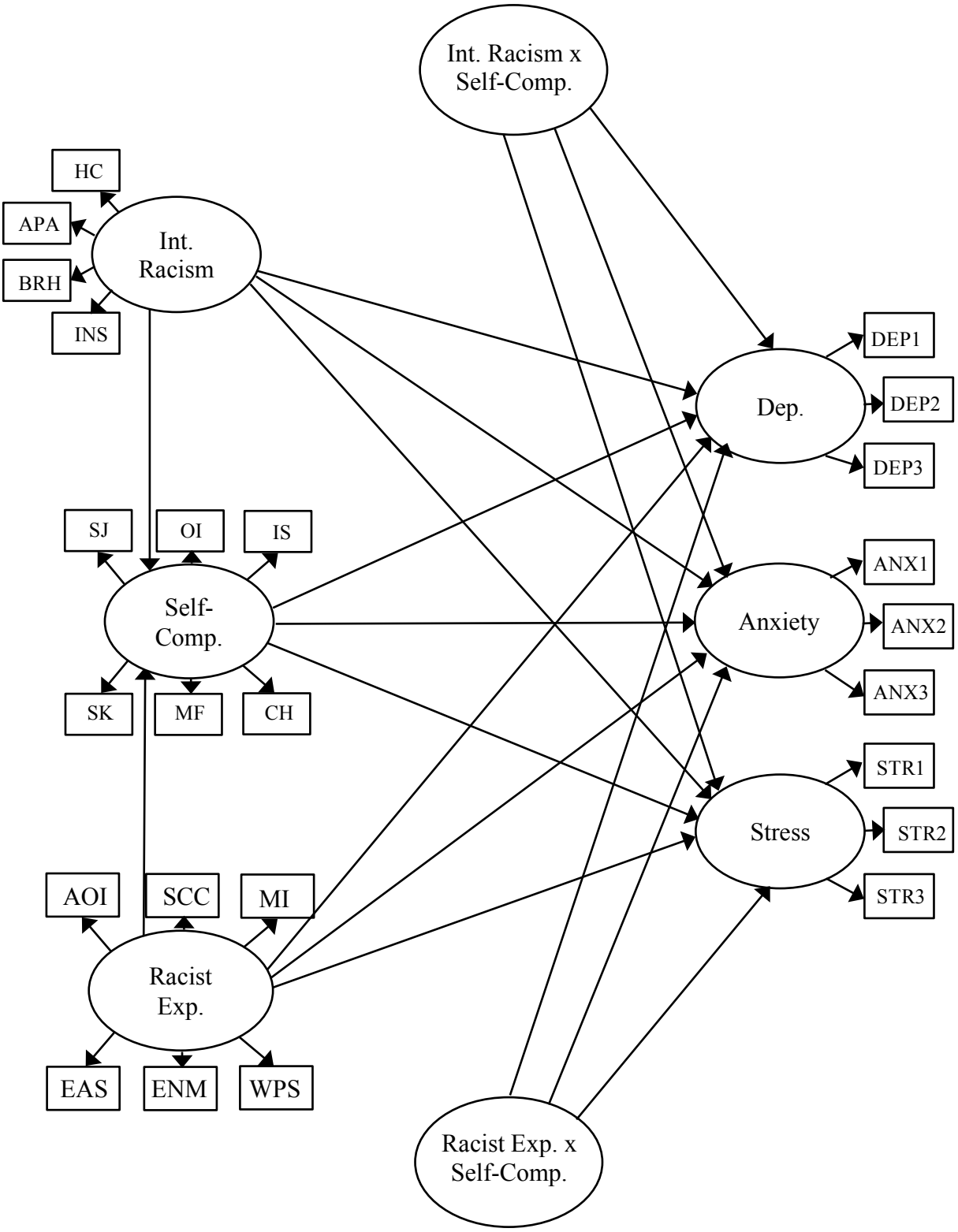

Figure 1. Structural equation model hypothesized path relations.

This study may address several gaps in the current literature. First, as several researchers (Jones, 2000; Pyke; 2010; Speight, 2007), have noted a lack of literature exploring the detrimental effects of internalized racism for African Americans, and this research serves to add to this body of literature by measuring how internalized racism is related to anxiety, depression, and stress. Additionally, there has been a lack of self-compassion research with respect to its use among minority populations in the United States, especially African Americans (Zhang et al., 2018), and this research will explore if self-compassion provides useful benefits to African Americans. Finally, it is the goal of this research to provide support for a free, time-efficient, and easily accessible strategy (Neff, 2011) to aid in the protection against mental health issues due to the lasting impacts of racism, through the use of self-compassion.

This chapter provided a brief overview of the research problem and issues related to this problem that will be explored in this study. Chapter 2 will serve as a detailed review of the relevant literature with respect to African Americans, theories of racism, internalized racism, self-compassion, and mental health outcomes such as anxiety and depression. Chapter 3 will detail issues related to conducting the study, including hypotheses, methods, participants, and procedures. After data collection and analysis are completed, Chapter 4 will consist of results found in the study. Finally, Chapter 5 will serve as a discussion of these results, as well as potential implications, limitations, and recommendations for future research.

Chapter 2: Literature Review

Racism Toward African Americans

The term racism refers to a systemic and organized sociopolitical structure that privileges and oppresses individuals depending on the color of their skin (Williams & Williams-Morris, 2000). Skin color has been categorized in ways that has systematically ranked some groups of individuals as lesser than others. In the United States, white Americans have experienced privilege in this system, while people of color have experienced oppression (Williams & Williams-Morris, 2000). Subsequently, members of oppressed racial groups are likely to experience discrimination, or differential treatment both individually and institutionally (Williams & Williams-Morris, 2000). Additionally, people of color are likely to be subject to prejudicial beliefs about them or their abilities due solely to the color of their skin (Williams & Williams-Morris, 2000). The negative consequences of discrimination, prejudice, and oppression are devastating to all who experience them, but are uniquely devastating for Black or African Americans. (Williams & Williams-Morris, 2000).

In a critical work, Winant (2015) discusses how race and racism were institutionalized, perpetuated, and maintained in the United States. Winant asserts that the concept of race grew out of the social and political desire to achieve power through enslaving and obtaining property (2015). During the transatlantic slave trade, property was considered to be both land and people, through enslaving Africans, and bringing them to the United States for sale. He further argues that this system ultimately created a complex "colorblind" divide between free people and the enslaved, the oppressor and the oppressed. In order to maintain or perhaps to rationalize this divide, theories about

biological differences between races rose out of what was once understood to be a social construct. Many renowned scientists and theorists (e.g., Galton) even joined the rationalization of slavery and oppression, through generating theories that the racial system was that of "commonsense" as it mimicked the natural order, with slavery and conquest being viewed as more advanced and rational systems, as opposed to other, less hierarchical societies. Although many believe that issues of race and racism are issues of the past, Winant (2015) argues that issues such as race and racism are very much present within modern society, and this presence can be seen through the institutionalization of policies and procedures that further perpetuate the notion that it is commonsense to function within a political system that now claims a colorblind approach to race. Winant (2015) concludes that due to the convoluted and devastating ways that race was constructed in the United States, ignoring issues of race using a colorblind, non-racial or post-racial approach will not work toward the goal of undoing the horrors the United States has inflicted upon those it has actively oppressed.

As evidence of how these beliefs perpetuate with respect to Black Americans, Williams and Williams-Morris (2000) report that in a 1990 General Social Survey (GGS), 29% of white Americans viewed Black Americans as unintelligent, 44% endorsed beliefs that Black Americans are lazy, 56% believed Black Americans preferred living off of welfare support, and 51% reported Black Americans are inclined toward violence. When reviewing these statistics, it may be arguable that while some white Americans endorse these negative stereotypes, most white Americans believe the opposite to be true (e.g., if 29% view Black Americans as unintelligent, 71% view Black Americans as intelligent). However, these reports were not so dichotomous, as only 20%

of white Americans viewed Black Americans as intelligent, 17% reported Black Americans as hardworking, 13% endorsed beliefs that Black Americans prefer to support themselves financially, and 15% reported most Black Americans were not inclined toward violence. These findings seem to indicate that even when the majority of white Americans do not explicitly express negative beliefs, positive attributions toward Black Americans are also not readily endorsed (Williams & Williams-Morris, 2000).

To further this point, when comparing how white Americans view themselves in relation to Black Americans, white Americans were five times more likely to endorse the belief that Black Americans were unintelligent, nine times more likely to report Black Americans were lazy, 15 times more likely to report Black Americans prefer living off of the welfare system, and three times more likely to state Black Americans are inclined toward violent acts. Also important to note is that in comparison to other racial minority groups (e.g., Asian, Hispanic) African Americans were regarded the most negatively (Williams & Williams-Morris, 2000).

In the current sociopolitical climate, many may argue that attitudes toward African Americans have greatly shifted, as evidenced by the election of President Barack Obama. While the "that was then, and this is now" rhetoric may seem enticing, research on racial attitudes does not support this assertion. In a large-scale study asking participants to complete an Implicit Association Task on race and complete a survey about their explicit attitudes toward race, (N = 2,289,776) and another Implicit Association Task on presidents (N = 219,170), researchers found an overall preference for white Americans to African Americans on both implicit and explicit measures (Schmidt & Axt, 2016). Researchers found that this tendency to prefer white Americans

to African Americans remained consistent throughout Barack Obama's presidency, as data was collected from January 2009 to December 2015, capturing nearly seven years of his presidency (Schmidt & Axt, 2016). Negative attitudes toward black Americans were found to actually have increased over time, and were consistent despite race or political affiliation of the participant (Schmidt & Axt, 2016). Interestingly, both Black and white participants showed preference for President Obama as compared to other presidents, with Black participants demonstrating a strong preference, and white participants indicating a slight preference (Schmidt & Axt, 2016). Additionally, positive attitudes toward Barack Obama were only weakly associated to positive attitudes toward Black people universally (Schmidt & Axt, 2016). Schmidt and Axt (2016) posit that perhaps Barack Obama's presidency did not alter negative racial attitudes toward Black Americans because the general population may not view Barack Obama as representative of Black Americans as a whole. For example, some Americans may view Barack Obama as an exemplar, distancing him from their more negative beliefs about Black individuals. Alternatively, some Americans may not even view Barack Obama as African American at all, labeling him as "mixed race" as opposed to Black or African American (Pew Research Center, 2010). Finally, Schmidt and Axt (2016) argue that the while implicit and explicit biases are changeable, the U.S. population as a whole may not yet reflect those changes with respect to race.

Since the 2016 presidential election, racial issues in the United States have once again become more overt (Pettigrew, 2017). Now President Donald Trump campaigned off of opposing nearly everything former President Barack Obama instituted (Pettigrew, 2017). Those in support of President Trump have been found to hold strong racist

attitudes (Van Assche & Pettigrew, 2016). There is even evidence to suggest that pre-election reporting that minority voters were going to vote for opposing democratic candidate Hillary Clinton encouraged more voters in support of President Trump to go out and vote (Pettigrew, 2017). Following the election of Donald Trump, racist messaging (e.g., graffiti), threats, and hate crimes have risen abruptly (Reilly, 2016). In sum, in the current sociopolitical climate, race tensions are high, and racist-related events are on the rise.

In spite of compelling research, major events, and personal accounts that state otherwise, the notion that Black Americans do not experience unjust prejudice or discrimination persists. Recent research suggests that 81% of Black Americans report the belief that Black Americans experience racism in the United States, while only 52% of white Americans endorse this belief (Pew Research Center, 2017b). Furthermore, a poll on racial discrimination elucidated that 49% of Americans believe that Black Americans cannot "get ahead" in the United States are mainly responsible for their own situation (Pew Research Center, 2017a). While 84% of Black Americans believe that people do not see discrimination where it exists, only 49% of white Americans espouse this view (Pew Research Center, 2017a). This research suggests that incongruencies persist between the ways that Black Americans experience racism or discrimination, and the tendency of white Americans to endorse this experience as legitimate.

African Americans, Racism and Mental Health

Experiencing racism can have devastating impacts on mental and physical health. In a meta-analysis of 138 quantitative studies with respect to racism and health, Paradies (2006) found that subjective racist experiences were positively associated with negative

mental health outcomes (e.g., depression, emotional distress, stress) and negative health-related behaviors (e.g., substance abuse). Of note, 69% of the participants in these studies were African American, suggesting that when studying the impacts of racism, African Americans are often a target population (Paradies, 2006).

When racism is experienced continuously throughout the lifespan, the negative consequences of such oppression can take a cumulative effect. Wheaton, Thomas, Roman and Abdou (2017) found that African American men ($N = 296$) were more likely to report greatest depressive symptomology when they endorsed experiencing everyday discrimination such as being followed around a store, being neglected at a restaurant or other service-related venue, or being the recipient of slights and insulting remarks, and major discrimination, such as reduced access to opportunities in employment, housing, the criminal justice system, and other access to resources. Researchers found that while the type of discrimination did impact depressive symptomology dependent on the age of the participant, everyday discrimination more strongly predicted depression across the lifespan (Wheaton et al., 2017). These findings seem to suggest that discrimination that is experienced on a personal-level through everyday racist experiences, may be experienced differently than discrimination experienced from systemic avenues, and thus more greatly impact the likelihood of experiencing depressive symptoms (Wheaton et al., 2017).

Given both the historical mistreatment of African Americans and the current sociopolitical climate in the United States, effective prevention and intervention strategies are needed to address the negative consequences that result from racist experiences among African American individuals and communities. In a meta-analytic review of racism and mental health, Pieterse et al. (2012) found that across 66 studies

with Black American participants, experiences of perceived racism were positively associated with psychological distress (e.g., anxiety or depression). Pieterse and colleagues also highlight that Black Americans report experiencing higher amounts of racism than any other racial minority group in the United States (2012). Furthermore, researchers found that individuals who reported higher racist experiences in both rate of exposure and stress of the exposure, were more likely to report psychological distress. Authors also found a stronger effect for these experiences of psychological distress (through the reporting of psychiatric symptoms), and experiences of overall stress than those effects of factors such as life satisfaction or self-esteem. These findings provide evidence for both the pervasiveness and devastating effects of racist experiences on mental health, especially for Black Americans (Pieterse et al., 2012).

As mental health and physical health are interconnected, it is also important to understand the vast toll experiencing racism takes on physical health. A large body of literature has demonstrated that for African Americans, experiencing racism has been associated with risk for cardiovascular disease (Pascoe & Smart Richman, 2009), elevated blood pressure and hypertension (Brondolo, Love, Rencille, Schoenthaler & Ogedegbe, 2011) and poor birth outcomes (Giscome & Lobel, 2005). There is even evidence that experiencing racial discrimination can trigger lasting strain on the heart. Hoggard, Hill, Gray and Sellers (2015) found that when African American individuals were subjected to racial discrimination by a white antagonist, they experienced greater heart rate and decreased heart rate variability both at the time of the discrimination, and one day later. These findings suggest that experiencing racial discrimination can negatively impact heart functioning even after the stressor has gone (Hoggard et a., 2015)

Tripartite Model of Racism Theory

Jones (2000) maintains that instead of a biological paradigm that describes innate differences between individuals, race is a social paradigm that acutely portrays the impacts of racism. Unlike some other minority identities, race is readily assessed by others, as skin color is visible and directly observable (Jones, 2000). The impacts of racism have far reaching negative consequences, especially when considering how health disparities occur due to racism, as race and racism impact and individual's socioeconomic status, access to resources, access to opportunities (Jones, 2000).

Jones (2000) proposes a three-part model for understanding how racism impacts an individual, including institutionalized racism, personally mediated racism, and internalized racism. Institutionalized racism refers to systems of oppression that prohibit individuals from accessing material means such as fair housing, access to education, medical treatment, job opportunities and a safe environment, as well as access to power, such as through access to information about one's own history, voting rights, and fair representation in the media or government. Personally mediated racism includes experiences of prejudicial thoughts or judgments, and discriminatory actions. Jones highlights that personally mediated racism is what most individuals think of when they hear the word "racism." Finally, internalized racism refers to the acceptance of the biases and stigmas that have been associated with one's own racial group, especially pertaining to damaging messages about one's own ability or worth. In the United States, this may include accepting whiteness as the standard, and self-devaluation when failing to fit that standard (Jones, 2000).

Jones (2000) compares these three types of racism in an analogy to a gardener tending to her flowers. Jones tells of a gardener, who has two different types of soil, one that is rich, lush, and new, and one that is old, rocky, and of poor quality (2000). She asks readers to suppose that a gardener prefers red to pink flowers, and thus plants the red flower seeds in the rich soil, and pink flower seeds in the poor soil. Subsequently, the red flowers bloom beautifully, with even the weakest among them growing at least to a mid-ranging height, while the pink flowers struggle, with only the strongest among them growing to a mid-ranging height, with most not growing at all (Jones, 2000). In the years that follow, this pattern continues, and the gardener feels confirmed in her choice to prefer red over pink flowers, as the red flowers have thrived, and the pink flowers have floundered. In this scenario, and especially as the years have passed, the gardener begins to attribute the red flowers' success to its abilities, attributes, or other characteristics, and seems to forget that the gardener had given the red flowers more opportunities from the beginning, by planting them in richer soil (Jones, 2000). Ultimately, the pink flowers begin to reject pollen from bees, in the belief that they are truly inferior to red flowers (Jones, 2000). In this tale, the gardener serves as the U.S. government, in that the gardener wields all of the power, and has provided unfair, systematic advantages to flowers only differentiable by color (Jones, 2000). The gardener, and other observers who notice the red flower's beauty and vitality, serve as examples of personally mediated racism (Jones, 2000). Internalized racism can be seen in the way that the pink flowers begin to believe their own inferiority, due to the larger system in which they live continuously affirming their inferiority (Jones, 2000). This story highlights how all three of these levels interact in order to affirm and perpetuate racism, and was created in the

hope to inspire readers to continue conversations about potential ways to address institutionalized, personally-mediated, and internalized racism (Jones, 2000).

African Americans and Internalized Racism

Speight (2007) maintains that researchers focusing on only the systemic or personally mediated aspects of racism miss a key component of the damage that racism does to the individual through neglecting the impacts of internalized racism. Speight states that because racism is pervasive, and permeates generations, individuals, time and place, racism is so much more than the act of one person onto another (2007). She argues that the psychological damage that racism inflicts is not confined to the counting of discriminatory acts or racist experiences. Instead, internalized racism is the cumulative effect of accepting the self as lesser than those who more closely resemble the dominant culture.

Speight (2007) states that in some ways, internalized racism is an adaptive and strategic devaluation of the self in order to better fit within the societally constructed measure of "good" or "acceptable." She notes that other theorists such as Watts-Jones (2002) have proposed that internalized racism is perpetuated by the shame associated with one's own African-ness perpetuated by systems of oppression, and the shame that is caused through the experiences of being shamed by greater society. Ultimately, Speight (2007) calls for further investigation of the mechanisms that contribute toward internalized racism, ways to protect against internalized racism, and importantly, the harmful psychological impacts of internalized racism. Speight concludes by stating,

> "To fully appreciate the traumatic injury caused by racism, counseling psychologists will need to understand not only the influence of specific

> encounters, acts, or racial incidents but also the detrimental psychological effects of one more piece of the puzzle – internalized racism." (p. 133)

Research on internalized racism supports Speight's suggestion that internalized racism may be developed as a coping strategy, in an attempt to protect oneself from the harms of racism. Carr, Szymanski, Taha, West, and Kaslow (2014) found that in a sample of low-income African American women ($N = 144$), coping with racist events or experiences through internalization mediated the relations between these events and symptoms of depression. In other words, when African American women attribute responsibility for the oppression and mistreatment they experience to themselves as opposed to outside forces, they are more likely to experience depression as a result (Carr et al., 2014). Notably, researchers in this study also measured whether experiencing sexual objectification and gendered racism also contributed toward depression in African American women, and found that while all three experiences of oppression were related to greater symptoms of depression, only racist events significantly predicted depressive symptoms through internalization (Carr et al., 2014). Researchers suggest that finding this effect of racist events over and above the other two forms of oppression (sexual objectification and gendered racism) elucidates just how malevolently racist events impacts African American women's lives (Carr et al., 2014). As internalizing racism seems to serve as a negative coping strategy that adversely impacts mental health, mental health providers should help African American women to develop more positive coping strategies (e.g., connecting with others, examining one's own experiences of oppression, engaging in community, etc.) to mitigate some of the harmful impacts of experiencing racism (Carr et al., 2014).

Mouzon and McLean (2017) delineate that while negative images of Black Americans permeate popular American culture, there is currently little research with respect to internalized racism and health outcomes. In their study examining the health outcomes of Black Americans and Caribbean Blacks living in the United States, researchers found that Black Americans endorsed higher levels of internalized racism than Caribbean Blacks. Authors argue that this finding gives support to theory that Black individuals born in countries that have a history of racial stratification such as the United States, experience a very different experience of Blackness than those born in the African diaspora. Additionally, researchers found that Black Americans, who reported higher levels of internalized racism, were also more likely to endorse more negative mental health outcomes, such as symptoms of anxiety and depression (Mouzon & McLean, 2017). Taken together, these results seem to suggest that internalized racism among Black Americans is an important topic when considering ways to protect against negative mental health outcomes.

Graham, West, Martinez and Roemer (2016) maintain that understanding the mechanisms that contribute toward anxiety disorders in multicultural populations may be an essential factor in treating anxiety disorders within these groups. Researchers theorized that one of these essential factors underlying the prevalence of anxiety among Black Americans is internalized racism (Graham et al., 2016). Graham et al. (2016) found that racist experiences were positively related to both anxiety and symptomology of stress, indicating that racism contributes to psychological distress. Furthermore, researchers found that internalized racism mediated the relationship among racist experiences (in frequency) and self-reported anxiety and stress among Black Americans.

Researchers denote that these findings may suggest that internalized racism is the underlying mechanism that relates racist experiences to psychological distress such as anxiety and stress (Graham et al., 2016). Consequently, internalized racism may serve as an important point of intervention when considering treatment of anxiety disorders in Black American individuals (Graham et al., 2016).

In previous literature, internalized racism has been conceptualized and measured through the lens of self-hatred, and the internalization of how white individuals stereotype Black people (Bailey, Chung, Williams, Singh & Terrell, 2011). In the majority of studies examining internalized racism among Black Americans, two subscales of the Cross Racial Identity Scale (CRIS; Vandiver, Cross, Worrell & Fhagen-Smith, 2002) are used to measure self-hatred. These two subscales include the Pre-Encounter subscale of the Racial Identity Attitude Scale (RIAS), and the Pre-Encounter Miseducation and Pre-encounter Self-Hatred subscales (Bailey et al., 2011). To measure internalization of white stereotypes about Black people, the Nadanolitization Scale (NAD; Taylor & Grundy, 1996) is often used.

In a 2002 study examining the relations between self-hatred and internalization of white Stereotypes toward Black individuals, Cokley found that many of the components in each scale (e.g., miseducation and self-hatred from the CRIS and beliefs about mental and genetic deficiencies in Black individuals from the NAD) were positively correlated. These findings provide support for the connection between these two concepts as they relate to generating a shared conceptualization of internalized racism (Bailey et al., 2011). However, Cokley (2002) also found attitudes of Afrocentricity were positively related to a general belief in the natural abilities of Black people, suggesting that Black

individuals who view African culture as preeminent may also believe that Black individuals hold unique capabilities of Black individuals. Cokley advocates that further work is needed regarding internalized racism, as the word Afrocentric was never defined in Cross' scale, therefore the term Afrocentric could hold different meanings depending on the person completing the scale (2002).

While the constructs of self-hatred and internalization of stereotypes may add to the understanding of internalized racism, they may not provide a full picture (Bailey et al., 2011). Internalized racism may be more nuanced and complex than simply understanding how negative stereotypes perpetuated by white people are internalized and contribute toward self-hatred (Bailey et al., 2011). Additional constructs to consider when examining internalized racism include accepting a biased representation of one's own (Black) history, intentionally manipulating physical appearance to look less Black, changing or styling hair to look less Black, and internalizing negative stereotypes about Black people (Bailey et al., 2011). Thus, Bailey et al. (2011) sought to create a new measure for internalized racism, utilizing previous research about self-hatred and internalized stereotypes, and adding these constructs relating to altering physical appearance and hair, and accepting a biased representation of history (Bailey et al., 2011). Researchers found a good fit for a model of internalized racism that included internalized negative stereotypes about Black people, accepting a biased representation of history as truth, altering physical appearance, and altering hair (Bailey et al., 2011). The addition of the components of internalized racism that overtly focus on how changing one's own appearance in order to fit more European standards of beauty contribute to the current conceptualization of internalized racism (Bailey et al., 2011). Understanding how

beauty standards and practices impact internalized racism may be especially important for Black women, as they often experience the most intense scrutiny with respect to physical appearance, which may ultimately be internalized (Bailey et al., 2011; Bryant 2013; Hill, 2002).

Colorism. In a groundbreaking 1939 study, Clark and Clark demonstrated the impacts of living in a society which values white as attractive and good, and Black as unattractive and bad. Often referred to as the "doll test", Clark and Clark found that when introducing two dolls to Black children, one white and one Black, Black children tended to point toward the white doll when asked to identify the doll with the "nice color", or the "nice" doll. Not only did Black children identify the white doll with typically positive characteristics, but when asked to identify the doll that "looks bad", the Black children tended to identify the Black doll. When asked which doll they would like to play with, 67% of the children requested to play with the white doll (Clark & Clark, 1939). This study was one of the first to elucidate how Black children internalized messages sent to them about their worth and their appearance by a society that privileges whiteness.

Colorism, or the proclivity for prejudice based on the lightness or darkness of one's skin tone, commonly occurring within one's own racial group is another issue affecting the lives of Black individuals (Hill, 2002). Colorism was created out of the history of slavery, where White supremacy reigned and Black people (and people of color in general) were deemed inferior. Through this process, all aspects relating to European whiteness became considered to represent what was civilized, attractive, and good. In contrast, all aspects of Black identity became considered unsophisticated, unattractive, and aberrant. Through a constant oppression and degradation of all aspects of Black

personhood, an internalized sense of racism developed for many Black individuals (Hill, 2002). Within this framework, failure to meet the Eurocentric beauty standards may have harmful consequences with respect to sense of self, or self-worth, but the effects may be acutely devastating for Black individuals. Hill (2002) found that for both Black men and women, Black women were deemed more physically attractive if their skin color was lighter, and less attractive if darker. These findings replicate and reinforce the oppressive construction that the closer a person is to the white Eurocentric ideal; the more attractive they are considered to be.

While how an African American individual regards their own skin color may depend on a variety of factors (e.g., racial identity, social environment, self-worth, racist experiences, etc.), there may be a direct link between skin color satisfaction and internalized racism (Maxwell, Brevard, Abrams & Belgrave, 2015). Maxwell et al. (2015) found that among a sample of African American college students ($N = 191$) individuals higher in skin color satisfaction also experienced more positive regard for their racial group. With respect to internalized racism, higher internalized racism significantly predicted degree of skin color satisfaction an individual experienced (Maxwell et al., 2015). Put differently, individuals who experienced higher degrees of internalized racism were less satisfied with their skin color (Maxwell et al., 2015). Authors assert that these findings may lend even more credibility to the importance of understanding the multitude of ways internalized racism may impact an individual's sense of self (Maxwell et al., 2015).

Alteration of physical appearance. Bryant (2013) argues that Black women, especially Black women with darker skin, experience discrimination in multiple life

domains compared to both lighter skinned Black women and White women. Bryant (2013) maintains that Black women are subjected to relentless messages about what it means to be beautiful through a Eurocentric lens, which is perpetuated by family, peers, partners, media and society in general. These racist experiences, especially in terms of what it means to be beautiful, become engrained in Black women's self-concept, and these women suffer poorer mental health outcomes because of it (Bryant, 2013). Bryant eloquently summarizes Hall's 1995 research on what it may often be like for Black women living in a Eurocentric society:

> Because Black women, especially dark-skinned Black women, deviate furthest from European beauty standards, they are more likely to experience self-hate, distorted body image, depression, and eating disorders. They are also likely to suffer feelings of inadequacy and report emotions of anger, pain and confusion toward traits such as skin color and hair. Many Black women carry this internalized shame and self-hatred of their appearance from adolescence into adulthood. Ultimately, these internalized feelings can be significant risk factors for depression in Black women. (p. 85-86)

In order to achieve this Eurocentric view of attractiveness, Black Americans may purchase products, or undergo procedures in order to achieve the attractive ideal. Similar to previous research on attractiveness, Rudman and McLean (2016) found that white Americans tend to show far more reverence for their own racial group than Black Americans do (2016). Moreover, Black Americans were found to implicitly associate white Americans over Black Americans with attractiveness (Rudman & McLean, 2016). With respect to altering physical appearance, Black Americans also demonstrated preference for Black women who had chemically treated their hair (Rudman & McLean,

2016). Additionally, Black Americans regarded products that were meant to lighten skin (skin whiteners, skin bleaching, etc.) and change physical appearance (hair relaxing agents, cosmetic surgery) as valuable and important products to have (Rudman & McLean, 2016). Researchers underscore that in sum, these findings help to uncover how the societal preference for the white aesthetic in the United States may lead to some Black Americans spending time, money and other resources in order to more closely embody that aesthetic (Rudman & McLean, 2016).

Biased representation of history. Misrepresenting African Americans in history, literature, and mass media serves to keep them oppressed (Morris, 2011). Just as media once represented slaves to be content, childlike, and subservient in their roles in order to ease the white American's conscious, African Americans, and especially African American men are represented as aggressive, violent, and hyper-sexualized as a means to justify violence toward them (Morris, 2011). Both African Americans and the general American public alike have been given limited accounts of the full history, which ultimately limits their understanding of themselves within the context of this history. (Morris, 2011).

Loewen (2008) criticizes the American public education system when discussing the ways that African Americans have been represented in history textbooks and courses. He argues that many of the most frequently used textbooks represent slavery with a "progress as usual" narrative, portraying it as only a small blemish among a long history of fairness and democracy. In doing this, these textbooks fail to account for the fact that the United States has had slavery longer than it has not, that slavery was largely prevalent in the northern states and not solely a north versus south issue, and downplay the actual

horrors and lasting injuries of slavery (Loewen, 2008). In order to give a full account of history, these textbooks would have to explain the etiology of slavery, detailing to complicated socioeconomic system that it is (Loewen, 2008). These textbooks would need to discuss white people's involvement for creating and maintaining slavery in the United States, as opposed to representing slavery as act without an actor (Loewen, 2008). Furthermore, these textbooks would need to expose the ways that racism has extended beyond the end of slavery, instead of the current tendency to bookend the discussion of racial oppression with the end of the civil rights movement (Loewen, 2008).

Internalization of negative stereotypes. The ever-growing body of research on *stereotype threat* may provide the most complete picture of how internalization of negative stereotypes about race adversely impacts African Americans. Stereotypes about African Americans have long been used in the United States to justify both individual and institutional acts of racism and oppression (Johnson-Ahorlu, 2013). In educational settings, African Americans have been stereotyped as unintelligent, incapable, and lazy (Steele, 1997). Such beliefs have prohibited African Americans from obtaining access to educational opportunities that ultimately impact educational attainment (Steele, 1997). Stereotype threat occurs when an individual, especially in an academic study, experiences stress, alarm or anxiety that they will confirm a stereotype made about a group they belong to (Steele & Aronson, 1995). This stress can take up working memory capacity, which is required in many academic tasks, therefore decreasing the individual's ability to perform well in these tasks (Beilock, Rydell & McConnell, 2007). An internalization process can occur when an individual consciously or subconsciously integrates this stereotype into their beliefs about their own abilities (Steele, 1997).

With respect to African Americans, individuals may experience stereotype threat that they are incapable or lazy in academic-related pursuits (Johnson-Ahorlu, 2013; Steele, 1997). In a qualitative study utilizing focus groups, Johnson-Ahorlu found that African American college students often reported that stereotypes and stereotype threats as major barriers to their academic attainment (2013). Common themes regarding stereotypes among these focus groups included; the belief that African Americans are unable to complete university-level work, African Americans are unworthy of university admission, feeling closely monitored by others with concerns that African American students could not manage the amount or intensity of the coursework, and noticing others' surprise to see them in difficult courses. Regarding stereotype threat, common themes included; experiencing anxiety that was distracting from their educational goals when experiencing stereotypes about intelligence or merit, feeling burdened to put in extra effort to disconfirm stereotypes and questioning own abilities as a result of these stereotypes (Johnson-Ahorlu, 2013).

While it is undoubtedly important to understand how stereotype threat impedes academic performance, there is also ample evidence that stereotype threat extends well beyond the classroom. Studies have demonstrated how stereotype threat has been associated with issues such as high blood pressure (Blascovich, Spencer, Quinn & Steele, 2001), standardized testing (Good, Aronson & Inzlicht, 2003), athletic performance (Stone, Lynch, Sjomeling & Darley, 1999), anxiety in seeking medical care (Abdou & Fingerhut, 2017), and career advancement (Boulton, 2016) in African American populations. These studies serve to illustrate the breadth and the depth of the impact experiencing stereotype threat can have on African Americans.

Negative stereotypes about African Americans have a far reaching history in the United States. Littlefield (2008) describes how African American women have long experienced stereotypes about their sexuality, often being deemed as sexual predators, lustful and insatiable. These stereotypes were used as justification for the objectification and assault of African American women's bodies blatantly throughout slavery, and more covertly now through their media representation in venues such as music videos (Littlefield, 2008). Both African American men and women currently experience stereotypes that they are lethargic, unintelligent, threatening, abusive of government programs, and hypersexual, and these negative stereotypes are used to further justify their oppression (Littlefield, 2008). Research on media portrayals of African Americans demonstrates that many Americans believe that the portrayals of African Americans mimic real life (Punyanunt-Carter, 2008). These portrayals show African Americans working in lower-income, blue-collar jobs (e.g., server, cook), obtaining money illegally (e.g., con-artist, drug dealer) and having moral character that is deceitful, disrespectful, violent, greedy, defiant, and desperate (Punyanunt-Carter, 2008). Importantly, the way that media perpetuates these stereotypes can be extremely influential in guiding how African Americans believe others view them, and ultimately, how they view themselves (Littlefield, 2008).

Self-Compassion

Self-compassion is a three-part theoretical model designed to help individuals practice more self-kindness during times of struggle (Neff, 2003b). The three intersecting components of self-compassion include self-kindness, mindfulness, and common humanity. Practicing self-kindness instead of engaging in harsh or critical self-talk refers

to the ability to use self-talk that is encouraging and generous, as if talking to a friend (Neff, 2003b). Self-kindness includes the acceptance of shortcomings or difficulties, and seeks to approach these struggles with warmth, kindness, and tolerance (Neff & Davidson, 2016). Practicing common humanity includes connecting with others, or seeking out companionship when experiencing difficulty, as opposed to self-isolating and suffering alone in struggles (Neff, 2003b). Individuals engaging in negative self-talk or harsh self-judgment tend to feel completely removed from others around them, believing that they are alone in their suffering and shortcomings (Neff & Davidson, 2016). Common humanity reinforces that all individuals experience suffering and all are imperfect, and thus leaning into this shared human experience helps individuals to feel more connected, and less alone or uniquely unworthy (Neff & Davidson, 2016). Finally, mindfulness refers to the ability to non-judgmentally acknowledge the emotions experienced instead of over-identifying with problems or negative experiences (Neff, 2003b). When experiencing emotional difficulty, individuals tend to over-identify with, fixate on, or exaggerate on negative thoughts or emotions about the self. These negative thoughts become internalized into the individual's self-concept, shaping the lens through which the self is evaluated. Practicing mindfulness over these thoughts and emotions help individuals to create a more balanced view of the self, through treating thoughts as solely thoughts as opposed to absolute truths, and thus avoiding these negative internalizations (Neff & Davison, 2016)

Self-compassion has been advocated as an adaptive approach to regarding the self, often referred to as a "positive-self attitude" (Neff, 2011). In practice, self-compassion includes striving to recognize rather than avoid faults or negative

experiences, seeking behavioral change or acceptance for what has occurred, and fostering connection with others, all without globalizing negative experiences to the self or to one's worthiness as a person (Neff, 2011). In theory, using self-compassion helps individuals to experience a greater sense of well-being, cope with setbacks, and move toward life goals in a productive and meaningful way (Neff, 2003b).

A full exploration of self-compassion also includes a discussion of self-esteem, another positive-self attitude (Neff, 2011). Although concepts such as self-esteem have often been regarded as popular and socially-acceptable ways of regarding the self, self-esteem also often includes negative evaluation of the self, especially with respect to attempts to meeting societal standards of success (Neff, 2003b). Additionally, the use of self-esteem to measure self-worth can lead to an unstable view of the self, and a view that is contingent upon the comparison of self to others (Neff, 2003b). For example, an individual may experience an increase in self-esteem when they view themselves as better or more capable than another individual or group (e.g., "I received the best grade in the class on this exam, I must be the smartest person I know"). However, when comparing the self to an individual or group that has more positive qualities, skills or assets, self-esteem plummets (e.g., "I did not receive the best grade on this exam, I must be the dumbest person I know"). This type of comparison not only results in an insecure, and often negative view of the self, but also drives disconnection with others through the act of social comparison and judgment (Neff, 2003b). Additionally, as the worth of self and others is a subjective judgment, many individuals with already low self-esteem may consistently evaluate themselves negatively in comparison to their peers, resulting in

even lower self-esteem, and an onslaught of negative emotions associated with low self-esteem, such as depression, anxiety, and decreased life satisfaction (Neff, 2003b).

Interestingly, although compassion for others is often touted as an important virtue in Western cultures, individuals often voice skepticism of turning that compassion inward, and are oftentimes much kinder and compassionate to others than to themselves (Neff, 2003b). At first glance, self-compassion may be seen as a way to engage in qualities discouraged in Western society, such as self-pity, self-indulgence, and an excuse to act carelessly or aimlessly. In contrast, self-compassion is the opposite of these qualities, instead advocating that individuals engage in practices celebrated by Western cultures (Neff & Knox, 2017). For example, the use of self-compassion allows the individual to strive toward goals, and hold oneself accountable for the pursuit of those goals (Neff, 2011). However, just as that individual may treat a friend during life's inevitable hardships and failings, self-compassion includes encouraging the self to continue to pursue goals despite these failings, and to avoid engaging in the belief that one failing or hardship is evidence that the self is unworthy, incapable, or simply no good. Self-compassion advocates that individuals view the self as a part of a valuable and connected member of society, and strive to accept life's difficulties as a function of actively participating in this life (Neff, 2011). Theoretically, when treating the self with kindness and compassion, an individual is better able to view the self as connected to others, creating the space for this individual hold an identity as an individual who is valuable, cared-for, worthy, and secure (Neff, 2011).

Self-Compassion and Mental Health

Although self-compassion was originally designed to provide alleviation from the struggles associated with suffering, it may also provide important life-enhancing benefits, through the facilitation of well-being (Neff & Knox, 2017). Self-compassion seems to benefit its users two-fold, by reducing psychopathology, and also increasing well-being through mechanisms such as increasing optimism, gratitude, hope, curiosity, positive emotions, happiness and overall life satisfaction (Zessin, Dickhauser & Garbade, 2015). In a meta-analysis of 79 studies, researchers found a medium-to-large effect size for the relationship between self-compassion and well-being as measured by cognitive, psychological and affective well-being ($r = 0.47$, $p<.01$) (Zessin et al., 2015). Taken separately, researchers found the highest effect sizes for the relationship between self-compassion and psychological well-being ($r = .62$, $p<.01$), followed by negative affect ($r =-0.47$, $p<.01$), cognitive well-being ($r = .47$, $p<.01$) and positive affective well-being ($r = 0.39$, $p<.01$) (Zessin et al., 2015). Zessin et al. (2015) maintain that these findings lend support to the use of self-compassion to increase and maintain a deeper sense of well-being.

With respect to psychopathology, in a large meta-analysis studying the relations between self-compassion and psychopathology, MacBeth and Gumley (2012) found that across 20 studies, self-compassion demonstrated a large effect size with psychopathology as measured by decreased depression, anxiety and stress ($r =-0.54$, $p<.0001$). Although much of the current research in self-compassion has been conducted with undergraduate populations, it is notable that in this meta-analysis, no significant difference was found between student and non-student samples (MacBeth & Gumley, 2012). MacBeth and

Gumley (2012) maintain that in light of these findings, self-compassion may be an important explanatory variable in understanding issues in mental health, especially in relation to resilience from mental health issues.

The link between depressive symptomology and lacking self-compassion seems well elucidated in the literature (e.g., MacBeth & Gumley, 2012), however, less is known about how self-compassion is experienced in already depressed individuals (Krieger, Altenstein, Baettig, Doerig & Holtforth, 2013). Notable differences in self-compassion may exist between those who are experiencing depression, and those who have never experienced depression (Krieger et al., 2013). Researchers in a 2013 study found that even when controlling for depressive symptoms, those experiencing depression reported lower levels of self-compassion than those who had never experienced depression (Krieger et al., 2013). Self-compassion was also found to be negatively associated with depression, rumination on depressive symptoms, and avoidance of generating either cognitive or behavioral strategies to mitigate problems when they arise (Krieger et al., 2013). Further, rumination on symptoms and avoidance of cognitive or behavioral strategies mediated the relationship between self-compassion and depression, which contributed to the researcher's interpretation that low self-compassion may create a domino effect. Krieger et al. (2013) posit that those experiencing low self-compassion may miss out on the protective benefits of self-compassion, therefore experiencing greater depression, and thus rumination and avoidance.

Self-compassion may even serve as a highly significant and valuable predictor of mental health (Van Dam et al., 2011). Van Dam et al. (2011) emphasize that even though mindfulness has been given much attention in both psychological literature and in

popular culture, it is often difficult to measure, and therefore may not be the best predictor of mental health. Self-compassion, though sharing many important facets of mindfulness, may have even greater potential benefits than mindfulness due to the addition of self-kindness and common humanity. In their 2011 study, Van Dam et al. found that self-compassion was better able to predict worry, quality of life, anxiety and depression in a large (N = 504) community-based sample. Not only was self-compassion a more potent predictor of these variables (worry, quality of life, anxiety and depression), self-compassion accounted for up to ten times more of the variance in these variables than did mindfulness alone (Van Dam et al., 2011). Importantly, self-judgment (lack of self-kindness) and isolation (lack of common humanity) components of the self-compassion model demonstrated distinctive predictive ability among all four of these indicators of psychological health (or lack thereof) (Van Dam et al., 2011). Van Dam et al. (2011) maintain that these findings underscore the importance of considering self-compassion interventions when working toward alleviating symptomology of anxiety and depression, as well as improving overall quality of life.

While self-compassion is also discussed as a trait, there is evidence that it is a trait that can be trained or modified. Self-compassion as an intervention may be efficacious in alleviating mental health symptoms, as well as improving overall positive aspects of mental health (Neff & Germer, 2013). After a brief eight-week therapy group focused on self-compassion techniques, participants experienced significant increases in self-compassion, contentment with life, mindfulness, happiness, and decreases in depression, anxiety, avoidance of problems, and stress compared to a control (wait list) group (Neff & Germer, 2013). Furthermore, after participating in these eight-week groups,

participants' self-compassion levels were raised by 43% in comparison to before-treatment levels (Neff & Germer, 2013). These findings remained significant at both six-month and one-year follow-ups. These findings provide evidence that self-compassion is teachable, can be taught quickly (eight weeks), and the effects of these teachings are lasting across time (at least one year) (Neff & Germer, 2013). These findings also provide additional support to previous research (e.g., Zessin et al., 2015) that suggests self-compassion both increases overall well-being, and decreases psychopathology such as anxiety and depression.

Self-Compassion, Mental Health and Group Differences

Across many studies, self-compassion has been demonstrated to be associated positively with increased experiences of positive emotions, satisfaction with life, and overall well-being, and negatively associated with negative emotions, disconnection with others, anxiety and depression (Bluth & Blanton, 2013; Hope et al., 2014; Smeets et al., 2014). In recent years, self-compassion has been demonstrated to be efficacious across multiple age groups, spanning from pre-adolescent, high school, college-aged, middle aged adults and older adult populations (Allen, Goldwasser & Leary, 2012; Bluth & Blanton, 2013; Neff & Germer, 2013; Neff & McGehee, 2010). Current research supports the efficacy of self-compassion interventions regardless of gender identity, in studies conducted with both adolescent and college-aged samples (Neff & McGehee, 2010). However, female-identified individuals tend to be more likely to report lower self-compassion than similarly aged male-identified peers (Birkett, 2013; Bluth & Blanton, 2015; Neff & McGehee, 2010).

Limited research exists exploring other cultural factors such as race and ethnicity,

socioeconomic status, sex, sexuality, religion and worldview (Neff et al., 2008). Much of the current research on self-compassion has been conducted with predominately white college students (Neff, Pisitsungkagarn & Hsieh, 2008). However, few studies have begun to examine the benefits of self-compassion and how those may differentiate depending on the cultural or racial background of an individual (Neff et al., 2008). Some international studies have highlighted the benefits of self-compassion with populations such as adults in China (Wong and Mak, 2016), in Thailand and Taiwan (Neff et al., 2008), and in Iran (Ghorbani, Watson, Chen and Norballa, 2011). In the United States, studies support the notion that self-compassion may benefit Chinese Americans (Birkett, 2013), Latin Americans (Edwards et al., 2014), and African and Asian Americans (Lockard et al., 2014).

Researchers have begun to focus on cultural factors that may lead to the use, or the dismissal of self-compassion as an acceptable self-regarding strategy. For example, due to its roots in Buddhist philosophy, many assume self-compassion is an acceptable and lively practice in the Eastern hemisphere. Neff et al. (2008) challenge this notion, maintaining that some Eastern cultural values may value self-criticism as a means to acknowledge problems within the self with the goal of promoting synchronicity with the group. Furthermore, culture is not simply understood with the false-dichotomy of Eastern versus Western philosophies. There is large variation with respect to religion and worldview worldwide that may contribute toward the use or acceptance of self-compassion. Examples of cultural differences between groups of people in the Eastern hemisphere are well represented by the cultural beliefs and worldviews of Thailand and Taiwan. With respect to views of the self, 95% of Thais identify as Buddhists, which

adhere to religious teachings that promote that compassion for self and others, and the acceptance of life's difficulties and failures. In contrast, Taiwanese culture identifies strongly with the teachings of Confucius. Confucianism stresses the importance of social responsibility through better the self to better support the group. To best live this value, individuals should seek to continually self-evaluate, and evaluate others through shame-based means. As a whole, the United States may fall in-between both of these worldviews. Often stemming from Anglo-Saxon values, individuals in the United States may be more likely to value personal responsibility, and value acting compassionate to others in need, less. However, Americans may also avoid engaging in harsh self-criticism, at least outwardly. When given a self-compassion measure, results seem to emulate these cultural descriptions, as self-compassion was found to be highest in Thailand, lowest in Taiwan, and the United States fell in the middle (Neff et al., 2008). Similar to findings from previous American studies, American women endorsed significantly lower levels of self-compassion than American men (Neff, 2003).

Analyzing the six self-compassion constructs (self-kindness, self-judgment, mindfulness, over-identification, connection with others and isolation) individually yielded interesting results. Thai individuals reported using significantly more self-kindness than American and Taiwanese individuals. Thais also endorsed using more mindfulness than the American sample. Taiwanese reported using more self-judgment, over-identification, and isolation than Americans, who used more than Thais. There were no significant differences in reports of use of common humanity between the three cultural groups. When considering psychological well-being (depressive symptomology and life-satisfaction) of the three groups, self-compassion significantly predicted well-

being in each of the three cultural groups. These findings may give evidence that although self-criticism may be a cultural norm, it still may also lead to decreased self-compassion and other negative psychological impacts, such as depression. Researchers highlight that self-compassion may actually help those adhering to Taiwanese cultural values practice self-reflection, as it provides a safe space to reflect and grow, as opposed becoming stuck in self-critical judgment (Neff et al., 2008). This research may provide evidence for the notion that even when self-compassion is not a well accepted or practiced cultural norm for a particular group, it still may provide important benefits when it can be tailored to adhere to other important cultural values of that group (Neff et al., 2008).

Self-Compassion, Mental Health and African Americans

Self-compassion may be a key factor in alleviating the relationship between shame and depressive symptomology among low-income African Americans (Zhang et al., 2018). Shame is defined as the feelings of worthlessness, powerlessness, and deficiency an individual experiences after experiencing negative judgment from either self or others (Zhang et al., 2018). Shame has consistently been related to depression among multiple populations, however, more research is needed to determine specific factors that may contribute toward alleviating this relationship between shame and depression (Zhang et al., 2018).

In a 2018 study, Zhang et al. (2018) sought to understand if self-compassion buffered the relations between shame and depression among African Americans. Participants in this study (N=109) were adults (age 18-64), had recently attempted suicide, and identified as low-income. Due to previous research on contingent self-worth

(self-worth measured by external reinforcement such as family or a deity such as God), researchers also hypothesized that contingent self-worth would mediate the relations between shame and depression among African Americans (Zhang et al., 2018). Interestingly, self-compassion, but not contingent self-worth mediated the relations between shame and depression (Zhang et al., 2018). Additionally, self-compassion and shame were found to be inversely related, which is a significant finding as it is the first study to find this relationship specifically among African Americans (Zhang et al., 2018). In light of these findings, researchers maintain that interventions focused on increasing self-compassion may be vital resources in order to help African Americans alleviate depression, and potentially reduce suicide attempts and build resiliency (Zhang et al., 2018).

While there is limited research with respect to self-compassion and African Americans, there is research support that an intervention is similar to self-compassion may be efficacious in reducing psychopathology. In a 2017 study, Johnson et al. sought to better understand if a six-session compassion-based meditation group intervention could alleviate depressive symptoms and self-criticism in African American community adults who recently attempted suicide. Researchers found that in comparison to the control group (six week support group), individuals who participated in the compassion-based group experienced greater reductions in self-criticism. Additionally, self-criticism fully mediated the relation between depression and participating in the compassion-meditation group. These results suggest that reducing self-criticism may be an important mechanism in reducing symptoms of depression for African American individuals (Johnson et al., 2017). This intervention was similar to self-compassion in that it used all

three components of the three-part model of self-compassion, including self-kindness, mindfulness, and a group-based format which is similar to common humanity (Johnson et al., 2017).

Self-Compassion and Internalized Racism

Though no studies to date have explored the potential relationship between self-compassion and internalized racism with respect to mental health outcomes, there are theorists and researchers who call for the study of these or similar constructs. For example, Pyke (2010) highlights that internalized racism is the adoption of racist stereotypes, values, beliefs and images put forth by a white dominant society about minority racial groups, which in turn leads to internalized feelings of self-doubt, disgust and disrespect for one's self and one's own race. These feelings of self-doubt, disgust and self-disrespect may be similar to components of lacking self-compassion, such as self-judgment, and over-identifying with negative experiences. Pyke (2010) further details how "distancing," the tendency for oppressed individuals to distance themselves from other oppressed individuals as an attempt to distance themselves from negative stereotypes, contributes toward internalized racism through the acceptance of these negative stereotypes as "truth" and creating disconnect with others that could otherwise lend support. Distancing is similar to the self-compassion concept of isolation, in that those lower in self-compassion tend to isolate themselves from others in attempt to protect themselves from further hurt, but it is the connection with others (common humanity) that can help individuals to heal and experience greater well-being.

Present Study

Previous research highlights the harmful effect of racist experiences and internalized racism among African Americans (Graham et al., 2016; Mouzon & McLean, 2017). While there is research that suggests that self-compassion promotes positive mental health outcomes, and reduces negative mental health outcomes (Bluth & Blanton, 2013; Hope et al., 2014; Smeets et al., 2014), there is a lack of research with respect to self-compassion and African American populations (Lockard et al., 2014). Racist experiences have been demonstrated to negatively impact how an individual views themselves, potentially through the development of internalized racism (Carr et al., 2014). As self-compassion and internalized racism are both theories of how individuals view themselves, self-compassion may serve as an approach to mitigating the negative psychological effects of internalized racism. The purpose of the present study is to better understand if self-compassion can buffer the relations between racist experiences, internalized racism and negative mental health outcomes (anxiety, depression, and stress) among African Americans.

Chapter 3: Methodology

As discussed in the previous two chapters, as race continues to remain a point of oppression in U.S. culture, Black Americans may be subjected to experiencing racism, and may internalize racism through a devaluation of the self (Pieterse et al., 2012; Pyke, 2010). Internalization of negative stereotypes, appearance expectations, and biased history may lead Black Americans to experience mental health issues, such as anxiety and depression (Bailey et al., 2011). Self-compassion has been demonstrated as an adaptive way to regard the self, that may replace devaluation with self-kindness, connection with others, and mindfulness practices (Neff, 2011). Self-compassion has been studied in many populations, but there is a notable lack of self-compassion research with respect to Black Americans (Lockard et al., 2014). The purpose of this research was to explore if Black Americans may benefit from using self-compassion, as an adaptive way of regarding the self, which may mitigate self-regarding issues that may lead to depression, anxiety, and stress caused by racism and internalized racism. This Chapter will provide a thorough outline of the methodology of the proposed study, which will include population, procedures, measures, and analyses.

Participants

There were several inclusion criteria for participation in this study. Inclusion criteria for participants include: (a) identify as African American or Black, (b) were born in the United States, (c) have lived in the United States most of their life and are currently a resident, (d) have Internet access, and (e) are of legal age in the current state in which they reside (21 in Mississippi, 19 in Nebraska and Alabama, 18 in all other states). Exclusion criteria include (a) any racial identity other than African American or Black,

(b) not born in the United States, (c) have not lived in the United States most of their life and are not currently a resident, (d) do not have internet access, and (e) are not of legal age in the current state in which they reside (21 in Mississippi, 19 in Nebraska and Alabama, 18 in all other states). Exclusion criteria in regard to racial identity and country of origin were chosen in light of findings that Black individuals born and socialized in the United States experience internalized racism more intensely than those born in other countries (Mouzon & McLean, 2017). Exclusion criteria in regard to Internet access were determined because data collection will include an online-based software, Qualtrics. Exclusion criteria in regard to legal age were determined due to the age of consent to research as a legal adult in each respective state.

The target number of participants was 200, which was decided upon considering the following research; According to Faul, Erdfelder, Lang and Buchner (2007) a medium effect size of $f^2 = 0.15$ would indicate sufficient power with 173 participants. In a study measuring similar variables such as racist experiences, internalized racism, stress and anxiety, Graham et al. (2016), found effect sizes ranging from $d = .19$ - .45, so considering these findings the present study is aiming to find effect sizes of at least $d = .20$ which would indicate a need for between 173-190 participants to run at 80% power. Weston & Gore (2006) also suggest collecting a sample size of at least 200 participants.

Participants were recruited through Qualtrics paneling services. Participants were compensated a small monetary amount for their time (less than three dollars), paid by this investigator. Participants were already users of Qualtrics paneling services, and were sent an email based on meeting inclusion criteria by a Qualtrics recruiter. Once participants initiated the survey, they indicated informed consent. Rather than having validity-check

questions throughout the survey, participants were asked to indicate their level of commitment to provide their best answers on the survey, based off of research that suggests validity-checks dispersed throughout survey studies may actually be harmful to data (Vannette, 2016). Participants could exit the survey at any time. On average, the survey took 11 minutes to complete.

Participants included 230 African American or Black adults, 107 (46.5%) identified as female, 123 (53.5%) identified as male, 0 (0%) identified as a gender other than female or male. With respect to age, 63 (27.4%) participants were 18-34, 82 (35.7%) were 35-54, 83 (36.1%) were 55 or older. Participants were living in the United States, with 34 (14.8%) indicating they were from the West, 41 (17.8%) from the Southwest, 36 (15.7%) from the Midwest, 54 (23.5%) from the Northeast, and 65 (28.3%) from the Southeast. Participants indicated the following education, 5 (2.2%) indicated less than high school, 42 (18.3%) indicated having a high school degree, 69 (30%) some college, 34 (14.8%) a two-year degrees, 55 (23.9%) a four-year degree, 22 (9.6%) a professional degree, and 3 (1.3%) a doctorate. Participants indicated household incomes as follows, 86 (37.4%) $0 - $50,000, 79 (34.3%) $50,000 - $99,000, and 65 (28.3%) $100,000 or more.

Procedures

Institutional Review Board (IRB) approval was obtained through the author's graduate University, at the University of Nebraska-Lincoln. Once obtained, African American participants were recruited through author-paid Qualtrics recruiting services. Qualtrics assigned a project manager to this study to recruit eligible participants. Once participants were selected by the project manager as eligible for participation in this

study, participants were be provided with a hyperlink to a survey-based questionnaire created by this author, which was completed online through Qualtrics.

The description of the study used in these recruitment methods stated the following, “The purpose of this study is to examine the relations between factors regarding sense of self, racist experiences, and mental health. You are eligible to participate in this study if you meet the following qualifications: (a) you identify as African American or Black, (b) you were born in the United States, (c) you have lived in the United States your entire life and are currently a resident, (d) you have internet access, and (e) you are of legal age in the current state in which you reside (19 in Nebraska and Alabama, 18 in all other states). Participation in this study will include completing an online-based survey, which will take approximately 15 minutes to complete. Your survey responses will remain completely confidential, and will not be associated with your name and other identifying information”.

Participants accessed the study through the hyperlink provided by Qualtrics recruiters. Participants first read informed consent documentation and indicate their consent to participate. Participants were then instructed to complete the following measures: the demographic measure, the Self-Compassion Scale (SCS) (Neff, 2003a), the Internalized Racial Oppression Scale (IROS) (Bailey, Chung, Williams, Singh, & Terrell, 2011), the Racial and Ethnic Microaggression Scale (REMS) (Nadal, 2011), and the Depression Anxiety and Stress Scale (DASS-21) (Lovibond & Lovibond, 1995). These measures were provided randomly, using the randomization feature in Qualtrics in order to decrease the likelihood of response-bias when answering the measures.

Measures

Demographics. Participants were asked to fill out a brief demographic questionnaire that was developed for the purpose of this study by this author. Items include participant race, age, gender identity, years of education, and socioeconomic status. These demographics were not included in the statistical model, but were used to gauge the representativeness of the sample.

Validity checks. Rather than having validity-check questions dispersed throughout the survey, participants were asked to indicate their level of commitment to provide their best answers on the survey, in congruence with research that suggests validity-checks dispersed throughout survey studies may actually be harmful to data (Vannette, 2016). If participants indicated that they could not provide their best answers for the survey, they were excluded from data analysis.

Self-compassion. The Self-Compassion Scale (SCS) (Neff, 2003a) was designed to measure the six components of having or lacking self-compassion, which include practicing self-kindness, self-judgment, mindfulness, over-identification, common humanity, and isolation. The SCS consists of six subscales including 26 items using a 5-point frequency scale (1 = "almost never," and 5 = "almost always"). Example items include, "I'm disapproving and judgmental about my own flaws and inadequacies," "When I fail at something important to me I try to keep things in perspective," and "When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world" for the self-judgment, mindfulness and isolation subscales, respectively. Regarding scoring, the items relating to lack of self-compassion (self-judgment, over-identification and isolation) are reverse scored, then the mean of each of

the six subscales is calculated. A total score is derived from the sum of the six subscale means (Neff, 2003a). The SCS has been demonstrated across several diverse samples to have high internal reliability, strong predictive validity, good convergent validity, and good discriminate validity (Neff, 2016). Regarding validity, the SCS has been negatively associated with measures of self-criticism $r = -.65$, $p<.01$, and positively associated with the social connectedness $r = .41$, $p<.01$. Evidence for good to high internal consistency has been found for each subscale including self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification (Neff, 2003a). With respect to norming, in a racially heterogeneous sample of college students, there were no significant differences in self-compassion scores between African American and students of other races, $F(4, 1430) = 0.82$, $p = .51$ (Lockard et al., 2014).

Internalized racism. The Internalized Racial Oppression Scale (IROS) measures the degree to which individuals internalize and recapitulate racial oppression toward themselves or others (Bailey et al., 2011). The IROS consists of four subscales of 28 items using a 5-point Likert scale (1 = "strongly disagree," and 5 = "strongly agree"). Items include statements such as, "I wish my skin was lighter than it is now," "Black women are more confrontational," and "Black men are irresponsible." The IROS includes four factors (subscales) including Biased Representation in History (BRS) (eight items), Alteration of Physical Appearance (APA) (eight items), Internalization of Negative Stereotypes (INS) (seven items), and Hair Change (HC) (five items). Regarding scoring, the responses are summed and then divided by 28 and subscales are summed and divided by the number of items in the respective scale, with higher scores being more indicative of the intensity of internalized racial oppression (Bailey et al., 2011). The IROS has been

demonstrated to have adequate-to-good internal consistency, with α=.87 for the total scale, α=.77 for BRH, α=.72 for APA, α=.81 for INS, and α=.69 for HC (Bailey et al., 2011). Regarding validity, the IROS has been demonstrated to have moderate-to-large relations with measures of anti-Black attitudes (Black Racial Identity Attitude Scale (RIAS-B), Pre-Encounter subscale) in a sample of Black college students. Additionally, the IROS was found to be negatively correlated to the African Self-Consciousness Scale (ASCS) subscales and total score, which was designed to measure aspects of personality in Black individuals (in a sample of Black college students) (Bailey et al., 2011).

Racist experiences. The Racial and Ethnic Microaggressions Scale (REMS) (Nadal, 2011) is purported to measure microaggresions, or covert statements or behaviors that demonstrate demeaning or racist messages to people of color from the White majority (Nadal, 2011). The REMS consists of 45-item frequency scale (0 = I did not experience this event, and 5 = I experienced this event 5 or more times). Example items include, “Someone assumed that I would not be intelligent because of my race”, “Someone assumed that I was poor because of my race”, and “Someone told me that all people in my racial group look alike.” The REMS consists of six subscales (seven-to-nine questions each) including Assumptions of Inferiority (eight items), Second-Class Citizen and Assumptions of Criminality (seven items), Microinvalidations (nine items), Exoticization and Assumptions of Similarity (nine items), Environmental Microaggressions (seven items), and Workplace and School Microaggressions (seven items). Regarding scoring, reverse-scored items are converted and then all 45 items are summed and divided by 45 (Nadal, 2011). Subscales can also be calculated individually by summing their items and dividing by the number of items in the scale (Nadal, 2011).

Regarding validity, the REMS was found to have good model fit as a six factor model ($\chi 2$ of 1400.37, $df = 930$, $p > .001$) (Nadal, 2011). Concurrent validity of the REMS has been demonstrated through significant correlations ($r = .698$, $N = 253$, $p < .001$) with another scale measuring frequency of racist experiences (Daily Life Experiences-Frequency; DLE-F) (Nadal, 2011). Regarding reliability, internal consistency was supported through a coefficient alpha of .882 ($M = 0.556$, $SD = 0.18$), as well as each subscale producing coefficient alphas above .70 (Nadal, 2011). With respect to Black/African-Americans specifically, the REMS was found to have coefficient alphas above .80 in two independent samples of Black/African-Americans (Nadal, 2011).

Depression, anxiety, and stress. The Depression Anxiety Stress Scale (DASS-21) (Lovibond & Lovibond, 1995) is purported to measure depression, anxiety and stress symptoms (Antony, Bieling, Cox, Enns & Swinson, 1998). The DASS-21 consists of three subscales (seven questions each) including 21 items using a four-point Frequency scale ranging from "0 Did not apply to me at all – NEVER" to "3 Applied to me very much, or most of the time – ALMOST ALWAYS." Example items include, "I couldn't seem to experience any positive feeling at all," "I felt I was close to panic," and "I found it difficult to relax," for the depression, anxiety, and stress subscales, respectively. Scores are summed for each subscale and are compared to degrees of severity for depression, anxiety and stress separately, ranging from 0-17. Severity ranges include normal, mild, moderate, severe and extremely severe. Regarding reliability, internal consistency measures were found to have Cronbach's alphas of .94, .87, and .91 for depression, anxiety and stress, respectively (Antony et al., 1998). Regarding validity, the DASS-21 was found to have moderately-to-high concurrent validity with other measures of anxiety

and depression (e.g., BDI, BAI, STAI-T) (Antony et al., 1998). With respect to Black Americans specifically, the DASS-21 has been found to demonstrate internal consistency, and convergent and divergent validity consistently across racial groups, and good model fit for Black Americans (Norton, 2007).

Analyses

First, the "good completes" filter from Qualtrics was used to remove participants who failed to meet study criteria, denied willingness to give their best responses, or did not complete measures beyond the demographic section. Missing data was then addressed through maximum likelihood (ML) estimation, which is robust to multivariate non-normality through the use of *Mplus* version 7.4 (Muthen & Muthen, 2015). Next, using SPSS 23.0, descriptive statistics including means, standard deviations, skewness, kurtosis, and bivariate correlations were calculated.

Subsequently, *Mplus* version 7.4 (Muthen & Muthen, 2015) was used to generate structural equation modeling with full maximum likelihood rotation. Each of the variables in this model were designated as latent variables. Internalized racism and racist experiences serve as the independent variables, while self-compassion, depression, anxiety, and stress serve as dependent variables. It is advisable for each latent variable to have at least three indicators (Weston & Gore, 2006). Internalized racism had four indicators (subscales), racist experiences had six indicators (subscales) and self-compassion had six (subscales). Depression, anxiety and stress were each measured through one subscale. In order to create three indicators for each subscale, item parceling was used through exploratory factor analysis (Weston & Gore, 2006). Exploratory factor analysis was utilized to identify factor loadings, and then items were sorted by size from

highest to lowest and thus assigned to item parcels through countervailing order. Countervailing helps to balance the weight of each loading across all three-item parcels.

Next, structural equation modeling was used to examine the overall fit of the model. The fit was examined through assessing the significance and strength of the estimated parameters, the amount of variance that the latent variables account for, and ultimately how the model fit the data (Weston & Gore, 2006). See Figure 1 for a diagram of the model that was proposed to be tested.

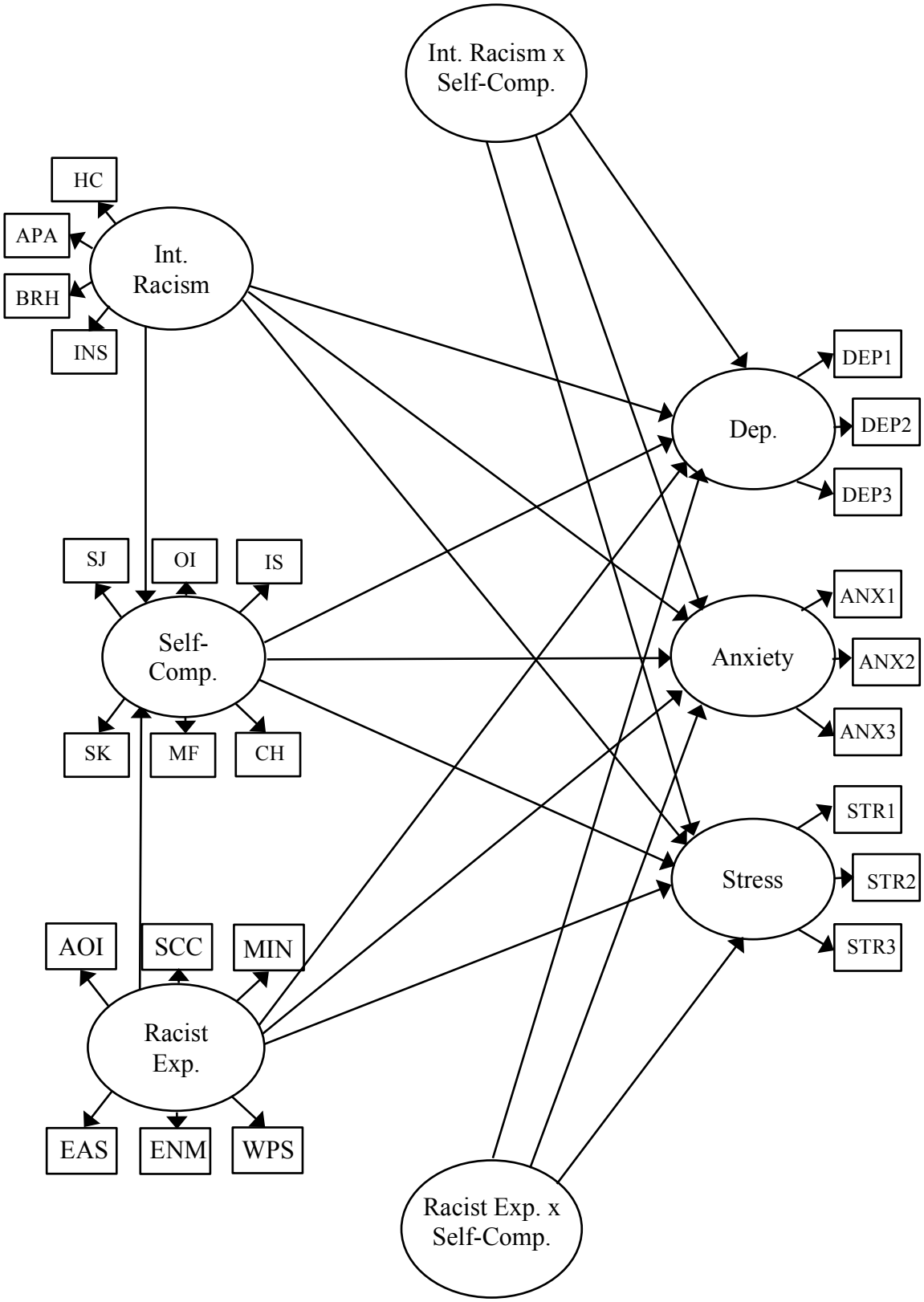

Figure 1. Structural equation model proposed path relations.

The following hypotheses were tested using structural equation modeling:

Hypothesis 1: Internalized racism will negatively predict self-compassion. The direct effect between internalized racism and self-compassion were tested.

Hypothesis 2: Racist experiences will negatively predict self-compassion. The direct effect between racist experiences and self-compassion were tested.

Hypothesis 3: Self-compassion will negatively predict anxiety, depression and stress. The direct effects between self-compassion and anxiety, depression, and stress were tested.

Hypothesis 4: Internalized Racism will positively predict anxiety, depression, and stress. The direct effects between internalized racism and anxiety, depression, and stress were tested.

Hypothesis 5: Racist experiences will positively predict anxiety, depression, and stress. The direct effects between racist experiences and anxiety, depression, and stress were tested.

Hypothesis 6: Self-compassion will moderate the relation between internalized racism, and anxiety, depression and stress. The indirect effects of the relations between internalized racism and anxiety, depression, and stress were tested through the moderating variable of self-compassion.

Hypothesis 7: Self-compassion will moderate the relation between racist experiences, and anxiety, depression and stress. This hypothesis was not tested due to model selection criteria.

In order to determine how the measurement model represents the observed data, model fit was assessed through chi-square and other fit indices (Weston & Gore, 2006).

An insignificant chi-square value indicated that model fits the observed data (Weston & Gore, 2006). Comparative Fix Index (CFI), Standardized Mean Square Residual (SRMR), and Root Mean Square Error of Approximation (RMSEA) served as additional indicators of model fit (Weston & Gore, 2006). Acceptable fit was evaluated through the following criteria: CFI ≥ .95 (Hu & Bentler, 1999; Weston & Gore, 2006), SRMR ≤ .08 (Hu & Bentler, 1999; Weston & Gore, 2006) and RMSEA ≤ .10 (Browne & Cudeck, 1993; Weston & Gore, 2006).

To select the most appropriate structural model, Bayesian Information Criterion (BIC) was used. The model with the lowest BIC was selected; with a difference greater than two suggesting there was a meaningful difference between the tested models, and a difference greater than 10 indicating strong evidence that the lower model is the best model to interpret (Fabozzi, Focardi, Rachey & Arshanapalli, 2014).

Conclusion

Understanding if self-compassion can mitigate the negative mental health consequences of racist experiences and internalized racism has several important implications. Primarily, these findings can help to inform clinical practice with African American clients, a population that has been neglected in anxiety and depression research and intervention (Graham et al., 2016). Secondly, although this is not an intervention study, this research could inform future intervention research and practice with respect to mitigating the negative effects of racist experiences, internalized racism, anxiety and depression. For example, self-compassion is easily teachable and inexpensive self-regarding strategy that may be used in a variety of clinical and non-clinical settings such as schools, clinics, community centers, and religious organizations (Neff, 2011). Those

with and without formal clinical experience can teach self-compassion, so it can reach and potentially benefit populations that would not otherwise have access to therapeutic interventions (Neff, 2011). Finally, as self-compassion is a practice of the way an individual views themselves, it can be taught as a prevention strategy, in order to increase the likelihood that an individual who lives in a sociopolitical climate that might otherwise reinforce internalized racism will not develop negative mental health outcomes such as anxiety, depression, or stress.

In the literature, this research will help to highlight the negative consequences of racist experiences and internalized racism for African American individuals with respect to mental health. As the impacts of racism can be difficult to measure and readily observe (Pyke, 2010), this research may further highlight the necessity for researchers and practitioners alike to focus strategies to buffer the impacts of internalized racism (Graham et al., 2016). This research may also provide representation for African Americans, and their unique experiences of oppression that have not previously been given much attention or focus in research, prevention, or intervention efforts (Mouzon & McLean, 2017).

Chapter 4: Results

The purpose of the present study was to investigate how various relationships may relate to racist experiences, internalized racism, and self-compassion among African Americans. More specifically, how these experiences may relate to mental health outcomes such as anxiety, depression, and stress within this population. This study utilized structural equation modeling to test a moderation model, where it was hypothesized that self-compassion would moderate the relations between both racist experiences and internalized racism, and anxiety, depression and stress. The purpose of this chapter is to further describe the structural equation modeling method of investigation, and the statistical outcomes. The following will provide further detail regarding data analysis, measurement model analysis and selection, structural equation modeling analysis, and moderation model analysis and selection. At the end of this chapter, all hypotheses proposed in Chapter 3 will be defined.

Data Analysis

Data for this study was downloaded using the "good completes" filter from Qualtrics. This filter removes participant responses that were collected for initial survey testing (approximately 50 participants), and those who failed to meet study criteria (e.g., did not identify as Black or African American, did not indicate consent, denied willingness to give best answers) or did not complete more than the demographic measures section. Given these criteria, out of the 323 responses, 230 were utilized in the final data set. As this study utilized structural equation modeling as the method of analysis, missing data among the remaining 230 participants was addressed through maximum likelihood (ML) estimation. The software used in this investigation, *Mplus*

version 7.4 (Muthen & Muthen, 2015), is robust to multivariate non-normality, which aides in ML estimation (Allison, 2003).

Bivariate correlations, means, and standard deviations were calculated for all variables in the present study (see Appendix, Table 1 for bivariate correlations and descriptive statistics). All study variables met assumptions for univariate normality through the analysis of skewness and kurtosis. Each observed variable demonstrated skewness less than three and kurtosis less than 10, suggesting univariate normality exists (Weston & Gore, 2006).

Measurement Model

With respect to the latent variables, a minimum of three indicators were used to model each latent variable (Weston & Gore, 2006). The four subscales comprising the IROS were used to model Internalized Racism, which included Hair Change (HC), Alteration of Physical Appearance (APA), Belief in Biased Representation in History (BRH), and Internalization of Negative Stereotypes (INS). The six subscales comprising the SCS were used to model self-compassion, which included Self-Kindness (SK), Mindfulness (MF), Common Humanity (CH), Self-Judgment (SJ), Over-Identification (OI), and Isolation (IS). The six subscales comprising the REMS were used to model racist experiences, which included Assumptions of Inferiority (AOI), Second-Class Citizen and Assumptions of Criminality (SCC), Microinvalidations (MIN), Exoticization and Assumptions of Similarity (EAS), Environmental Microaggressions (ENM), and Workplace and School Microaggressions (WPS).

An exploratory factor analysis was conducted on each subscale within the study to determine how adequately the indicator measured the latent variable (see Table 2).

Results from this analysis demonstrated each of the above variables significantly loaded onto their respective latent variable. The internal consistency reliability estimates for each latent variable are as follows; Internalized Racism produced an alpha of .84, Self-Compassion produced an alpha of .93, and Anxiety, Depression, and Stress produced an alpha of .96. However, the Environmental Microaggressions subscale loading onto the latent variable of Racist Experiences was low, and the reliability of the Racist Experiences latent variable would meaningfully increase if deleted (alpha = .79 to .95). Thus, it was excluded from the data based on previous research that found environmental microaggressions was not significantly correlated with another measure of racist experiences (the Racism and Life Experiences-Self Administration, RaLES-S; Utsey, 1998) while all other subscales of the REMS were (Nadal, 2011). Going forward, the latent variable of Racist Experiences was measured using the remaining five indicators.

The scale used to measure depression, anxiety and stress (DASS-21) was comprised of three subscales measuring each respectively, and thus item parceling was used to create three indicators for the constructs of depression, anxiety and stress per Weston & Gore (2006) recommendations. This was completed through conducting an exploratory factor analysis for the seven items in each subscale, items were first ordered by factor loading (highest to lowest). Items were then assigned in countervailing order (A, B, C, C, B, A, A) in order to create balanced item factor loadings throughout each of the item parcels.

Table 2
Measurement Model

		Unstandardized		Standardized		
Latent Variable	Indicator	*B*	*SE*	β	*SE*	Uniqueness
Internalized Racism						
	APA	6.427	0.373	0.913	0.020	0.166
	HC	1.994	0.223	0.566	0.049	0.680
	BRH	3.465	0.309	0.677	0.040	0.542
	INS	5.678	0.352	0.875	0.022	0.234
Racist Experiences						
	AOI	10.913	0.576	0.940	0.010	0.117
	SCC	9.200	0.514	0.910	0.013	0.172
	MIN	10.237	0.609	0.878	0.017	0.230
	EAS	10.150	0.564	0.914	0.013	0.165
	WPS	6.102	0.337	0.917	0.012	0.159
Self-Compassion						
	SJ	5.104	0.286	0.911	0.014	0.169
	OI	4.415	0.243	0.920	0.013	0.153
	IS	4.465	0.239	0.935	0.012	0.125
	SK	-2.258	0.362	-0.405	0.057	0.836
	MF	-1.818	0.307	-0.386	0.058	0.851
	CH	-2.530	0.286	-0.551	0.048	0.697
Depression						
	DEP Parcel 1	0.748	0.041	0.926	0.011	0.142
	DEP Parcel 2	0.804	0.047	0.890	0.015	0.208
	DEP Parcel 3	0.780	0.043	0.921	0.012	0.151
Anxiety						
	ANX Parcel 1	0.690	0.041	0.882	0.017	0.222
	ANX Parcel 2	0.703	0.043	0.862	0.019	0.256
	ANX Parcel 3	0.721	0.044	0.868	0.018	0.246
Stress						
	STR Parcel 1	0.689	0.040	0.894	0.016	0.201
	STR Parcel 2	0.701	0.043	0.868	0.019	0.246
	STR Parcel 3	0.734	0.045	0.866	0.019	0.249

Mplus version 7.4 (Muthen & Muthen, 2015) was used to test the moderation model examining the moderating effect of the degree of self-compassion an African American individual endorses between the latent constructs of internalized racism and racist experiences and the constructs of anxiety, depression, and stress. Initially, the proposed model did not fit the data collected in this study. However, analysis of fit statistics suggested if mindfulness was allowed to covary with self-kindness, mindfulness was allowed to covary with common humanity, self-kindness was allowed to covary with common humanity, fit statistics improved (CFI = .874, SRMR= .083, RMSEA = .112 to CFI = .967, SRMR= .059, RMSEA = .059). As justification for this change, mindfulness and self-kindness were found to intercorrelate at .87, mindfulness and common humanity were found to intercorrelate at .79, and self-kindness and common humanity were found to intercorrelate at .77 in previous research (Neff, 2003), suggesting that they may measure similar experiences.

Moderation Model

After improvement to fit statistics were made, the structural model was tested. Model selection was completed through the analyses of the Bayesian Information Criterion (BIC). To select the best model, the model with the lowest BIC should be selected. The difference in BIC should be at least two, with a difference greater than 10 indicating the evidence is very strong that the model with the lower BIC is the most appropriate model to interpret (Fabozzi et al., 2014). The measurement model produced a BIC of 23017.819. The moderation model produced a BIC of 22593.687, suggesting that this model was superior to the measurement model. However, no direct paths were found between racist experiences and the outcome variables of anxiety, depression and stress,

thus a model without racist experiences was tested. This moderation model excluded racist experiences produced a BIC of 22581.623. As this model demonstrated direct effects between all study variables, and the difference in BIC was more than 10 than the previous model tested, this model was selected as the best representation of the data. Thus, this moderation model, with self-compassion moderating the relation between internalized racism, and anxiety, depression and stress was selected. See Table 3 for a summary of all direct effects. See table 4 for a summary of the moderation model.

Table 3
Summary of Direct Effects

		Unstandardized		Standardized			
Predictor	Criterion	*B*	*SE*	β	*SE*	Wald $\chi 2$	*p*-Value
Internalized Racism	Self-Compassion	-0.006	0.001	-0.342	0.073	-4.659	0.000
Internalized Racism	Anxiety	0.034	0.009	0.331	0.082	4.021	0.000
Internalized Racism	Depression	0.027	0.009	0.240	0.082	2.920	0.004
Internalized Racism	Stress	0.020	0.008	0.195	0.080	2.445	0.014
Racist Experiences	Self-Compassion	-0.004	0.001	-0.360	0.070	-5.136	0.000
Racist Experiences	Anxiety	0.006	0.004	0.098	0.073	1.227	0.181
Racist Experiences	Depression	0.001	0.005	0.022	0.072	0.300	0.764
Racist Experiences	Stress	0.003	0.005	0.052	0.079	0.667	0.505
Self-Compassion	Anxiety	-2.400	0.473	-0.443	0.077	-5.791	0.000
Self-Compassion	Depression	-3.316	0.528	-0.563	0.067	-8.341	0.000
Self-Compassion	Stress	-3.083	0.518	-0.565	0.072	-7.883	0.000

Table 4
Summary of Moderation Model

		Unstandardized		Standardized			
Predictor	Criterion	*B*	*SE*	*β*	*SE*	Wald $\chi 2$	*p*-Value
Self-Compassion							
	Depression	-3.316	0.528	-0.563	0.067	-8.341	0.000
	Anxiety	-2.400	0.473	-0.443	0.077	-5.791	0.000
	Stress	-3.083	0.518	-0.565	0.072	-7.883	0.000
Internalized Racism							
	Depression	0.027	0.009	0.240	0.082	2.920	0.004
	Anxiety	0.034	0.009	0.331	0.082	4.021	0.000
	Stress	0.020	0.008	0.195	0.080	2.445	0.014
Self-Comp. x Int. Racism							
	Depression	-0.121	0.044	-0.132	0.049	-2.674	0.007
	Anxiety	-0.102	0.045	-0.121	0.055	-2.177	0.029
	Stress	-0.098	0.043	-0.116	0.051	-2.277	0.023

Hypotheses

The following section will discuss all hypotheses proposed in Chapter 3. Figure 2 outlines results of hypothesized direct effects.

Hypothesis 1: Internalized racism will negatively predict self-compassion. Internalized racism was negatively associated with self-compassion (β = -0.342, p <0.001). The direct effect between internalized racism and self-compassion was examined to test this hypothesis.

Hypothesis 2: Racist experiences will negatively predict self-compassion. Racist experiences were negatively associated with self-compassion (β = -0.360, p <0.001). The direct effect between racist experiences and self-compassion was examined to test this hypothesis.

Hypothesis 3: Self-compassion will negatively predict anxiety, depression and stress. Self-compassion was negatively associated with anxiety (β = -0.443, p <0.001). The direct effect between self-compassion and anxiety was examined to test this hypothesis. Self-compassion was negatively associated with depression (β = -0.563, p <0.001). The direct effect between self-compassion and depression was examined to test this hypothesis.

Self-compassion was negatively associated with stress (β = -0.565, p <0.001). The direct effect between self-compassion and stress was examined to test this hypothesis.

Hypothesis 4: Internalized Racism will positively predict anxiety, depression, and stress. Internalized racism was positively associated with anxiety (β = 0.331, p <0.001). The direct effect between internalized racism and anxiety was examined to test this hypothesis. Internalized racism was positively associated with depression (β = 0.240, p =0.004). The direct effect between internalized racism and depression was examined to test this hypothesis. Internalized racism was positively associated with stress (β = 0.195, p =0.014). The direct effect between internalized racism and stress was examined to test this hypothesis.

Hypothesis 5: Racist experiences will positively predict anxiety, depression, and stress. This hypothesis was not supported. Racist experiences were not positively associated anxiety (β = 0.098, p =0.181). The direct effect between racist experiences and anxiety was examined to test this hypothesis. Racist experiences were not positively associated depression (β = 0.022, p =0.764). The direct effect between racist experiences and depression was examined to test this hypothesis. Racist experiences were not

positively associated with stress (β = 0.052, p =0.505). The direct effect between racist experiences and stress was examined to test this hypothesis.

Hypothesis 6: Self-compassion will moderate the relation between internalized racism, and anxiety, depression and stress. Self-compassion moderated the relation between internalized racism and anxiety (β = -0.121, p =0.029). The direct effect between internalized racism and anxiety was tested through the latent variable of self-compassion. Self-compassion moderated the relation between internalized racism and depression (β = -0.132, p =0.007). The direct effect between internalized racism and depression was tested through the latent variable of self-compassion. Self-compassion moderated the relation between internalized racism and stress (β = -0.116, p =0.023). The direct effect between internalized racism and stress was tested through the latent variable of self-compassion.

Hypothesis 7: Self-compassion will moderate the relation between racist experiences, and anxiety, depression and stress. This hypothesis was not supported. Due to model selection criteria, the latent construct of racist experiences was removed from the final moderation model.

Conclusion

The present investigation explored a moderation model to explain how self-compassion moderates the relations between racist experiences and internalized racism, and anxiety, depression and stress among African American adults. Each of the direct effects were found to be significant in the proposed direction, with the exception of racist experiences predicting anxiety, depression, and stress. The results of this study found that a moderation model excluding racist experiences, with self-compassion moderating the

relation between internalized racism and anxiety, depression, and stress most accurately represented the data. The results of this study generally align with proposed hypotheses, with the exception of racist experiences. The following chapter will more thoroughly discuss these results, as well as limitations and future directions.

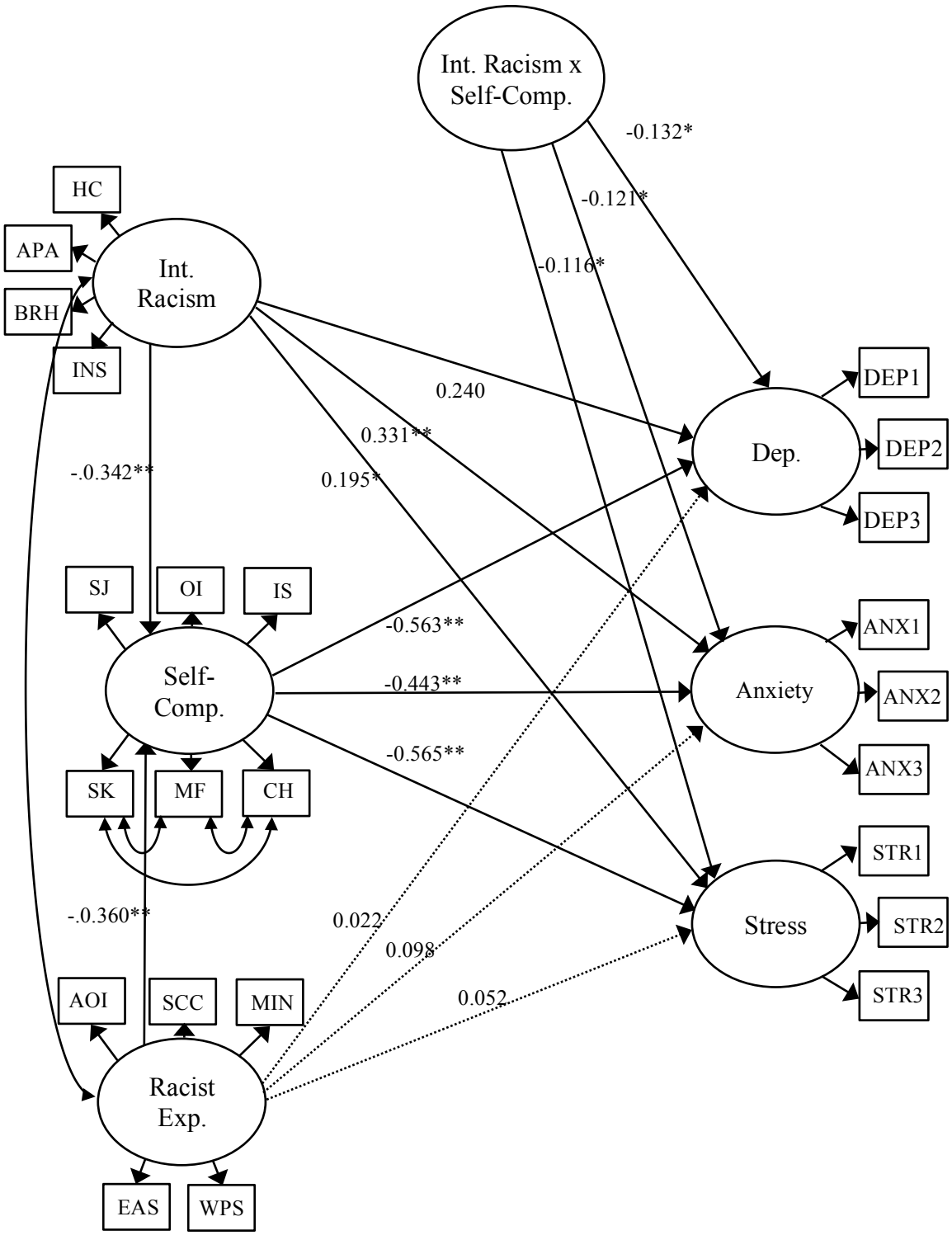

Figure 2: Final moderation model. Parameter estimates represent standardized regression coefficients. Dashed lines indicate non-significant direct effects. *$p < .05$, **$p < .001$

Chapter 5: Discussion

The current study investigated factors relating to racism, self-compassion, and mental health outcomes among African American adults. More specifically, this study sought to better understand whether self-compassion could serve as a moderator between the relations of both racist experiences and internalized racism, and the mental health outcomes of anxiety, depression, and stress. This final chapter will provide a summary and possible interpretations of the results, and a discussion of how these results may inform clinical practice. Finally, limitations and potential future directions for research will also be discussed.

Overview of Results

As previously discussed, racist experiences and internalized racism have been demonstrated to have detrimental effects on African American individuals, especially with respect to the development of negative mental health outcomes (Paradies, 2006; Pieterse et al., 2012, Wheaton et al., 2017; Mouzon & McLean, 2017). Self-compassion has been found to be associated with a reduction in negative mental health outcomes, like anxiety, depression, and stress across many studies (Bluth & Blanton, 2013; Hope et al., 2014; Lockard et al., 2014), with more recent studies beginning to focus on African American individuals specifically (Johnson et al., 2017; Zhang et al., 2018). It was hypothesized in this present study that internalized racism and racist experiences would negatively predict self-compassion and positively predict three negative mental health outcomes, anxiety, depression and stress. It was also hypothesized that self-compassion would serve as a moderator between both racist experiences and internalized racism, and anxiety, depression and stress.

Measurement Model

The measurement model in the present study was found to fit the sample data accurately, with all indicators significantly predicting the latent variable to which they were assigned. However, upon further analysis, the indicator measuring environmental microaggressions was excluded from the Racist Experiences latent construct. Initially, results indicated the reliability of the Racist Experiences latent construct would meaningfully increase if this variable were deleted (alpha = .788 to .952). The decision to exclude this variable from the final analysis was ultimately determined based on previous research that indicated this variable did not correlate significantly with another measure of racist experiences (RaLES-S; Utsey, 1998) while all other variables predicting the Racist Experiences latent construct were (Nadal, 2011). While the environmental microaggressions variable significantly predicted racist experiences in the present study, these contradicting findings from Nadal (2011) were considered evidence that environmental microaggressions did not consistently measure racist experiences in previous literature. All other variables were retained and used to test the structural model and moderation effects.

Structural Model and Moderation Effects

Results of this study demonstrate several important findings with respect to the variables of interest, and how those variables of interest are related to African American populations, specifically. First, it was found that both internalized racism and racist experiences significantly negatively predict self-compassion among African Americans, meaning that as internalized racism and racist experiences increase, self-compassion decreases. While previous research has denoted the harmful impacts of internalized

racism and racist experiences in regards to mental health among African Americans (Carr et al., 2014; Graham, 2016; Mouzon & McLean, 2017), this is the first study specifically measuring the relation between internalized racism and racist experiences and self-compassion among African Americans. These findings may suggest that both internalized racism and racist experiences may impact how an individual feels toward themselves in moments of difficulty or struggle, and specifically when those moments of struggle are products of racism.

Internalized racism and racist experiences. Next, it was found internalized racism significantly predicted anxiety, depression and stress. These findings were congruent with previous theory and research outlining how internalized racism may be positively associated with increased rates of depression (Carr et al., 2014), anxiety (Mouzon & McLean, 2017), and stress (Graham, 2016). However, while internalized racism significantly predicted anxiety, depression, and stress, racist experiences did not. This finding contradicts some previous research, which has found racist experiences are related to negative mental health outcomes among Black Americans (Paradies, 2006; Pieterse et al., 2012).

While it is unclear why the present study did not find a predictive link between racist experiences and anxiety, depression, and stress, it could be plausible that while racism in the U.S. has become increasingly overt (Reilly, 2016), many acts of racism remain more nuanced, thus leading the victim of such acts to question if the mistreatment was truly motivated by race, or some other explanation (Nadal, 2011). When racist events become difficult to decipher, they may be more difficult to endorse, thus impacting the participant's likelihood of endorsing such experiences as racist when asked directly in a

survey. Additionally, racist experiences could predict other negative mental or physical health outcomes, or other negative life circumstances that were not measured in this study. For example, previous research has found racist experiences are associated with increased substance abuse (Paradies, 2006), cardiovascular disease (Pascoe & Smart Richman, 2009), and elevated blood pressure and hypertension (Brondolo et al., 2011). Many of these studies highlight the harmful effects of racist experiences that manifest in more physical rather than psychological symptoms. Therefore, a possible explanation for the lack of findings related to racist experiences and anxiety, depression, and stress in this study could be due to the measurement of psychological as opposed to physiological negative symptoms.

Alternatively, the findings in the present study may indicate that there is something unique about the internalization process of racist beliefs that predicts negative mental health outcomes, as opposed to the racist experiences themselves. The present findings indicate while both internalized racism and racist experiences negatively predict self-compassion, only internalized racism predicted anxiety, depression, and stress, and self-compassion moderated these relations. Meaning, self-compassion served as a buffer between internalized racism and anxiety, depression, and stress. These findings may demonstrate that when racism is internalized into an individual's self-concept (e.g., lighter skin is more attractive, most criminals are Black men, etc.), they may be more likely to experience negative mental health outcomes. The internalization process may be a unique component predicting mental health outcomes, over and above the racist experiences themselves. This potential explanation supports Speight's (2007) theory that the damage inflicted by racist experiences and a racist dominant culture cannot simply by

understood through counting the number of racist experiences inflicted on an individual. Conversely, they must be understood within the context of how these experiences impact that individual psychologically, which may occur through deteriorating their sense of self-worth.

There may also be coping skills that Black American individuals have developed as a way to protect oneself from the harms of racist experiences. However, when internalization of these racist beliefs is present, or internalization is even used as a coping skill, the findings in the present study indicate negative mental health outcomes may follow. In a recent study examining these very factors, researchers found that coping with racist events through internalization significantly mediated the relation between these racist events and depression (Carr et al., 2014). Graham et al. (2016) also found that while racist experiences positively predicted anxiety and stress, internalized racism was found to mediate this relationship. These findings suggest that the internalization of racism, the act of attributing racist oppression and mistreatment toward oneself as opposed to outside factors, may lead to depression (Graham et al., 2016), anxiety and stress (Carr et al., 2014). Taken together, these findings further support that the internalization process of racism may be a key factor in predicting negative mental health outcomes among African Americans.

Self-compassion. Self-compassion was found to negatively predict anxiety, depression, and stress in the present study. There is presently an abundance of research demonstrating the ability of self-compassion to predict anxiety, depression, stress (Neff & Germer, 2013), and many other indicators of positive and negative mental health (MacBeth & Gumley, 2012; Van Dam et al., 2011; Zessin et al., 2015). However, several

researchers have also highlighted the lack of self-compassion research among diverse populations (Lockard et al., 2014; Neff, Pisitsungkagarn & Hsieh, 2008). The findings in the present study not only provide supplementary evidence to support self-compassion's ability to predict mental health outcomes, but add to the small-but-growing body of literature (Johnson et al., 2017; Zhang et al., 2018) that connects the relation between self-compassion and mental health outcomes specifically for Black Americans.

Moderation effects. With respect to the moderation model, racist experiences were excluded from the final model based on an analysis of fit statistics, and based on results indicating racist experiences failed to predict anxiety, depression, and stress. Thus, it was found that self-compassion moderated the relations between internalized racism and anxiety, depression, and stress. More specifically, experiencing self-compassion predicted a reduction in anxiety, depression, and stress, while lack of self-compassion predicted endorsement of anxiety, depression, or stress. Though no study to date has explored these relations between self-compassion and internalized racism, these findings are congruent with the work of racism theorists such as Pyke (2010), who delineated internalized racism includes distancing oneself from others and doubt, disgust and disrespect for oneself and one's entire racial group. These concepts are similar to those indicating a lack of self-compassion, self-isolation, self-judgment, and over-identification. Self-isolation, similar to Pyke's explanation of distancing, is the act of isolating oneself from others out of fear of rejection and belief in being alone in one's pain. Self-judgment, similar to Pyke's explanation of self-doubt and disrespect, is the act of berating oneself for perceived shortcomings and faults. Finally, over-identification, similar to Pyke's description of how internalized racism can be applied to one's entire

racial group, is the act of fixating on or over-exaggerating one's problems or negative experiences (Neff, 2003b).

As mentioned previously, these findings may also give credence to the notion that self-compassion and internalized racism share similarities that may impact mental health outcomes. Self-compassion and internalized racism are both concepts of the self, describing how an individual may regard themselves within the context of their sociopolitical and environmental circumstances (Maxwell et al., 2015; Neff, 2011). Where self-compassion is a positive self-concept, lack of self-compassion is a negative self-concept, or an internalized negative sense of self that is used to critically evaluate the self (Neff & Davidson, 2016). Internalized racism also serves as a negative self-concept, where individuals who have been victims of oppression and discrimination have begun to internalize these negative beliefs about themselves, using these beliefs to critically evaluate the self (Pyke, 2010). This present study found both internalized racism and self-compassion predict anxiety, depression, and stress, with internalized racism positively predicting these mental health outcomes, and self-compassion negatively predicting them, when taken separately. Together, self-compassion serves as a buffer between internalized racism and anxiety, depression, and stress, suggesting that use of self-compassion provides a protective factor against negative mental health outcomes associated with internalized racism.

Findings in the present study add to the body of literature supporting self-compassion's ability to protect against negative mental health outcomes, and specifically add support to the application of self-compassion theory (and potentially practice) within African American communities. This research helps to extend the reach of self-

compassion to more diverse populations, an objective that several researchers have called for in previous studies (Lockard et al., 2014; Neff, Pisitsungkagarn & Hsieh, 2008). Although not an intervention study, due to the findings that self-compassion is negatively associated with anxiety, depression, and stress, as well as moderating the relation between these mental health outcomes and internalized racism, this research could serve to extend self-compassion's protective uses. Notably, self-compassion could potentially serve as a valuable way of reducing the harms of internalized racism for African American individuals, through reducing negative mental health outcomes in this population.

Implications for Practice

The present findings may be useful to inform the work of counselors and psychologists looking to work effectively with members of the African American population. Understanding the utility of self-compassion as a buffer between the development of internalized racism, and anxiety, depression, and stress could help practitioners to focus on fostering a more positive and generous sense of self within their clients as a means of symptom reduction. However, practitioners should be cautious to consider each client and their individual needs, and avoid assuming that the results of this study will fit the experience of all African American individuals. Practitioners should seek to understand the underlying factors contributing to their client's distress (if present) and seek methods of treatment that respect that individual's experience, understanding of the problem, and goals for treatment.

This study provides evidence that self-compassion is related to reduced anxiety, depression and stress, both associated with internalized racism, and in general for African

American individuals. Therefore, practitioners could focus on helping clients to foster self-compassion as a way to both reduce internalized racism, and anxiety, depression and stress. In order to most effectively use self-compassion in clinical practice, practitioners should be intentional to study self-compassion in theory, and its uses in therapy. For example, there is an abundance of research, resources and practice suggestions on Dr. Kristin Neff's website, www.self-compassion.org (2019). The clinical practice resources on this website can easily be adapted to include building self-compassion to combat internalized racism, or any other area in which the client is struggling with a negative sense of self. While self-compassion is considered a "positive self-concept," it is worth nothing that clinicians should avoid asking clients to simply "think positive" to combat distress. Rather, self-compassion is a practice in creating a more generous, compassionate, and understanding sense of self during times of difficulty, not an avoidance of these times of difficulty.

It is also important for clinicians to understand that this research is in no way meant to suggest onus or blame on African Americans for developing internalized racism, or having a lack of self-compassion. Practitioners should seek additional research and supplemental resources regarding the multi-faceted impacts of racism, and seek to understand those impacts at a systemic, environmental and individual level. This is particularly important when working with groups such as African Americans, who have a long-standing, and ever-present history of abuse and mistreatment in the U.S. based on race (Pieterse et al., 2012). This research is meant to affirm the ways this system has caused harm to the African American population, while also providing evidence that self-compassion could be utilized as another tool in the clinical toolbox to decrease anxiety,

depression, and stress. As well as provide a buffer against internalized racism for African American individuals born and socialized in the U.S. Clinicians can utilize this research and other resources regarding the harmful impacts of oppression to guide their work more globally through the commitment of time and resources to outreach and social justice efforts focused on challenging the system of racial oppression.

In assessment, practitioners can utilize several measures described in this study to better understand their client's experiences of internalized racism, racist experiences, self-compassion, anxiety, depression, and stress. Each of these measures has demonstrated reliability in the present study in measuring these experiences among African American individuals. These measures may be particularly useful in therapeutic assessment, where clinicians administer the assessment and then review the results collaboratively in session. Clients may not always have the language to express their experience, or have full awareness of all factors that are contributing toward current distress. Through using therapeutic assessment, clients can gain more space to process their own involvement with each of these experiences, while clinicians simultaneously gain a deeper understanding of the ways the client is experiencing distress. Through this exploration, the client and clinician can create therapeutic goals that align with their joint understanding of the problem, and begin to build an alliance for working toward these goals.

Implications for Research

It is important to acknowledge that while results of the present study suggest promising results with self-compassion moderating the relation between internalized racism, and anxiety, depression, and stress, it was not an intervention study.

Consequently, the present study cannot provide evidence for self-compassion as an intervention when working with Black Americans experiencing internalized racism, or anxiety, depression, and stress. Much like other self-compassion research, Black Americans may experience resistance to developing self-compassion, or viewing it as a legitimate strategy to helping them when distressed. As Neff (2003b) noted, individuals may view self-compassion as a form of self-pity, and may worry that practicing self-compassion will derail them from working toward their goals. Additionally, some individuals may view the softened language of self-compassion as self-indulgent, and believe practicing self-compassion greatly contradicts how they have been taught to speak to themselves.

Black individuals experience notable barriers to mental health treatment in general. Primarily, individuals may view seeking psychological services or the potential of being diagnosed with a mental health issue as stigmatizing (Bathje & Pryor, 2011). Even when attempting to seek these services, they may also be unattainable to many African Americans due cost, lack of health insurance, or transportation issues (Dobalian & Rivers, 2008). Moreover, the development of internalized racism is nuanced and complex, individuals may develop internalized racism as a coping strategy to attempt to protect themselves from a society that is consistently devaluing their worth (Carr et al., 2014). While this is a maladaptive coping strategy, many methods of coping are maladaptive (e.g., substance use, avoidance, self-criticism) but are nonetheless used in hopes they may help in times of need. It may feel psychologically safer to adhere to these harmful beliefs in order to maintain status quo, as opposed to devoting time, mental, and physical resources to challenge these systemic conceptions on a personal level (Speight,

2007). Furthermore, individuals may not even have an awareness that internalized racism has developed in the first place. Racism in the U.S. is so deeply rooted within the establishment and maintenance of U.S. culture that it has become institutionalized (Winant, 2015), therefore racist beliefs may be extremely difficult to pinpoint, even when adopted toward oneself (Speight, 2007). When these barriers are further contextualized within the longstanding mistreatment and abuse of African Americans in the U.S (Pieterse et al., 2012), it is understandable why there may be some barriers to both accessing interventions such as self-compassion, as well as barriers to accepting self-compassion as a plausible strategy.

These potential barriers and issues all serve as a call to future research focused on self-compassion as an intervention for African American individuals. The present study puts forth that self-compassion is negatively associated with anxiety, depression, and stress for African Americans. However, intervention-based research is needed in order to fully understand these relations. Intervention research could help to further explore whether self-compassion is an acceptable and accessible strategy for this population. Additionally, intervention research could also serve to explore whether self-compassion can serve as a strategy to reduce anxiety, depression, and stress symptoms when internalized racism is present, and if self-compassion can reduce internalized racism all together.

Limitations and Future Directions in Research

Though this research addresses some gaps in the present self-compassion, African American mental health, and internalized racism literature, there are also several limitations that may guide future directions for these research areas. Notably, structural

equation modeling methods were used in this investigation, which included the modeling of latent constructs through the measurement of observed variables. However, the relations between these observed variables were estimates, and are not inherently predictive. Therefore, these relations cannot be interpreted as causal. Thus, there remains the potential that there are other variables that could contribute toward racist experiences, internalized racism, self-compassion, and anxiety, depression, and stress that were not modeled in this current study. Future research could explore other variables contributing to each of these phenomena, suggestions for which will be detailed later in this section.

First, though not the intended goal of this study, results also may indicate an additional finding worthy of exploring in future investigations. The findings of the present investigation suggest self-compassion as a potential mediator between the relation between racist experiences, internalized racism, and the negative mental health outcomes of anxiety, depression, and stress. This potential mediation may exist through the finding that both racist experiences and internalized racism negatively predicted self-compassion, and self-compassion negatively predicted mental health outcomes. In other words, racist experiences and internalized racism may predict negative mental health outcomes, through the relation between self-compassion and these negative mental health outcomes. These findings may provide further evidence that self-compassion may impact the development of negative mental health symptoms among African Americans. Future research should explore self-compassion as a mediator between internalized racism, racist experiences, and negative mental health outcomes more thoroughly.

It is important to acknowledge that although this research highlights important impacts of oppression, these impacts are only with respect to one system of oppression,

for one racial group. There are many other systems of oppression (e.g., gender, sexual orientation, socioeconomic status, ability status, etc.) that also may contribute toward experiences of internalized oppression, and be related to negative mental health outcomes such as anxiety, depression, and stress. Additionally, while it is critical to understand the impacts of systems of oppression for African Americans, there are many other racial minority groups that may experience oppression in ways that are worth investigating (Graham et al., 2016). Moreover, the inclusion criteria for this research stated participants must identify as African American or Black, which may fail to recognize the other ways in which individuals may racially identify, such as individuals who identify as biracial, multiracial, multiethnic or with two or more races. Individuals may have different ways of describing and identifying with their racial identity that may have excluded them from participating in this research, even when they might have identified with African American or Black racial identities in some way. Future research should include how various systems of oppression impact sense of self, how internalized racism is experienced among other racial identities or countries of origin, and other mental health implications of internalized racism and internalized oppression.

Furthermore, this research only explores the relationship between internalized racism, racist experiences, self-compassion, and three measures of negative mental health outcomes. The negative mental health outcomes that are included in this study are limited to anxiety, depression, and stress, which may limit general understanding of how internalized racism impacts mental health (Graham et al., 2016). As previously discussed, this study only measures psychological components of negative outcomes associated with racism, and does not capture the harmful impacts of racism in more physiological ways.

Future research should expand measurement to include physiological symptoms as well, especially considering the known relation between racism and poor physical health outcomes (Brondolo et al., 2011; Paradies, 2006; Pascoe & Smart Richman, 2009). Through the measurement of all factors known to be associated with racist experiences and internalized racism, future researchers may be able to get a more holistic understanding of how these factors impact the overall health of the individuals who experience these effects of racism.

Though Qualtrics recruiting services were utilized in order to ensure the sample closely represented U.S. census data, there may be some limitations to the generalizability of this sample. Using paid recruitment services may bias the research to only include participants selected by the recruitment company, those who had ready access to the Internet, those who are willing to give their time for small monetary amounts (less than three dollars), or those interested in contributing to research in general. Future research may consider accessing this population through other means, including but not limited to community centers, Universities, religious organizations, workplace settings, and so forth.

Another limitation of the present research is that it failed to provide evidence for the relation between racist experiences, and anxiety, depression, and stress, as found in previous research. The body of existing literature is clear that the development of anxiety, depression, and stress is associated with increased racist experiences (Pieterse et al., 2012; Wheaton et al., 2017). The lack of findings related to racist experiences in this study may suggest the need for future research in this area, focused on better understanding the underlying factors in racist experiences, which of those factors are

related to negative health outcomes, and how those factors are related to negative health outcomes among African Americans.

Next, this research utilized single time point concurrent data, which may limit interpretation of these findings. It is plausible that the direct effects measured in this study actually predicted in the opposite direction than what was theorized and discussed. For example, in the discussed finding that internalized racism predicted self-compassion, it could be that self-compassion predicted internalized racism. Future studies should consider using longitudinal methods to explore a more thorough understanding of the relations between racist experiences, internalized racism, self-compassion, and anxiety, depression, and stress.

Finally, this research does not explore how self-compassion may contribute toward well-being of African American individuals, as this research was only focused on mitigating negative mental health issues with self-compassion, instead of understanding how self-compassion may help individuals to live fuller, more meaningful lives, and even increase overall satisfaction with life, as has been found in previous self-compassion literature (e.g., Bluth & Blanton, 2014; Hope et al., 2014). It may be reductionist to only focus on negative measures of mental health among racial minority communities, especially given that these communities are often more likely to be given stigmatizing mental health diagnoses over and above rates of White individuals (Gara, Minsky, Silverstein, Miskimen & Strakowski, 2018). Focusing on negative mental health outcomes may serve to perpetuate the focus on negative mental health outcomes, as opposed to well-being or quality of life factors. Thus, future research should focus on the

positive mental health benefits of both alleviating internalized racism, and increasing self-compassion in this population.

Although these limitations and future directions are worthy of exploration in future research, the present study serves as a notable contribution to the literature through the exploration of variables related to racist experiences and internalized racism among Black Americans. It also serves to demonstrate the appropriateness of self-compassion as a tool to predict anxiety, depression, and stress within this population. Finally, it demonstrates the ability of self-compassion to provide protection against anxiety, depression, and stress when internalized racism is present.

Conclusion

The purpose of this proposed study was to better understand if self-compassion could help to mitigate the relation between racist experiences and internalized racism and negative mental health as measured by anxiety, depression, and stress. As counseling psychologists have highlighted a gap in the literature with respect to the negative implications of internalized racism and ways to address those implications (e.g., Speight, 2007), this study serves to begin to answer this call and address this gap. Additionally, although self-compassion has been shown to increase well-being and decrease psychopathology among those who practice it (Bluth & Blanton, 2013; Hope et al., 2014; Smeets et al., 2014), there is currently a lack in self-compassion research and minority racial identities (Lockard et al., 2014). Thus, this study also serves to provide more representation of African Americans within the self-compassion research, with the goal of extending the utility of self-compassion to this population.

Results of the present study indicate internalized racism is positively predictive of anxiety, depression, and stress, demonstrating the harmful impacts of these internalized experiences among African Americans. While self-compassion was found to negatively predict anxiety, depression, and stress, indicating that self-compassion may be related to decreased psychopathology among Black Americans. Internalized racism and racist experiences were also found to be negatively predictive of self-compassion, which illustrates the ways in which racism detrimentally impacts sense of self in this population. Self-compassion was found to moderate the relation between internalized racism, and anxiety, depression, and stress, which may indicate that it could be the internalization process of these racist beliefs about African Americans that predict poor mental health outcomes (anxiety, depression, and stress). Taken together, the present study lends evidence to the notion that self-compassion may serve as a time, cost, and resource-efficient way to protect against internalized racism among African Americans.

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APPENDIX A

Table 1
Descriptive Statistics and Intercorrelations for Study Variables

	M	SD	Actual Range	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	α
1. APA	15.56	7.06	8-40	1	.803**	.614**	.506**	.508**	.545**	.456**	.141*	-.362**	.190**	-.396**	0.119	-.410**	.230**	.181**	.276**	.378**	-0.114	.279**	0.874
2. INS	12.81	6.50	7-35	--	1	.591**	.449**	.522**	.528**	.485**	.195**	-.385**	.255**	-.404**	.167*	-.471**	.275**	.265**	.355**	.395**	-0.105	.320**	0.903
3. BRH	18.84	5.13	8-34	--	--	1	.531**	.281**	.326**	.279**	-0.031	-.137*	0.025	-.144*	-0.034	-.217**	.150*	0.112	.178**	.302**	-0.048	.182**	0.645
4. HC	11.88	3.53	5-20	--	--	--	1	.358**	.385**	.291**	-0.124	-.148*	-0.068	-.269**	-.133*	-.277**	.134*	0.114	.223**	.230**	0.075	.179**	0.386
5. DEP	12.39	5.61	7-28	--	--	--	--	1	.896**	.890**	.195**	-.581**	.254**	-.627**	.156*	-.646**	.318**	.300**	.379**	.424**	-.140*	.367**	0.934
6. ANX	12.35	5.18	7-28	--	--	--	--	--	1	.877**	.204**	-.536**	.264**	-.566**	.161*	-.613**	.350**	.328**	.376**	.461**	-.190**	.396**	0.895
7. STR	13.20	5.19	7-28	--	--	--	--	--	--	1	.248**	-.588**	.327**	-.608**	.219**	-.623**	.339**	.321**	.362**	.413**	-.162*	.369**	0.903
8. SK	13.20	5.19	5-25	--	--	--	--	--	--	--	1	-.428**	.753**	-.373**	.887**	-.328**	.281**	.323**	.290**	.250**	-.444**	.254**	0.876
9. SJ	17.11	5.61	5-25	--	--	--	--	--	--	--	--	1	-.595**	.850**	-.435**	.833**	-.393**	-.392**	-.440**	-.438**	.269**	-.417**	0.881
10. CH	12.04	4.60	4-20	--	--	--	--	--	--	--	--	--	1	-.500**	.794**	-.452**	.324**	.355**	.335**	.295**	-.436**	.303**	0.858
11. IS	13.63	4.78	4-20	--	--	--	--	--	--	--	--	--	--	1	-.352**	.866**	-.384**	-.356**	-.418**	-.426**	.218**	-.387**	0.888
12. MF	13.21	4.72	4-20	--	--	--	--	--	--	--	--	--	--	--	1	-.297**	.294**	.300**	.280**	.221**	-.472**	.235**	0.898
13. OI	14.41	4.81	4-20	--	--	--	--	--	--	--	--	--	--	--	--	1	-.385**	-.357**	-.432**	-.466**	.176**	-.425**	0.895
14. AOI	19.39	11.64	8-48	--	--	--	--	--	--	--	--	--	--	--	--	--	1	.868**	.818**	.849**	-.548**	.868**	0.937
15. SCC	16.82	10.13	7-42	--	--	--	--	--	--	--	--	--	--	--	--	--	--	1	.810**	.815**	-.523**	.832**	0.923
16. MIN	20.60	11.69	9-54	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	1	.820**	-.545**	.783**	0.921
17. EAS	18.94	11.13	9-54	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	1	-.512**	.846**	0.908
18. ENM	27.61	9.55	7-42	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	1	-.486**	0.872
19. WPS	10.69	6.67	5-30	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	1	0.897

Note: APA = Alteration of Physical Appearance, INS = Internalization of Negative Stereotypes, BRH = Belief in Biased Representation in History, HC = Hair Change, DEP = Depression, ANX = Anxiety, STR = Stress, SK = Self-Kindness, SJ = Self-Judgment, CH = Common Humanity, IS = Isolation, MF = Mindfulness, OI = Over-Identification, AOI = Assumptions of Inferiority, SCC = Second Class Citizen and Assumption of Criminality, MIN = Microinvalidations, EAS = Exoticization and Assumptions of Similarity, ENM = Environmental Microaggressions, WPS = Workplace and School Microaggressions. Values above diagonal line represent Intercorrelations of observed scale scores. *$p < .05$, **$p < .01$