Explaining the mental health consequences of internalized racism:

the mediating roles of family resilience and collective action

Anna Luiza Steiger Ribas

Nº: 25946

Orientadora:

Prof. Doutora Mariana Pires de Miranda

Professora de Seminário de Dissertação:

Prof. Doutora Maria Gouveia-Pereira

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Abstract

Racial oppression's institutional and interpersonal levels have had a substantial amount of empirical attention. Little is known, however, about internalized racism and the paths through which it has such negative effects on mental health. In this study with 226 participants who self-identify as Black we focus on internalized racism's effect on depression and propose explanatory processes through which this effect is carried out. We argued that this detrimental effect happens though internalized racism's limiting power over positive identity mechanisms. Specifically, when exploring family resilience and collective action's role in this association, results showed that internalized racism's effect on depression was mediated by family communication and problem solving dimension of family resilience. The support for the Black Lives Matter movement was also a significant mediator, but was, however, positively associated with depression. Clinical implications are discussed.

Keywords: Colonial Mentality, Racism, Family Resilience, Collective Action, Depression.

Resumo

Os níveis institucional e interpessoal da opressão racial têm recebido uma quantidade substancial de atenção empírica. Pouco se sabe, no entanto, sobre o racismo internalizado e os caminhos pelos quais ele tem efeitos tão negativos na saúde mental. Neste estudo com 226 participantes que se autocategorizaram como Negros, nos debruçamos sobre o efeito do racimo internalizado na depressão e propomos processos explicativos pelos quais esse efeito acontece. Argumentamos que esse efeito prejudicial acontece através da limitação que a internalização do racismo impõe sobre a mobilização de mecanismos identitários positivos. Especificamente, ao explorar a resiliência familiar e o papel da ação coletiva nessa associação, os resultados mostraram que o efeito do racismo internalizado na depressão foi mediado pela dimensão da "comunicação resolução de problemas" da resiliência familiar. O suporte ao movimento do *Black Lives Matter* também mediou significativamente esta relação, no entanto, mostrou-se positivamente associada à depressão. As implicações clínicas desses resultados são discutidas.

Palavras-chave: Mentalidade Colonial, Racismo, Resiliência Familiar, Ação Coletiva, Depressão.

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"If growing up is painful for the Southern Black girl, being aware of her displacement is the rust on the razor that threatens the throat."

Angelou (1997, p. 2)

We zoom into the *rust in Angelou's razor* as we dwell with the consequences of racism for Black people. We flip that image to imagine another razor being held from the inside of the little Black girl's throat. One that embodies *internalized* racism. Psychology - it has been argued - is the best equipped field to assess this internalized dimension of racial oppression, and yet, it seems to have lagged in research addressing this construct (David et al., 2019). In this paper we describe a conceptualization of *internalized* racism within a post-colonial context. We also propose explanatory mechanisms that help better understand the processes leading to negative outcomes in Black people's mental health as a result of *internalized* racism.

Institutional, Interpersonal and Internalized Racism

The definition of prejudice and its forms of social expression have been updated and modified over the years. Allport's classical definition (1954, p. 9) described it as a hostile attitude towards someone based upon a "faulty and inflexible generalization" of their belonging to a certain socially devalued group. Pettigrew and Meertens (1995) later added the notion that these attitudes tend to form ideological pillars that justify the practice of discrimination.

There are as many forms of prejudice as there are socially devalued groups (e.g. sexism, homophobia, xenophobia) (Lima & Vala, 2004). Moreover, the plurality and diversity of one's social group belonging regarding race, class, gender, sexuality, ethnicity, nation, ability, age, etc., can operate not as individual entities, but rather, as a "reciprocally constructed phenomena" (Collins, 2015, p. 1). Known as intersectionality, this construct reflects more complex social disparities (e.g. prejudice against Black lesbian woman). However, to understand this global effect, it is possible to make clippings of each one of these domains in particular. In this paper we will focus on the racialization aspect. Racial prejudice is a form of prejudice that targets specific groups or individuals defined by physical or phenotypic characteristics (Lima & Vala, 2004). Racism, although derived from this form of prejudice, is much more complex than an attitude. It is a hierarchization process of exclusion and discrimination through which a physical characteristic is abusively interpreted as directly associated with an intrinsic characteristic, promoting an

objectified understanding of racialized features (Lima & Vala, 2004; Riggs & Augoustinos, 2005). Not only does racism categorize external and internal characteristics, it also sets very clear grounds of who belongs and who does not, by a system of oppression that in Western societies is perpetuated by post-colonialism (Jordan, 2021; Nkrumah, 1965).

Accordingly, not only the groups or persons targeted by prejudice and racism are determined by social and historical contexts, but so are its forms of expression and its mediators. In the ages of slavery and colonialism, racism was openly expressed without any social resistance from White societies (Fanon, 1963). After World War II, the Declaration of Human Rights (1948), for one, embodied the rise of new social norms, which obligated a shift in the way racism was expressed. Alongside traditional forms of blatant racism (e.g., Jim Crow laws, Wilkerson, 2020), new forms of subtle and indirect racism emerged. These include: symbolic racism (Sears & Henry, 2005), modern racism (McConahay, 1986), ambivalent racism (Katz, 1981), subtle prejudice (Pettigrew & Merteens, 1995) and aversive racism (Dovidio & Gaertner, 1986). These conceptualizations try to capture the phenomenon of White people acting unawarely racist, or acting racist only when there are no norms in the context signaling egalitarian values, or even when racism is followed and legitimized by the use of apparently non-racist justifications (e.g. threat).

Social psychologists have long focused on this *personally mediated level* of racism, where one individual, or group, intentional or unintentionally perpetuates discriminatory acts and/or assumptions towards others according to their race (Shelton, 2000). Although this may frequently be the most explicit representation of racism (Jones, 2000), theoretical frameworks from various social sciences have described different ways through which this oppression system is perpetuated and their relevance to understanding the complexity of the phenomena (for a review see Paradies, 2006).

This direct expression of racial prejudice is deeply embedded in a normative and structural system present in most Western societies. The *institutional level* of racism does not require an identifiable operator since it manifests itself through custom practices and values, generating racial disparity in access to opportunities, services and goods (Jones, 2000).

Because racism is pervasive and simultaneously *interpersonal* and *institutional*, there is another dimension that doesn't seem to have received the same amount of empirical attention. It is the consequent acceptance by the members of the racialized group of the negative messages, attitudes and beliefs perpetuated by the White dominant society about one's abilities and worth

(Jones, 2000; David et al., 2019). The first scholarly account of *internalized* racism is believed to be dated to as early as 1903 with Du Bois's (1989, p. xiii) *double consciousness* theory. This notion was introduced to describe the psychological conflict experienced by Black people when trying to integrate their American identity, when that identity in itself was embedded by anti-Black stereotypes and representations. Du Bois argued that the impossible solution of this identity conflict may lead to the internalization of anti-Blackness amidst Black people whilst devaluating themselves and their group (James, 2020).

In 1939, Clack and Clark published their classic doll study, considered to be the first empirical study on *internalized* racism. From a pair of white or dark skinned dolls, 66% of a sample of 200 African American preschool children preferred the white doll. That indicated not only how membership to a stigmatized group can affect children's self-concept, but it also showed that the internalization of the alleged inferiority of their racial group can be witnessed at very young ages (Clark & Clark, 1939).

Colonial Mentality as Internalized Racism

Fanon (1967) went a step further and analyzed *internalized* racism in the context of colonialism, exploring the psychological experiences of the populations who have suffered colonization by European countries. Colonialism happens when foreign people forcefully enter a territory and implement a system of institutions that imposes its superiority and the native population´s inferiority (e.g., language, religion, etc.) (Ashcroft, 2012). This institutional imposition then supports structures, which socioeconomically privilege the colonizer and further reinforce a hierarchical dynamic that perpetuates inequality and oppression. Fanon advocates that this process culminates in the internalization of the inferiority of the native people and the acceptance of the alleged superiority of the colonizer´s culture, in the emergence of a *colonial mentality* (Fanon, 1963).

This type of internalized oppression is particularly complex as the admiration for the colonizer, and its romanticization, culminates in a psychological and social conflict of impossible resolution. In effect, the idealization of another in which we do not recognize ourselves leads simultaneously to the depreciation of one’s own heritage and belonging, and the frustrating acknowledgement of the impossibility of becoming like him (Utsey et al., 2015). *Colonial mentality* is, therefore, a broad and multidimensional construct that can manifest itself through the

depreciation of the self, the depreciation of one's own culture and/or body, the discrimination of ingroup members, the tolerance of historical and current oppression marks (Nadal, 2020), or even the admiration for the colonial legacy (Boahen, 1987).

Empirically, *colonial mentality* was initially tested with Filipino populations in the U.S.A. (David & Okazaki, 2006), which resulted in a measuring instrument. Utsey et al. (2015) later revised and adapted this scale to Ghanaians as previously colonized African populations. The Colonial Mentality Scale - Ghana operationalizes the construct in four factors: (1) *within-group discrimination* - the level of discrimination towards members of the ingroup who have adopted less colonial values, (2) *physical characteristics* - the depreciation of one´s own body traits and that of the members of the ingroup, (3) *colonial debt* - the acceptance and tolerance of historical and current oppressions marks fueled by colonialism and it´s legacy, and (4) *internalized cultural shame and inferiority* - the inferiorization and shame experienced towards one´s own culture.

Colonial mentality, or other forms of *internalized* racism, is dangerously linked to the condemnation of the authentic and integral expression of the self, and a consequent sense of inferiority that can permeate a person's psychological and social functioning at many levels (Utsey et al., 2015). We examine key consequences concerning identity construction, education, and health.

At the identity construction level, the internalization of racism has been associated with difficulties in constructing one's ethnic identity (Cokley, 2002; Hipolito-Delgado, 2016) and with low levels of connection and belonging to the ethnic group (David & Okazaki, 2006). Education-wise, there seems to be an association between the internalization of racism and the lower value attributed to education, lower academic self-concept and worse school performance (Robertson, 2018).

Concerning health variables, internalized racism is associated with both poorer physical health (with increased risk of obesity (Rivera & Paredez , 2014), and overall mental health (Jones, 2000). Namely, it was found to be directly associated with decreased psychological well-being (Ferrera, 2016), decreased self-esteem (Cross & Frost, 2016), higher levels of stress related symptoms (Cort et al., 2009), and higher indicators of hopelessness (Grace, 2013). People who internalize racism more have been pointed to as being both directly (Mouzon & McLean, 2017) and indirectly (James, 2016) at higher risk of presenting depressive symptoms.

In addition, Graham et al. (2016) also found that internalizing racism could be a path through which frequent anti-blackness experiences influenced poorer health outcomes, such as increased anxiety symptoms. Higher internalized racism was also associated with an increase in negative religious coping, which in turn was associated with higher psychological distress. That can indicate that individuals who have internalized racism may believe they deserve the adversities they experience, fueling more harmful coping styles (Szymanski & Obiri, 2010). Pointing to the same direction, both Kim and Lee (2014) and Tuazon et al.´s (2019) studies found that individuals who internalized racism more, have more negative attitudes towards seeking professional psychological help.

Some of these findings were replicated when addressing internalized racism in the form of colonial mentality. Greater indicators of colonial mentality have been associated with the development of depressive symptoms (David & Nadal, 2013; Utsey et al., 2015; David, 2019), lower individual and collective self-esteem (David & Okazaki, 2006; Utsey et al., 2015) and higher anxiety levels (Utsey et al., 2015).

To sum, not only is the internalization of racial oppression both directly and indirectly associated with health deterioration variables, it also adds a dangerous barrier to the help-seeking process and other possible protective factors, for those who experience it. Although acknowledging the multifaceted ways through which racism can endanger Black people's overall well-being is relevant to provide more effective responses to it, exclusively focusing on oppression may imply that people who suffer under it do/did not persist (Haslam & Reicher, 2012). In this paper, by a systemic approach to the issue, we will focus on how different levels of group belonging resistance can impact these negative outcomes.

Group Belonging and Social Cure

Social psychologists have long focused on the notion that group belonging is an important dimension of humans' healthy development and well-being. For one, the Social Identity Theory (Tajfel & Turner, 1979), supports the idea that we organize the world in social categories that provide us with a lens to understand the groups in which we belong (and what we are), and those in which we do not belong (and what we are not). The social identity that results from this organization is an important part of self-concept. A positive social identity is only possible if ingroup characteristics can be favorably compared to outgroup characteristics and/or if the group

disposes of other strategies to obtain a positive social identity (Tajfel & Turner, 1979). In sync, Lineville´s (1987) work shows that the more complex our self-representation is, the more resources we have to deal with stressful events, a crucial protective factor of psychological health.

Based on these ideas, Jetten et al. (2012) proposed a framework, labeled *social cure*, to support the relevance of group belonging in an individual's well-being and overall health. The new Health and Social Psychology redefines the notion of social identity, emphasizing its health benefits and reframing it as a resource. This approach suggests that the process of social identification to a group makes it meaningful and psychologically valuable, and that the subjective sense of belonging to it can be an important physical and psychological health promoting/protecting factor (Wakefield et al., 2019). In short, group membership (and the social identity that results from it) has the capacity to function as a "social cure" because it provides "self-esteem, belonging, meaning and a sense of purpose, control and efficacy in life", which consequently leads to an increase in overall health (Jetten et al., 2017, p. 4).

There is substantial empirical evidence supporting the *social cure* framework and the various paths through which group membership can positively affect an individual's well-being. For one, Cruwys et al.´s (2014) show how social connectedness is a key factor underlying the development and treatment of clinical depression. These authors argue that social identification is the pathway through which social relationships impact depression, because a positive social identity springs individuals to nurture *meaning to life*, provide and receive *social support*, facilitate *social influence* and develop a sense of *belonging*. All of which, according to these authors, are antithetical to depression. In tune, social identities have also been associated with a plethora of health-related outcomes, as risk related to sexual behavior (Campbell, 1997), symptom appraisal (St. Claire et al., 2008), adjustment to life cycle changes, among others (for a review of consequences see Haslam et al., 2018).

Notwithstanding because social identities are central to human development and psychological functioning, they can be both beneficial and/or detrimental to health. If the group is stigmatized, the relationships built within the group are insecure and fail to provide social support or if the group promotes unhealthy norms, group belonging can become a source of stress, shifting to what some scholars have coined as a "social curse" (Jetten et al., 2017; Wakefield et al., 2019). When belonging to a racialized group, racism has been associated with poorer overall mental and physical health (Paradies et al., 2015). However, even though the historic and contextual

circumstances of the group do seem to affect the well-being of those who identify with it, having a positive social identity derived from pertaining to that group has been shown to buffer the effect of discrimination on psychological health (Shelton et al., 2005).

In addition to these individual outcomes, Haslam & Reicher (2012) highlight in their *social identity model of resistance dynamics* how the feeling of "us-ness" that arises from pertaining to a group can also power the readiness to promote change at societal levels. They argue that in low-status groups, the bond constructed through shared social identities can set the grounds for the organization (around effective leadership and sufficient external support) required to challenge oppression, and promote social change.

In sum, the degree to which social identities affect individuals' overall well-being and capacity to resist oppression contexts (Haslam & Reicher, 2012) can vary to the extent to which they identify with the group, and the group's availability to nurture healthy norms and secure social relationships (available to provide social support) within itself (Jetten et al., 2017). As such, we will first focus on the individuals' most important relational system - the family (Minuchin et al., 2007), and discuss it from a racial resistance standpoint. Second, we will zoom out to the societal level of group belonging and consider collective action as a more macro form of resistance.

Family and Family Resilience

In most societies, the family unit is the first social group to which an individual is introduced and with which they most meaningfully identify. The family group is, therefore, a central agent of socialization and cultural transmission, that sets the ground for an individual's self-definition and understanding in society from a very young age (Sani & Bennett, 2009). From a *social cure* perspective, a person's subjective sense of belonging to their families, integrates and complexifies social identity, playing a key role in this health resource. Moreover, higher family identification has been associated with lower levels of loneliness, anxiety and depression, as well as to higher levels of general health, psychological well-being and satisfaction with life (Sani, 2012). However, families in different phases and contexts may experience periods of more or less resourcefulness (Walsh, 2003), which may then hinder or facilitate their members' positive identification to it, and consequent curing potential of the relationships among family members (Sani, 2012).

Walsh's work (Walsh, 1996; 2003; 2016; 2019; 2021) offers an insight into the variables that may impact family's availability to respond adeptly to its members' needs and to stressful events. The concept of *Family Resilience*, highlights the family's capacity to "withstand and rebound from adversity, strengthened and more resourceful" (Walsh, 2016, p. 2). From Walsh's standpoint, the family's social, cultural and spiritual resources have the potential to facilitate coping and promote positive growth in response to experiencing a crisis situation or persistent life challenges (Walsh, 2019). Although some families may experience more severe trauma or more frequent exposure to life challenges (we argue that is the case of families in stigmatized groups, such as Black families in Portugal), a *family resilience* perspective is grounded on the idea that every family has the potential for positive growth (Walsh, 2021). This concept is necessarily contextual and focuses on the transformational process, meaning the family's vulnerabilities, strengths and progress can only be accessed through each family's challenging situation and resources (Walsh, 2016).

In an attempt to transpose this clinically grounded theory to the broader dimension addressed by social psychology, there seems to be a parallel between Walsh's argument and Haslam & Reicher (2012) analysis. By examining several rebellion case studies and revisiting mainstream social psychology theories (such as the social identity theory), the author's main conclusion was that "resistance is always possible, even in the most unequal and the most repressive of situations" (Haslam & Reicher, 2012, p. 173). Neither Haslam & Reicher (2012), nor Walsh (2021) mean to belittle the struggle encountered by families and other social groups who live under structural oppression systems, or to imply that we should not focus on the mechanisms through which many types of social adversities are maintained. Instead their goal seems to be to highlight the existence of the path through resistance and provide a better understanding of "when" and "how" it happens, and thereby expand the locus of both social and clinical interventions. This analogy sparked our framing of *family resilience* as one that is more aligned with the concept of *resistance*, than it is with *individual resilience.*

By incorporating a relational dimension, *family resilience* fills multiple gaps identified in the original construct of *individual resilience.* Early theory and research on resilience focused on *individual* traits of people who appeared to be more capable of recovering from stress and trauma (Heller et al., 1999). This has been problematized by many authors that argue the lenses used to define resilient functioning are based on a limited range of performance metrics, thereby

suggesting that there is a right and a wrong way to adapt to adversity (Mahdiani & Ungar, 2021). This notion has been criticized for scoping this so-called "positive" coping behavior as one that is socially desirable and eurocentrist. In racialized populations, for instance, this individualized vision of resilience has been described as a vehicle through which the process of "othering" is legitimized, placing a biased and pathologizing view over members of stigmatized groups as being in need of resilience support (Sims-Schouten & Gilbert, 2022).

It is thus urgent to reframe resilience, taking into account the contextual and multifaceted effects of different sources of stress on well-being and the plurality of adequate responses (Mahdiani & Ungar, 2021; Sims-Schouten & Gilbert, 2022; Santos, 2022). Sims-Schouten and Gilbert (2022) argue that a possible way to address this issue would be to acknowledge that *resistance* is an adequate response in the face of injustice, and therefore should also be considered *resilience*. From our understanding, the notion of *family resilience* does that by rejecting the pathologization process of those who are labeled as "less resilient" as it shifts the perspective from viewing families as "damaged" to addressing them in their challenged context and emphasizing their growth potential through collaborative efforts (Walsh, 1996). This is the notion of resilience that we endorse, and in which this paper relies.

Empirically, when addressing families through their growth potential, *family resilience* has been associated with positive psychological outcomes through different populations in a variety of challenging settings. In breast cancer survivors, *family resilience* has been associated with higher quality of life and post-traumatic growth (Brivio et al., 2021; Li et al., 2019). In mothers of children with developmental disorders, it moderates the relationship between maternal distress and the children's developmental disorder severity (Suzuki et al., 2018). In adolescents, it moderates the effect of bullying victimization, on anxiety, depressive and somatic symptoms (Choi, 2022).

To do so, the *family resilience framework* suggests that the family can mobilize its resilience through nine coping strategies organized into three main domains: The first, *belief systems*, refers to making meaning of adversity, having a positive outlook and transcendence and spirituality. The second, *organizational patterns*, refers to the family's flexibility, connectedness and capacity to mobilize social and economic resources. The third and last, *communication/problem-solving processes*, refers to the family's clarity, open emotional sharing and collaborative problem solving. Despite this theoretical organization these domains do not fit

in a rigid structure, and different families may use different strategies to adapt depending on their context, cultural background and on the nature of the adversity they encounter (Walsh, 2016).

Black Family Resilience

If family *resilience* is intertwined with the way families respond to adversity, it is logical that it will be the most evident amidst families that are more frequently exposed to specific external stressors (i.e., racialized families). For instance, in the Latin-American population, *family resilience* buffered the effect of perceived discrimination on depression and somatic symptoms (Ramos et al., 2021). In families with children with autism spectrum disorder, Kim et al. (2019) found Black families to experience a greater effect of *family resilience* on parental stress, when compared to families of other ethnic groups. The results were true for both the positive and negative effects. Black families with high levels of *family resilience* had significantly lower parental stress than their counterparts, and Black families with low *family resilience* had higher parental stress than their counterparts. In Kim et al.'s (2019) study, the *communication and problem-solving* dimension of *family resilience* was one of the strongest inverse correlates to parental stress. This shows that while the presence of *family resilience* is especially beneficial for Black families, its absence may also be especially detrimental to family functioning and the well-being of its members.

When interviewing Black families who had faced great adversity, Gregory (2001) found most of the aforementioned resilient domains in their narratives. In addition, Gregory identified other aspects that had not been considered or as detailed in Walsh's structure. Racialized families used remembering (i.e., ancestors and family history) to make meaning of adversities; openly communicated empathy, connection and forgiveness; used both rituals and clairvoyant experiences to transcend and invest in spirituality; and expressed humility and gratitude that facilitated keeping a positive outlook. All of these identified dimensions seem to converge in their use of communication and open expression to strengthen connectedness both within the family and the community, and by maintaining ancestors and cultural history alive. Lu and Steele (2019) discuss how Black populations have historically mastered oral and written communication strategies to resist oppression systems, and highlight how these strategies have transformed it's ways through different contexts and moments without losing its strength and meaning.

It seems, thus, that what Walsh (2021) has scoped as the communication/problem solving dimension of family resilience has been culturally and historically used by Black families to resist racialization and oppression systems over the years. In addition, the collaborative, and creative problem solving processes the dimension describes, aligns with the perspective shift suggested by Hollingsworth (2013) when addressing Black families in western countries both clinically and empirically. Hollingsworth (2013) stresses the need to distance ourselves from the limiting view of those families as passive victims of oppression, and to acknowledge the various coping mechanisms they have mobilized to succeed and thrive. *Family resilience*, especially its communication and problem solving aspect, seems therefore, to be a valuable perspective to access Black families' resources.

Concurrently, Lei et al.(2021) found that participation in a program designed to promote *family resilience* (i.e., fostering positive parent - children communication) buffered the effect of racial discrimination on depressive symptoms in black youth. Communication in Black families has long been pathologized by authors who addressed it not independently, but in comparison to White families' communication (Houston, 2002). Addressing communication as a strength in Black families, highlights how central it is to family functioning (i.e., in their geographic and sociopolitical position), especially in its racial socialization, which ideally spurs a positive racial identity (Minniear & Soliz, 2019).

Notwithstanding, communication in Black families, in particular regarding racial socialization, is influenced by the dominant public discourse on the meaning of being Black (Minniear & Soliz, 2019). When an anti-blackness discourse is predominant, which can happen through the vehicle of post-colonialism, the families' appreciation of their ethnic background may become obscure, and individuals might struggle to foster, or to perceive, resilient communication within their families. Similarly, internalized racism has been negatively associated with other family related variables, like marital satisfaction (Taylor, 1990). This begs the question of whether, is it possible that internalized racial oppression, and its associated belief systems, may limit one's capacity to foster the belonging to one's Black family and thus limit the perception or access to resilient/resistant behavior?

Society and Collective Action

The concern related to this internalized oppression's consequences on the family is especially alarming since one of the core manifestations of colonial mentality is the restriction of the individual's possibilities of significantly connecting to other ingroup members (David & Okazaki, 2006), therefore narrowing the protective potential of social identity. If the internalized inferiorization of one's own ethnic background couples with the decrease in collective self-esteem (Utsey et al., 2015), and with the generalized belief of the superiority of the oppressor (Bulhan, 1978), it may cloud one's perception of the biased discourse and structure perpetuated by post-colonialism and hinder one's perception of need for social and political change, or the belief that any change is even possible.

Collective action aims to improve or influence the lives of an entire group and not just an individual. It can challenge already established discriminatory systems (e.g., Black Lives Matter movement) or aim to stop or prevent any form of group injustice. Any person (in perceived socially devalued groups or allies) can get involved with an action to promote social change, whether it happens by participating in a mass political action, or individually (e.g. voting) (Van Zomeren & Iyer, 2009).

Some variables are important motivators of a person's willingness to engage in collective action. Van Zomeren and colleagues', (2008) systematic review describes and integrates the three main subjective predictors to collective action (1) *perceived injustice*, (2) *perceived efficacy* and (3) *social identity* in their Social Identity Model of Collective Action (SIMCA). This model analyzes both the isolated and integrated effects of each of the predictors on collective action. The strongest idea behind the *perceived injustice* predictor is that perceiving some kind of group-based injustice can cause group-based emotions, specifically group anger and fear (Miller et. Al, 2009), which then motivates responses to confront those responsible, in an attempt to tackle the unfairness (Van Zomeren et al., 2008).

Even though perceiving injustice is an important motivator of collective action, it is not enough to promote it. In addition to wanting something to change, people need to believe that their effort, and that of their group, is effective thus creating a sense of collective power that enables the faith in the transformational power of the group (Van Zomeren et al., 2008). Meaning, greater *perceived group efficacy* increases the chances of engaging in collective action (Hornsey et al., 2006). Furthermore, SIMCA forwards the idea that social identity is a central predictor of

collective action because it fuels engagement in action both directly and indirectly, by "bridging" the paths of *perceived injustice* and *perceived efficacy* to collective action (Van Zomeren et al., Postmes & Spears, 2008). Social identity can be defined as a person's sense of who they are based on their group belonging and membership (Tajfel & Turner, 1979). This construction is what "makes group behavior possible" (Turner, 1982, p. 21). In short, SIMCA proposes that the more an individual identifies with the group, the more they will perceive injustice and group efficacy, and therefore engage in collective action (Van Zomeren et al., 2008).

In addition to being a core mechanism of social change (Van Zomeren & Iyer, 2009), collective action engagement has several positive impacts on psychological health, being associated with greater life satisfaction, social well-being (Klar & Kasser, 2009) and positive emotional climate (Páez et al., 2007; Becker & Tausch, 2015). Collective action has also been referred to as a positive coping strategy in the face of racial injustice (Hope & Spencer, 2017). This association reflects both the notion that social identity is a key mechanism to promoting psychological health (Cruwys et. Al, 2014) and that working towards a shared goal, and its fulfillment, is a fundamental human endeavor (Dwyer et. Al, 2019). In tune, Watson-Singleton et. Al (2021) found that supporting the Black Lives Matter movement buffers the effect of personally mediated racism on depressive symptoms in a way that this association was only significant at low levels of collective action support.

However, Vestergren et al. (2016) showed a need for further research on this association, proposing that collective actions' personal consequences could be positive or negative depending on the type of protests and the type of change achieved. When action's goals were not achieved, Dwyer et. Al. (2019) found that only those who were very firmly identified with the cause benefited from the positive psychological outcomes following political activism engagement. The nature and intensity of these consequences seem to vary regarding the group identification of those who experience it. For instance, in the same racially hostile college environment, Hope et al. (2018) found political activism to have opposite moderating effects on the relationship between racial microaggressions and mental health indicators. While in the Latino population political activism buffered this effect, resulting in less stress and depressive symptoms, for Black students who were more politically active, microaggressions resulted in more stress and anxiety.

Notwithstanding, the strongest and most empirically supported theories support the notion that collective action is not only an important tool for social change (Van Zomeren & Iyer, 2009),

but it also promotes various beneficial psychological changes for those who engage in it. Being part of a collective power to promote social change has been described as having a positive impact on activist empowerment (Drury et. Al., 2005), self-confidence (Shriver et al., 2003), self-esteem (Tropp & Brown, 2004) overall well-being (Foster, 2015) and greater social creativity, expanding individuals' possibilities of developing positive mechanisms to cope with disadvantages (Becker, 2012). Collective actions can also encourage and strengthen new relationships (Gilster, 2012), nurturing a sense of social-belonging, that has in turn, been associated with greater psychological well-being (Brady et al., 2020).

Individuals, especially in socially devalued groups, have historically taken collective action to resist discrimination and oppression systems (Van Zomeren & Iyer, 2009). Yet, that does not seem to be an option for those who internalize racism. That is because internalizing racism couples with the acceptance of the systemic structure that supports racism in itself (i.e., colonialism, in the case of colonial mentality), creating a sense of debt to the oppression perpetrator that makes perceiving injustice impossible (Utsey et al., 2015). The group-efficacy predictor also seems to be compromised, since racial oppression internalization reinforces discrimination against ingroup members (David & Okazaki, 2006) and therefore reduces one's possibilities of believing in the group's transformational power.

Most importantly, since group membership and identification are endangered by this internalization process, so is the construction and expression of social identity (Cokley, 2002), which, according to SIMCA, is the key motivator for collective action engagement. These associations sparked our questioning of whether a direct test of this association would confirm a negative association between internalizing racism and one's willingness to engage in collective action and if this lack of collective agency could partially explain negative mental health outcomes.

The Present Study

The present study was conducted in Portugal. In the specific case of Portuguese colonization history, the aforementioned process of romanticizing colonization and softening its historical oppression marks is facilitated by *luso-tropicalism*. This concept conveys the supposed existence of a typically Portuguese ability to deal with and welcome those who are seen as different. The term was initially used by Gilberto Freyre (1933), in his book "*Casa Grande e Senzala*", to refer to the hypothetical success of colonizer-colonized relations in Brazil, which

resulted in miscegenation. This idea was then interpreted and biased by the authoritarian regime that ruled Portugal from 1932 to 1974, spreading this logic and reframing it as a social representation. This representation facilitated and still facilitates the construction of a narrative of Portuguese colonization as more humane and less confrontational than what it actually was (Vala et al., 2008). The vision of a supposedly friendly and well-intentioned colonizer may strengthen the acceptance of colonial values, intensifying the internalization of *colonial mentality* and, consequently, easing the toleration of oppression itself.

Therefore, the goal of the present study is to (a) assess the effects of the *colonial mentality* in the afro-descendant population in the Portuguese context on mental health and (b) examine the mediating role of family resilience and collective action in this association. By conceptualizing *colonial mentality* as an internalized dimension of racial oppression (Utsey et al., 2015; David & Okazaki, 2006), it is possible that its hypothesized detrimental effect on psychological health is due to its limiting or blocking power over positive identity coping mechanisms (Jetten et al.,2012).

Specifically, we hypothesize that at higher levels of *colonial mentality*, we expect to find lower levels of family communication and problem solving and support for the Black Lives Matters movement, which will, in turn, lead to higher levels of depression. While the literature is consensual about the protective effects of family resilience over mental health, it does not appear to be the case for collective action (Vestergren et al., 2016), making it thus relevant to explore the variable's behavior in the model.

Method

Participants

A total of 271 participants who self-identified as Black and were at least 13 years old took part in the study. Of these 45 were excluded for not completing at least the first measure, the Colonial Mentality Scale. The final sample size was formed by 226 participants, of which 128 were female and 41 male, with ages ranging from 13 to 66 years old (M = 27.1, SD = 8.6). 94 (41.6%) refer to having been born in Portugal and those who migrated (75, 32.1%) had an average of 13.8 years (SD = 12.6) in the country. A majority describe having a mother (63.7%) and/or a father (61.9%) born outside of Portugal (in 10 African countries, 1 European country and 1 South American country). This sample also has a majority of participants with higher level qualifications

(44.2% with bachelor's degree or higher), with a perceived sufficient income (56.2%), and with citizenship (51.8%). Further description of participants socio demographic characteristics is exposed on Table 1.

Table 1.

Sociodemographic Characteristics

		n	%			*n*	%
Schooling				Country of birth			
	2nd Cycle of Basic Education	4	1,8%		Portugal	94	41,6%
	3rd Cycle of Basic Education	14	6,2%		Angola	28	12,4%
	Secondary Education and Level IV Professional Education	53	23,5%		Brazil	10	4,4%
	Bachelor's Degree or Higher	100	44,2%		São Tomé e Príncipe	9	4%
	No answer	55	24,3%		Guinea-Bissau	8	3,5%
Current Income					Cape Verde	6	2,7%
	Current income allows you to live comfortably	45	19,9%		Mozambique	5	2,2%
	Current income is enough to live on	82	36,3%		South Africa	2	0,9%
	It is hard to live on your current income	36	15,9%		France	2	0,9%
	It is very hard to live on your current income	8	3,5%		Senegal	2	0,9%
	No answer	55	24,3%		Spain	1	0,4%
Legal situation in the country					Nigeria	1	0,4%
	Citizenship	117	51,8%		USA	1	0,4%
	Temporary residence permit	26	11,5%		No answer	56	24,8%
	Permanent residence permit	10	4,4%				
	Rather not answer	10	4,4%				
	No answer	63	27,9%				

n = 226

Questionnaire and Procedure

This study was submitted and approved by the Institute of Social Sciences, University of Lisbon ethics commission prior to data collection (28/2021) (Appendix 1).

Participants on the convenience sample were recruited online, mostly through social media, and data was collected with Qualtrics platform. After reading and accepting the informed consent, participants answered the inclusion criteria. Those who responded accordingly started with the Colonial Mentality Scale (Appendix 2). Following that, the order of presentation was randomized,

with half of the participants answering the main dependent variable (Depression scale, Appendix 3) before and the other half after the other measures: the Family Resilience scale and the Collective Action measure (Appendix 4). Lastly, we asked questions of sociodemographic nature (Appendix 5). None of the answers were forced, so when a participant chose not to answer some question, they could still continue to the rest of the questionnaire.

We concluded with a debriefing, exposing information about the relationship between colonialism, luso-tropicalism, racial oppression and colonial mentality in Portugal (Appendix 6). We presented information about anti-racism sources in Portugal and shared mental health line contacts. At the end, participants were invited to apply for two lotteries of €25 each.

Colonial Mentality

The Colonial Mentality Scale – Ghana (Utsey et al., 2015) is a 24-item, 5 point rating scale varying from 1 = *Strongly disagree* to 5 = *Strongly agree*. For factor 1, *within-group discrimination*, we used items from the Filipino original scale (David & Okazaki, 2006), as they have greater fit with the Portuguese context. In the original scale the within-group discrimination is based on the comparison with newly arrived immigrants and in the Ghanian version they compare to ethnical groups within Ghana. The version used in this study was translated from English to Portuguese and back-translated by two bilingual translators and revised by a jury of other two bilingual translators. The Portuguese version was then submitted to two qualitative pretests in which the emotional charge of the items were highlighted, as well as a need to expose available mental health and anti-racist resources. These informations were included in our debriefing. The presentation order of the items within the scale were randomized. Being a first adaptation to the Portuguese context of the Colonial Mentality Scale, we conducted an exploratory factor analysis. Results revealed that the forced four-factor solution accounted for 54.05 % of the variance, with 23 items loading (factor loadings from .554 to .803) within the predicted theoretical structure. The indexes for four subscales were computed by averaging the items of each of the scales: (1) The *within-group discrimination* scale with two items (sample item: "In general, I do not associate with newly arrived African Immigrants", $r = .230$; $p < .001$); (2) The *physical characteristics* scale with ten items (sample item: "I find persons with lighter skin-tones to be more attractive than persons with dark skin tones", $\alpha = .882$; $\omega = .891$), (3) c*olonial debt* scale with five items (sample item: "Africans should feel privileged and honored that Europeans (Whites) had

contact with them", α = .776; ω = .806), and (4) *internalized cultural shame and inferiority* scale with six items (sample item: "There are situations where I feel ashamed of my ethnic/cultural background", α = .771; ω = .794) (for detailed information see Supplementary Materials).

Communication and problem solving within the Family

The Portuguese version (Sequeira & Vicente, 2019) of the Walsh Family Resilience Questionnaire (WFRQ; Walsh, 2015) is a 32-item self-reporting instrument with rating scales varying from 1= *Rarely/Never* to 5 = *Almost Always*. Factor 3 items on communication and problem solving (Sample item: "We can express many different emotions.") were included in this study to assess participants' perception of how their families actively deal with challenges and crisis situations, and higher scores represent higher perceptions of resilient communication and problem solving processes within the family. Items were randomly presented. The measurement presents appropriate fit indexes [CFI =.948; RMSEA = .092 (CI – 90% = .967–.117); SRMR = .041][1], and excellent internal consistency (α = .922 ; ω = .924), so a general Communication and Problem Solving Index was computed by averaging the ten items of the scale.

Collective Action

Participants' collective action participation was measured through three items from Meleady and Vermue (2019). After receiving information about the Black Lives Matter movement, participants were asked to indicate their support and willingness to participate in future in five point rating scales (sample item: "To what extent do you support or oppose these kinds of protests to support racial justice for Blacks?". Translation to Portuguese followed the original version as closely as possible through translation and back-translation strategies. The measurement presents appropriate fit indexes [CFI =1.00; RMSEA = .000 (CI 90% = .000–.000); SRMR = .000], and good internal consistency (α = .806 ; ω = .817). A Collective Action index was computed by averaging the three items of the scale.

[1]Comparative Fit Index (CFI); Root-Mean-Square Error of Approximation (RMSEA); Confidence Interval (CI); Standardized Root Mean Square Residual (SRMR) (Byrne, 2013).

Depression

The Brief Symptom Inventory (Derogatis, 1982; Portuguese version by Canavarro, 1999), is a self-reporting, nine subscales measure designed to assess psychopathological symptoms and psychological distress. We selected the 6-item depression subscale (sample item: "Feeling no interest in things"), which could be answered from 0 = *Not at all* to 5 = *Extremely*. The measurement presents appropriate fit indexes [CFI =.941; RMSEA = .142 (CI 90% = .102–.185); SRMR = .044], and good internal consistency (α = .886 ; ω = .887), and, as such, a Depression index was computed by averaging the six items of the scale.

Sociodemographic information

At the end of the questionnaire, participants also answered questions related to their sociodemographic characterization, as sex, age, country of birth and, if born out of Portugal: year of immigration, legal situation in the country, country of birth for both parents, perceived income and schooling.

Results

Preliminary Analyses

We first analyzed participants' levels of colonial mentality, family's communication and problem solving, Black Live Matter support and depression. Mean averages were relatively low for colonial mentality's within-group discrimination (M = 1.57; SD = .71), physical characteristics (M = 1.49; SD = .65), colonial debt (M = 1.37; SD = .56) and internalized cultural shame and inferiority (M = 1.41; SD = .52). Following the criteria proposed by both David & Okazaki (2006) and Utsey et al. (2015), we established a cutoff score of at least three mean scores to assess endorsement to colonial mentality's dimensions (in a scale where 3 = Neither agree nor disagree). In our sample of 226 participants, frequency analysis results indicated that 8.9% of participants did not disagree with items from the within-group discrimination dimension (n = 20), 3.5% endorsed items from both the physical characteristics and colonial debt dimension (n = 7), and 1.7% endorsed items from the internalized cultural shame and inferiority factor (n = 4). Both Family resilience's communication and problem solving (M = 3.48; SD = .85) and Black Lives

Matter support and engagement (M = 4.99600; SD = 1.06) presented high mean averages. Moreover, the average depression level of the participants was moderate (M = 2.51; SD = .94).

Table 2.

Correlations among colonial mentality factors, family resilience/resistance, collective action, and depression constructs

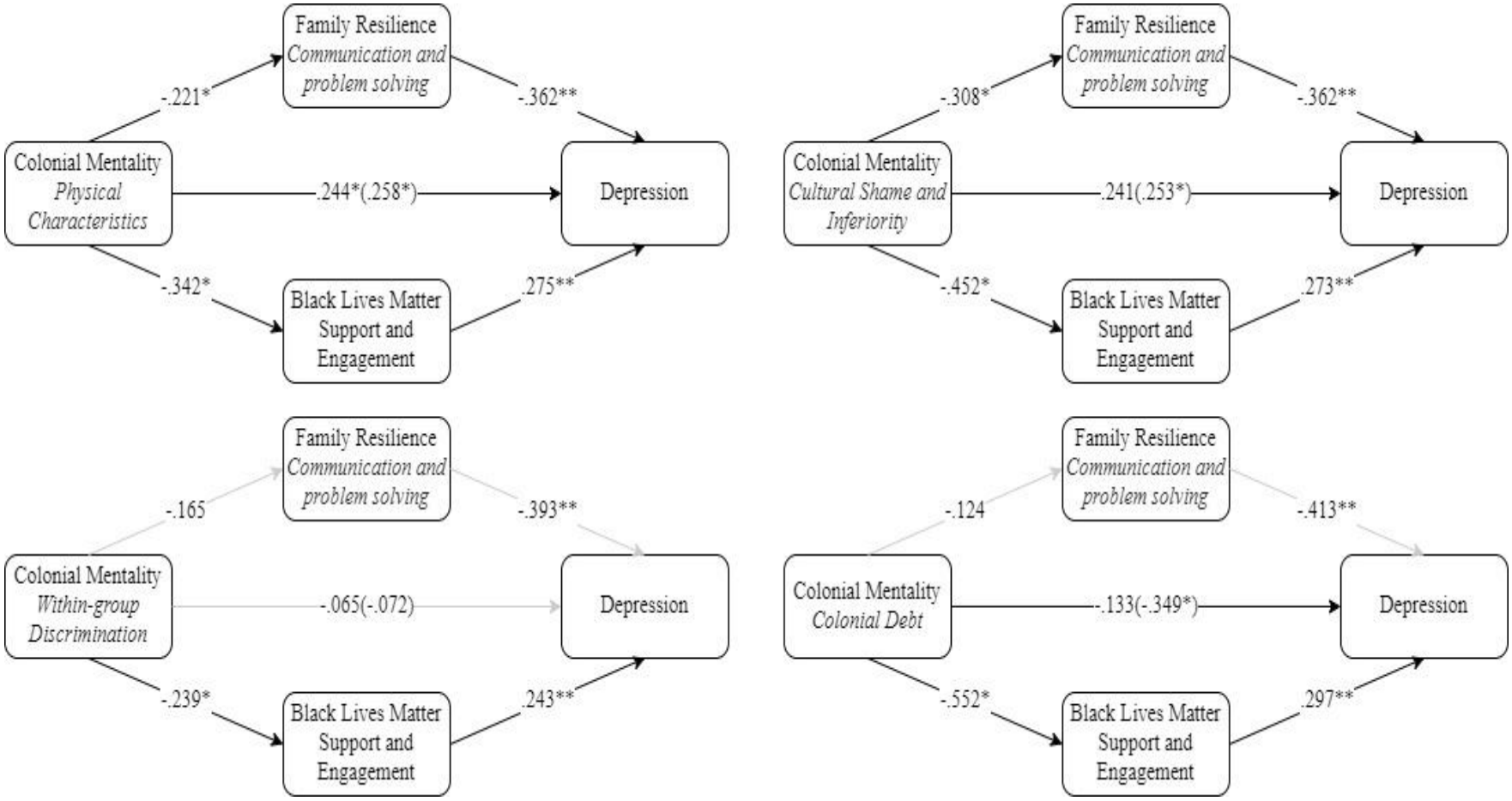
	1	2	3	4	5	6	7
1. CM - WD	-						
2. CM - PC	.250**	-					
3. CM - CD	.124	.395**	-				
4. CM - ICSI	.371**	.614**	.363**	-			
5. FR	-.154*	-.179*	.084	-.209**	-		
6. BLM	-.152*	-.207*	-.330**	-.217**	.097	-	
7. BSI	-.033	.154*	.042	.137†	-.329**	.274**	-

Note. **CM - WD**: Colonial Mentality Scale, within-group discrimination factor; **CM - PC**: Colonial Mentality Scale, physical characteristics factor; **CM - CD**: Colonial Mentality Scale, colonial debt factor; **CM - ICSI**: Colonial Mentality Scale, internalized cultural shame and inferiority factor; **FR**: Walsh Family Resilience Questionnaire, Communication / Problem solving factor; **BLM**: Black Lives Matter movement support and engagement; **BSI**: Brief Symptom Inventory, depression subscale. ** $p < .01$; * $p < .05$; † = .058.

We further explored the relationships between all factors of colonial mentality, family resilience's communication/problem solving dimension, Black Live Matter support engagement and depression (see Table 2). As hypothesized, results showed significant positive correlations between both colonial mentality's physical characteristics and internalized cultural shame and inferiority factors and depression. Family resilience's communication/problem solving factor was negatively associated with all dimensions of colonial mentality, except for colonial debt. Black Lives Matter support and engagement was negatively correlated with all dimensions of colonial

Figure 1.

Parallel mediation models, between Colonial Mentality and Depression.



Note. ** $p < .01$; * $p < .0$

mentality. Furthermore, as predicted, family resilience's communication/problem solving was negatively associated with depression. Unexpectedly, Black Lives Matter support and engagement was positively associated with depression.

Mediation Analyses

To examine the mediating role of family resilience and collective action in the relation between colonial mentality's dimensions and depression, four mediation models were built using PROCESS Macro (version 4.1) (Model 4; Hayes, 2022), with bootstrapping of 5000 simulations.

Results indicated that the relationship between colonial mentality's factor 2 (*physical characteristics*) and depression was mediated by both *family resilience's communication/problem solving* factor (indirect effect: b = .080; SE = .042; CI 95% = .003; .170) and *Black Lives Matter support* (indirect effect: b = -.094; SE = .045; CI 95% = -.188; -.012). In addition, the relationship between colonial mentality's factor 4 (*internalized cultural shame and inferiority*) and depression was also mediated by both family resilience's *communication/ problem solving* factor (indirect effect: b = .111; SE = .049; CI 95% = .018; .214) and Black Lives Matter support and engagement (indirect effect: b = -.123; SE = .058; CI 95% = -.252; -.027) (see Figure 1 and Appendix 7).

Concerning the other two colonial mentality factors, results showed an indirect effect on the association between factor 1 (*within-group discrimination*) and depression, through Black Lives Matter support and engagement (indirect effect: b = -.058; SE = .032; CI 95% = -.128; -.001), but no significant effect through family resilience's communication/problem solving factor (indirect effect: b = .065; SE = .044; CI 95% = -.014; .160). Likewise, the association between factor 3 (*colonial debt*) and depression, was mediated by Black Lives Matter support and engagement (indirect effect: b = -.164; SE = .056; CI 95% =-.279; -.058), but not by family resilience's communication/problem solving factor (indirect effect: b = -.051; SE = .054; CI 95% = -.167; .047) (see Figure 1).

Discussion

To our knowledge, this is the first quantitative approach to the study of *colonial mentality* in Portugal. When exploring internalized racism's effect on mental health, we found both *internalized cultural shame and inferiority* and *physical characteristics* factors of colonial mentality to be directly positively associated with depression. When testing our hypothetical

explanatory process for this association, results showed that this effect was mediated by family resilience's *communication/problem solving* dimension. We also found all factors of colonial mentality to be negatively associated to collective action, which was, in turn, surprisingly positively associated with depression.

Direct effects of colonial mentality

Our correlation results suggested a positive association between both the *internalized cultural shame and inferiority* and *physical characteristics* factors of colonial mentality with depression. These findings support our hypothesis and contribute to the literature highlighting colonial mentality's detrimental effect on mental health (David et al., 2019). However, we found only a tendentially significant association between the *within-group discrimination* with depression. This may be partially due to methodological variables, as a different loading of items within the same factor structure of the Colonial Mentality, transferred items related to feeling shame of recently arrived immigrants from the *within-group discrimination* factor to the *internalized cultural shame and inferiority* factor. Finally, the colonial debt factor was not correlated to depression, replicating the evidence previously describe with the Filipino sample (David & Okazaki, 2006).

Notwithstanding, these different relations between the colonial mentality factors and depression can also be interpreted according to a multi-level conceptualization of colonial mentality. To further understand the complexity of the colonial mentality construct (David & Okazaki, 2006), we refer to Doise's (1980) four levels of explanation in Psychology: the intra-personal, the inter-personal, the positional and the ideological. Building on this typology, both *internalized cultural shame and inferiority* and *physical characteristics* could be situated at the positional level, as they refer to intergroup manifestations of the phenomena, i.e., to how one perceives their group in comparison to other groups. *Within-group discrimination* could be situated at the inter-personal level of manifestation, where intragroup comparisons are salient, while *colonial debt* represents the ideological, or general beliefs level. According to this, only the intergroup level of manifestations were clearly associated with depression, an intra-individual outcome.

As expected, results also indicated a negative association between colonial mentality and the *communication/problem solving* dimension of family resilience. This corroborates the

hypothesis that colonial mentality may hinder one's capacity to nurture, value and perceive resilience within their Black families. Indeed, it clouds one's appreciation of both ingroup members, and cultural background, which is typically transmitted by the family (Minniear & Soliz, 2019). The exception that we see regarding the absence of association of the *colonial debt* factor with family resilience, might reflect this factor's positioning as a broader manifestation of *colonial mentality*. That is because the *colonial debt* factor represents a manifestation of *colonial mentality* that is more grounded on general belief and values associated with colonialism as a historical landmark, than it is on interpersonal relationships and on the personal experience of being Black.

Accordingly, *collective action*, a variable that could be placed on the intersection of interpersonal and societal levels, as it requires both group identification and sociopolitical activism, is negatively associated with all levels of *colonial mentality*. That is, as hypothesized, interiorizing this type of racial oppression seems to compromise individual's perception of injustice, affect one's appreciation of group efficacy, and hinder one's social identity construction, therefore reducing the probability of collective action support and engagement (Van Zomeren et al., 2008).

Indirect effects on mental health

We also argued that the effect of colonial mentality on mental health might be carried through the diminishment of mental health protective variables. The social cure theory suggests that the social identity that results from feeling of belonging to social groups works as a health resource and may buffer the effect of various external stressors on mental health (Wakefield et al., 2019; Jetten et al., 2017). However, it also highlights that the consequences of belonging to a certain group may be positive or negative depending on the group's characteristics and its social context (Jetten et al., 2017). In parallel, in the Social Identity Model of Resistance Dynamics, the first step towards resistance resides is the unified sense of shared social identities (Haslam & Reicher, 2012). However, when assessing group belonging resistance through the family dimension and collective action support and engagement, we found significant opposite effects on mental health.

On the one hand, family resilience had an important positive effect on mental health as its *communication and problem-solving* factor negatively associated with depression. In addition, the effects of both *physical characteristics* and *internalized cultural shame and inferiority* factors of

colonial mentality on depression were partially carried through decreased family *communication and problem-solving* factor. These findings are in line with the literature from both the social cure field and the family resilience field, as it substantiates the idea that it is a resource to identify and experience the belonging to a certain group (the family, in this case) (Sani, 2012), and that groups' resourcefulness to openly and positively withstand and rebound from life's struggles, is a powerful health promoting/protective resource (Walsh, 2016). Moreover, it highlights the role internalize racism has in limiting the access to family resilience.

On the other hand, in the second mediation path, collective action support and engagement was positively associated with depression. Hope et al. (2018) found similar effects when studying the role of political activism on the association between racial microaggressions and anxiety in Black college students. We found three hypothetical explanations for this ironic effect.

First, our collective action measure refers specifically to the support and engagement regarding the Black Lives Matter movement. The movement arose with the goal to discuss topics related to human rights, racism, white supremacy and police brutality following the murder of George Floyd, and rapidly gained momentum on social media. The decontextualized posting of unuseful content using the #BlackLivesMatter hashtag by White influencers and social media users, however, has been problematized by scholars and activists, who have framed it as performative allyship (Wellman, 2022). This type of professed support is argued to be harmful to the cause and as it is perceived as a strategy to maintain credibility with followers rather than to actually promote social change (Wellman, 2022). In parallel, Dwyer et. al. (2019) suggests that the psychological benefits of engaging in collective action can only be unlocked when participants truly identify with the cause and its vehicles. In sum, it is possible that the discussion around the credibility of the uninformed show of support for Black Lives Matter movement on social media reduced participant's identification to the movement, thereby narrowing the psychological benefits of collective action engagement.

Second, getting involved in collective action requires the perception of injustice (Van Zomeren et al., 2008), which is only possible by acquaintance with the social issues associated with the cause. When the cause, or the action in itself, is violent, the frequent exposure to contents that collective action engagement requires, can put activists at higher risk of developing depression symptoms and post-traumatic stress disorder (Ni et al., 2020). That risk can be intensified if there is frequent exposure to the action through television (Hisam et al., 2017) and, when the cause is

related to racial injustice, it is higher for the Black population than it is for the White population (Galovski et al., 2016). Therefore, it is possible that the violence of the police brutality episode that triggered the Black Lives Matter movement (and various other violent racist events against the Black population) and the frequency of exposure of related content through the media, had a detrimental effect on actively engaged participant's mental health.

Lastly, engaging in collective action also requires hope and a contextual circumstance that allows individuals to believe that a different (and fairer) future is possible (Cohen-Chen et al., 2015). When the social issue addressed is perceived as stable, which may happen with racism, as it is embedded on a systemic structure that is normative in most western societies (Jones, 2000), individuals might struggle to maintain that hope (Aubin & Fontaine-Boyte, 2016). Not only does hopelessness interfere in the faith on societal change, but it has also been historically linked to negative mental health outcomes, like depression (Liu, et al., 2015). In addition, in Strauss Swanson and Szymanski (2021) qualitative approach to the experiences of woman who were sexual assault survivors and involved in anti-sexual assault activism reported experiences of exhaustion and frustration with the lack of systemic change. That is, if the racial injustice scenario was not perceived as changeable by our participants, it is possible that the positive association between collective action and depression was carried through hopelessness.

In addition, future research should work on studying the impact of different variables within collective action dynamics on its effect on mental health. For example, Begeny and Huo (2017) have argued that in sexual and ethnic minorities, individuals who are more valued within the group will have the relevance of that group belonging in their sense of self intensified, and therefore be more sensitive to both positive and negative mental health consequences derived from that belonging. A review by Vestergren et al. (2016) also suggests that different types of protest and the level of success of the action might generate different psychological outcomes. Community and neighborhood level actions, for instance, in which goals are perceived as more attainable, might have better mental health outcomes.

As expected from the previously discussed correlation analysis, while the mediating effect of collective action on the association between colonial mentality and depression worked for all dimensions of colonial mentality, the same did not happen for family resilience/resistance. Only the paths from the intergroup dimensions of colonial mentality, *internalized cultural shame and inferiority* and *physical characteristics,* to depression were mediated by family resilience's

communication and problem-solving factor, as an interindividual variable. Surprisingly, *within-group discrimination*, the only dimension of colonial mentality that could be placed at the same interindividual level, did not significantly impact family resilience/resistance on our model. Future research should focus on strengthening this factor by addressing issues specifically related to the discrimination aspects of ingroup members, and distancing it from other related, but different aspects, not as ingroup shame.

Overall, these findings contribute to the literature that brings awareness to internalized racism's detrimental effect on mental health. It is innovative, however, as it proposes explanations on the psychological processes through which this effect is carried. From our understanding, by conceptualizing colonial mentality (and other forms of internalized racism) as an intrapersonal dimension of a societal structural phenomena (Utsey et al., 2015; Jones, 2000), only by bridging social and clinical psychology fields may we fully capture this issue's processes and consequences. Both resistance and group belonging, as we framed them, lie in this intersection. Black families who manage to withstand Portugal's dominant romanticized discourse about colonialism, holding out against colonial mentality, and therefore have enough room to foster resilient communication and collaborative problem-solving, are resisting. Likewise, collective action groups who organize around more overt manifestation to challenge institutional racism are resisting, but at a personal cost, nonetheless.

Limitations

As any other research, some key limitations deserve attention. First, our methodological approach limits our ability to infer causality or even to access the order of our variables in a temporal continuum. For example, it might be that individuals in more resilient families are less likely to internalize racism. However, it could be harder to argue that it is collective action that prevents a colonial mentality, especially after some causal evidence of the reverse pattern (Van Zomeren et al., 2008). Framing both family resilience and collective action as resistance and a health resource, the proposed causal directions of this model contribute to a simultaneously more integrative and parsimonious model. To further contribute to this argument, future research should study the evolution of colonial mentality with longitudinal methodologies.

Second, the questionnaire's length could have impacted participants' motivation to answer and cognitive tiredness. Future studies should refer to Item Response Theory to identify which

items best capture the latent trait of the *colonial mentality* in the Portuguese context and propose a shorter version of this questionnaire (Samejima, 1969).

Lastly, our convenience sample was not representative of Portugal's afro-descendant population. The low overall endorsement of colonial mentality on our convenience sample might reflect the high educational attainment and income levels of our participants. Considering the contrasting sociodemographic variables of this sample with data on the education attainment in Black population in Portugal (Roldão, 2015) it is possible that these low levels of colonial mentality are not representative of the overall population. We highlight, however, that Utsey et al. 's (2015) sample was also formed of college students. Future research should work on assessing more representative samples of lower income and lower education Black families.

Clinical implications

What our results mainly show is that internalizing racism interferes with different levels of individuals' resistance. Both collective action and family resilient communication and problem solving processes only have enough room to emerge or strengthen when colonial mentality is low.

In addition, they also yield that different forms of resistance may have opposite effects on mental health. Reicher (2004) noted that Tajfel's (1978) work focused on resistance not because he believed that it was the most likely outcome in the face of continued domination, but because understanding its processes could facilitate the occurrence of change. Building on this notion, this paper intended to propose explanations on the paths through which internalizing racism is harmful, in order to elucidate most adequate ways through which we can facilitate resistance as a positive coping mechanism. Systemic family therapy has recently put significant effort into the construction of a theoretical and clinical framework that supports practice within culturally diverse families (for a review see Miranda & Vieira-lopes, 2021). As such, the following clinical implications will be discussed within this field.

First, our findings reveal a need for mental health care professionals to be aware of this internalized dimension of racial oppression and its multifaceted manifestations' impact on mental health. As suggested by both Hollingsworth (2013) and Falicov (2014), clinically addressing Black families in western countries requires a "both-and" perspective. It is equally important to recognize the adversities they may have encountered as members of a racialized group (and its historical context), and to be conscient of the fact that the family's identity and strengths are distinct from

their experiences of oppression and marginalization. The relevance of maintaining this posture is intensified when White therapists encounter racialized families and individuals.

Second, our results on collective action's positive association to depression urges a call for mental health care professionals to be vigilant of activists well-being (Ni et al., 2020). All of the aforementioned explanations for this association could potentially be addressed within a clinical or community context. Collective action is an important motor of social change (Van Zomeren & Iyer, 2009) and has the potential to empower individual's social identity, which then translates into an important health resource (Drury et al., 2005; Haslam et al., 2018). As such, socially responsible practices should acknowledge the purpose within activism and collaborate with families and individuals in the construction of a pathway through which this engagement is sensed as a resource and a strength (Walsh, 2019).

Lastly, we found that while the family's resilient communication and collaborative problem-solving work as a health resource against depression, internalizing racism hinders an individual's capability to foster and/or perceive this resource. As such, working on strengthening family resilience from a colorblind framework (see Leyens & Vala, 2016) might not be clinically efficient. Our results suggest that in order for a resilience fostering approach with Black families in Portugal to be efficient, therapists should be aware of internalized racism's limiting power over it, and available to clinically address it with their patients.

Being conscient of the social and systemic structure that supports all forms of racism (Jones, 2000), we do not mean to infer that clinical work alone may be enough to tackle internalized racism. Rosales and Langhout (2019, p.3) advocate for the recognition and validation of "everyday resistance" when oppression only leaves "tight spaces" for those who live under it to resist (which could be the case of Black people in Luso-tropicalist Portugal). In an analogy to Maya Angelou's (1978) quote "You may write me down in history, with your bitter, twisted lies, you may trod me in the very dirt, but still, like dust, I'll rise.", we may imagine these forms of resistance – that are almost invisible from positions of White, European privilege- to be the very *dust* through which many families rise in the face of oppression. May this paper contribute to the spark that encourages us to acknowledge, legitimize and facilitate Black resistance in its many forms.

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Supplementary Material

Factor Analysis

Being a first adaptation to the Portuguese context of the Colonial Mentality Scale, we conducted an exploratory and not a confirmatory factor analysis. We used the Kaiser-Meyer-Olkin measure of sampling adequacy (KMO) and Bartlett's test of sphericity to determine if the sample was adequate for conducting this type of analysis. Results indicated that both the data´s KMO (.86) and Bartlett's test of sphericity ($p < .001$) were adequate (Pestana & Gageiro, 2014). Next, a Principal Component Analysis (PCA) (Kline, 2008) was conducted, using a Varimax rotation. Factor extraction was fixed at four factors to follow the original theoretical factor structure proposed by Utsey et al. (2015). Results showed that these four factors presented initial *eigenvalues* superior to 1, which indicates they should be retained.

Table 1.

Eigen values

Factor	Eigenvalue	% Of variance	Cumulative %
Physical characteristics	7.872	32.789	32.798
Internalized cultural shame and inferiority	2.244	9.348	42.146
Colonial debt	1.659	6.912	49.058
Within-group discrimination	1.197	4.989	54.047

Factor loadings were considered significant when they were equal or superior to 0.5, as those are responsible for at least 25% of the variance (Pestana & Gageiro, 2014).

Table 2.

Distribution of Items in the Colonial Mentality Scale

Items	1. Within-group discrimination	2. Physical characteristics	3. Colonial debt	4. Internalized cultural shame and inferiority
1. "In general, I do not associate with newly arrived African Immigrants." /	.764			

Items	1. Within-group discrimination	2. Physical characteristics	3. Colonial debt	4. Internalized cultural shame and inferiority
"Em geral, eu não me associo com imigrantes recém-chegados de países africanos." (-)				
9. "I generally do not like newly arrived African immigrants." / "Em geral, não gosto dos imigrantes recém-chegados de países africanos." (-)	.610			
2. "I find persons with lighter skin-tones to be more attractive than persons with dark skin tones." / "Eu acho as pessoas de pele mais clara mais atraentes do que as pessoas de pele mais escura."		.610		
6. "I do not want my children to be dark-skinned." / "Eu não quero que os meus filhos tenham pele escura."		.575		
10. "I generally think that a person that is part White and part African is more attractive than a full-blooded African." / "Eu geralmente acho que uma pessoa que é parte Branca e parte Negra é mais atraente do que uma pessoa Negra de pai e mãe."		.541		
12. "I would like to have a nose that is more bridged (like Whites) than the nose I have." / "Eu gostaria de ter um nariz mais fino (como o dos Brancos) do que o nariz que tenho." (+)		.532		
14. "I find persons who have bridged noses (like Whites) as more attractive than persons with wide African noses." / "Eu considero que as pessoas com o nariz fino (como os brancos) são mais atraentes que as pessoas com narizes largos, tipicamente negros."		.655		
16. "In general, I feel that being African is not as good as being White/ European/American." / "Em geral, eu sinto que ser Negro não é tão bom como ser Branco/Europeu." (+)		.749		

Items	1. Within-group discrimination	2. Physical characteristics	3. Colonial debt	4. Internalized cultural shame and inferiority
18. “I would like to have a skin-tone that is lighter than the skin-tone I have.” / “Eu gostava de ter uma cor de pele mais clara do que a que eu tenho.”		.618		
21. “I would like to have children with light skin-tones.” / “Eu gostava de ter filhos com uma cor de pele clara.”		.672		
23. “I do not want my children to have a flat African nose.” / “Eu não quero que os meus filhos tenham um nariz achatado, tipicamente Negro.”		.610		
24. “In general, I feel that being a person of my ethnic/cultural background is not as good as being White.” / “Em geral, eu sinto que ser uma pessoa com a minha herança étnica/cultural não é tão bom como ser Branco.” (+)		.730		
3. “Africans should feel privileged and honored that Europeans (Whites) had contact with them.” / “Os Negros deveriam sentir-se privilegiados e honrados pelos Europeus (Brancos) terem tido contacto com eles.”			.637	
7. “Europe and the United States are highly responsible for civilizing Africa and improving their ways of life.” / “A Europa é responsável por civilizar África e melhorar o seu modo de vida.”			.663	
8. “I think all Africans should become as Americanized as quickly as possible.” / “Eu acho que todos os negros se deviam tornar ocidentalizados o mais rápido possível.” (x)			.578	
11. “Africans should be thankful to Europe and the United States for transforming the African way of life into a white/European/American way			.751	

Items	1. Within-group discrimination	2. Physical characteristics	3. Colonial debt	4. Internalized cultural shame and inferiority
of life." / "Os Negros deveriam ser gratos à Europa por transformar o modo de vida Africano num modo de vida mais Branco/Europeu."				
15. "In general, Africans should be thankful and feel fortunate that Africa was once controlled by the Whites." / "Em geral, os negros deveriam sentir-se gratos e afortunados pelo facto de África ter sido colonizada pelos Brancos."			.822	
4. "There are situations where I feel ashamed of my ethnic/cultural background." / "Há situações em que me sinto envergonhado/a da minha herança étnica/cultural." (*)				.525
5. "In general, I am ashamed of newly arrived African immigrants because of the way they dress and act." / "Em geral, eu tenho vergonha de imigrantes recém-chegados de países africanos por causa da maneira como se vestem e se comportam." (-)				.601
13. "I think newly arrived African immigrants are backwards, don't speak good English, and act weird." / "Eu acho que os imigrantes recém-chegados de países africanos são subdesenvolvidos, não falam bem português e comportam-se de maneira estranha." (*)(-)				.771
17. "In general, I am ashamed of newly arrived African immigrants because of their inability to speak fluent, accent-free English." / "Em geral, tenho vergonha dos imigrantes recém-chegados de países africanos por causa da sua incapacidade de falar português fluentemente e sem pronúncia." (*)(-)				.694
20. "There are moments when I wish I was a member of an ethnic/cultural group that is different from my own."				.552

Items	1. Within-group discrimination	2. Physical characteristics	3. Colonial debt	4. Internalized cultural shame and inferiority
/ "Há momentos em que eu gostaria de ser membro de um grupo étnico/cultural diferente daquele a que pertenço."				
22. "In general, I feel ashamed of African culture and traditions." / "Em geral, eu sinto vergonha da cultura e das tradições africanas."				.526
19. "In general, I prefer to wear Western clothes (from Europe or America) than traditional African clothing." / "Em geral, eu prefiro vestir roupas ocidentais (provenientes da Europa) do que roupas tradicionais africanas."				

(*) Originally form Factor 1

(x) Originally from Factor 3

(+) Originally from Fator 4

(-) Item adapted from the original Filipino scale (David & Okazaki, 2006)

One item (number 19) did not load in any of the factors and therefore was eliminated and disconsidered in further analysis (see table 1). Results indicated a structure that is coherent with the original one, with a few exceptions: All items that referred to the feeling of shame (including items 4, 13 and 17 originally from factor 1) grouped in factor 4, and all items that referred to physical characteristics (including items 12, 16 and 24 from factor 4) grouped in factor 2, and all items that mentioned the western group (including item 8 originally from factor 4) in factor 3.

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Appendixes

Appendix 1. Ethics committee approval

U LISBOA | UNIVERSIDADE DE LISBOA

ICS INSTITUTO DE CIÊNCIAS SOCIAIS

PARECER 28/2021

A quem possa interessar,

A Comissão de Ética do Instituto de Ciências Sociais da Universidade de Lisboa reviu atentamente o pedido de parecer relativo a atividade de investigação a desenvolver pela investigadora do ICS Mariana Pires de Miranda, autora do pedido. A atividade de investigação consiste na implementação de dois inquéritos que pretendem mapear a internalização do racismo junto da população afrodescendente em Portugal, o papel do funcionamento familiar na sua transmissão e na proteção das consequências em termos de saúde mental, mas também de comportamento social mais geral.

O primeiro estudo consiste num inquérito que será aplicado online, através da plataforma Qualtrics, a residentes em Portugal com idades compreendidas entre os 13 e 24 anos de idade, e que autodescrevam a sua pertença étnico-racial como Negro/Português Negro/Afrodescendente/De origem Africana.
O segundo estudo consiste num inquérito por questionário que será aplicado pelos investigadores junto de famílias afrodescendentes, em particular díades constituídas por um filho (entre 13 e 24 anos) e um dos seus pais. A divulgação será feita através de redes informais e associações com trabalho comunitário.

A participação habilita a ganhar um de dois vouchers de 25€. A participação no estudo será totalmente voluntária, os participantes poderão interromper a sua colaboração a qualquer momento e mesmo que não respondam a todas as questões terão direito ao sorteio do voucher. Os participantes serão informados disto no consentimento informado.

O pedido de parecer a esta Comissão de Ética foi suscitado pelas seguintes questões:

1. Algumas perguntas (i.e., os itens da Colonial Mentality Scale) dos inquéritos podem ativar e/ou reforçar crenças depreciadoras dos participantes sobre si e sobre o seu grupo de pertença étnico-racial.
   Para lidar com esta questão, antes do fim do estudo serão esclarecidos os objetivos da investigação, justificados os motivos pelos quais se optou pela utilização de perguntas deste carácter e ressaltada a necessidade empírica de as colocar. Será ainda salientado o carácter estrutural do racismo e as consequências sociais e psicológicas da perpetuação do mesmo. Além disso, será realizado um pré-teste qualitativo junto de dois participantes afrodescendentes de forma a aferir a suscetibilidade ao questionário.
2. Algumas perguntas (i.e., os itens da Subescala de Depressão da Brief Symptom Inventory) pretendem acessar dimensões como a ideação suicida, e os sentimentos de desesperança e tristeza; consequentemente, a resposta ao questionário pode tornar esses pensamentos e emoções mais acessíveis ao participante.
   Para lidar com esta questão, no fim do estudo será disponibilizado um contacto de apoio à saúde mental que permita um encaminhamento adequado a participantes que eventualmente sintam essa necessidade. Além disso, a autora do pedido

salienta que o BSI é um instrumento de medida amplamente utilizado e considerado seguro no contexto empírico e clínico/institucional nacional e internacionalmente.

3. A identificação dos participantes como afrodescendentes é uma questão sensível. Para lidar com esta questão, são seguidas as recomendações e denominações do "Grupo de Trabalho Censos 2021 - Questões Étnico-Raciais". Assim, será introduzida uma pergunta inicial de resposta múltipla onde se pede ao participante que selecione a(s) opção(ões) que melhor descreve(m) a sua pertença e/ou origem; serão incluídos nos estudios todos os participantes que selecionem a opção "Negro/Português Negro/Afrodescendente/De origem africana", mesmo que selecionem outros grupos e independentemente de qualquer avaliação externa dos investigadores sobre a sua categorização social.
4. A idade dos participantes.
   Para lidar com esta questão, a recolha será feita apenas para participantes a partir dos 13 anos, uma vez que é a idade mínima para consentimento informado do próprio participante, sem o consentimento também dos tutores legais
5. Proteção de dados.
   Para a recolha do primeiro estudo (online), será utilizado um link anónimo. Além disso, será utilizada a opção "anonymize responses", o que faz com que o endereço IP e a geolocalização não sejam registadas. Ficará apenas registado o responseID, uma identificação que o Qualtrics utiliza para registar a resposta dos dados, sendo este apenas disponibilizado como uma referência e não sendo habitualmente utilizado na análise de dados.
   O questionário do segundo estudo, não inclui o registo de qualquer informação pessoal. Haverá apenas espaço para um código que permita o emparelhamento das díades, mas que em si não constitui informação que permita a identificação dos participantes.
   Os participantes que tiverem interesse em participar no sorteio dos vouchers serão re-direcionados para um novo link onde lhes será pedido para submeterem informação de contacto por email. A forma de armazenamento de dados será a mesma do indicado face aos dados do estudo principal. Um mês após a realização do sorteio a informação será totalmente eliminada.
   Dado que os dois estudos não recolhem informações pessoais, é impossível identificar qualquer participante individualmente e assim apagar seletivamente os seus dados. Esta informação consta do consentimento informado apresentado antes do início do estudo.

Em conclusão, baseando-se nas informações fornecidas pela autora do pedido e especificando que não teve acesso a todo o conteúdo do questionário, esta Comissão de Ética considera que, estão criadas as condições para serem respeitados os requisitos éticos de acordo com a legislação nacional e europeia.

Lisboa, 07 janeiro 2022

Roberto Pannico

(pela Comissão)

Appendix 2. Colonial Mentality Scale

[Escala de Mentalidade Colonial adaptada e traduzida por Ribas & Miranda (2021) da versão para Jovens no Gana de Utsey et al. (2014) e para Filipino-Americanos de David & Okazaki (2006)]

De seguida vai encontrar um conjunto de afirmações sobre as quais deve expressar o quanto concorda ou discorda com cada uma delas. Não há respostas certas ou erradas, o que importa é a sua opinião pessoal.

	Discordo muito	Discordo	Não concordo nem discordo	Concordo	Concordo muito
1. Em geral, eu não me associo com imigrantes recém-chegados de países africanos.	1	2	3	4	5
2. Eu acho as pessoas de pele mais clara mais atraentes do que as pessoas de pele mais escura.	1	2	3	4	5
3. Os Negros deveriam sentir-se privilegiados e honrados pelos Europeus (Brancos) terem tido contacto com eles.	1	2	3	4	5
4. Há situações em que me sinto envergonhado/a da minha herança étnica/cultural.	1	2	3	4	5
5. Em geral, eu tenho vergonha de imigrantes recém-chegados de países africanos por causa da maneira como se vestem e se comportam.	1	2	3	4	5
6. Eu não quero que os meus filhos tenham pele escura.	1	2	3	4	5
7. A Europa é responsável por civilizar África e melhorar o seu modo de vida.	1	2	3	4	5

8. Eu acho que todos os negros se deviam tornar ocidentalizados o mais rápido possível.	1	2	3	4	5
9. Em geral, não gosto dos imigrantes recém-chegados de países africanos.	1	2	3	4	5
10. Eu geralmente acho que uma pessoa que é parte Branca e parte Negra é mais atraente do que uma pessoa Negra de pai e mãe.	1	2	3	4	5
11. Os Negros deveriam ser gratos à Europa por transformar o modo de vida Africano num modo de vida mais Branco/Europeu.	1	2	3	4	5
12. Eu gostaria de ter um nariz mais fino (como o dos Brancos) do que o nariz que tenho.	1	2	3	4	5
13. Eu acho que os imigrantes recém-chegados de países africanos são subdesenvolvidos, não falam bem português e comportam-se de maneira estranha.	1	2	3	4	5
14. Eu considero que as pessoas com o nariz fino (como os brancos) são mais atraentes que as pessoas com narizes largos, tipicamente negros.	1	2	3	4	5
15. Em geral, os negros deveriam sentir-se gratos e afortunados pelo facto de África ter sido colonizada pelos Brancos.	1	2	3	4	5
16. Em geral, eu sinto que ser Negro não é tão bom como ser Branco/Europeu.	1	2	3	4	5
17. Em geral, tenho vergonha dos imigrantes recém-chegados de países africanos por causa da	1	2	3	4	5

sua incapacidade de falar português fluentemente e sem pronúncia.					
18. Eu gostava de ter uma cor de pele mais clara do que a que eu tenho.	1	2	3	4	5
19. Em geral, eu prefiro vestir roupas ocidentais (provenientes da Europa) do que roupas tradicionais africanas.	1	2	3	4	5
20. Há momentos em que eu gostaria de ser membro de um grupo étnico/cultural diferente daquele a que pertenço.	1	2	3	4	5
21. Eu gostava de ter filhos com uma cor de pele clara.	1	2	3	4	5
22. Em geral, eu sinto vergonha da cultura e das tradições africanas.	1	2	3	4	5
23. Eu não quero que os meus filhos tenham um nariz achatado, tipicamente Negro.	1	2	3	4	5
24. Em geral, eu sinto que ser uma pessoa com a minha herança étnica/cultural não é tão bom como ser Branco.	1	2	3	4	5

Appendix 3. BSI – Depression subscale

[Escala traduzida por M.C. Canavarro (1995) de L.R Derogatis (1993)]

A seguir encontra-se uma lista de problemas ou sintomas que por vezes as pessoas apresentam. Assinale a opção que melhor descreve o grau em que cada problema o incomodou durante a última semana.

	Nunca	Poucas vezes	Algumas vezes	Muitas vezes	Muitíssimas vezes
1. Pensamentos de acabar com a vida	1	2	3	4	5
2. Sentir-se sozinho	1	2	3	4	5
3. Sentir-se triste	1	2	3	4	5
4. Não ter interesse por nada	1	2	3	4	5
5. Sentir-se sem esperança perante o futuro	1	2	3	4	5
6. Sentir que não tem valor	1	2	3	4	5

Appendix 4. Black Lives Matter support and engagement measure

[Itens retirados de Meleady & Vermue (2019)]

O Black Lives Matter é um movimento que visa erradicar a supremacia branca, intervindo em situações de violência infligida contra pessoas e/ou comunidades negras/afrodescendentes. Responda as questões a seguir acerca deste movimento e dos protestos associados ao mesmo.

	Oponho-me fortemente				Apoio fortemente
1. Em que medida apoia ou se opõe a esses tipos de protestos que promovem a justiça racial para pessoas Negras/ Afrodescendentes?	1	2	3	4	5
	Nunca	Pelo menos uma vez	Duas ou três vezes	Quatro ou cinco vezes	Mais de 5 vezes
2. Quantas vezes já demonstrou apoio a este tipo de protestos nas redes sociais (eg. Facebook, Instagram,...)	1	2	3	4	5
	Muito pouco provável				Muito provável
3. Qual é a probabilidade de participar deste tipo de protestos no futuro?	1	2	3	4	5

Appendix 5. Sociodemographic Questionnaire

Sexo:	1. Feminino	2. Masculino	3. Outro		
Idade:					
Escolaridade:	1. 1º Ciclo do Ensino Básico (4º ano)	1. 2º Ciclo do Ensino Básico (6º ano)	3. 3º Ciclo do Ensino Básico (9º ano)	4. Ensino Secundário (12º ano) ou Ensino Profissional de (nível IV)	5. Licenciatura ou superior
Qual das seguintes descrições se aproxima mais do que sente relativamente ao rendimento atual das pessoas que vivem na sua casa?	1. O rendimento atual permite viver confortavelmente	2. O rendimento atual dá para viver	3. É difícil viver com o rendimento atual	4. É muito difícil viver com o rendimento atual	
País de nascimento:	1. Portugal	2. Outro. Qual?			
Se nasceu fora de Portugal, há quantos anos imigrou?					
País de nascimento do pai:	1. Portugal	2. Outro. Qual?			
País de nascimento da mãe:	1. Portugal	2. Outro. Qual?			
Situação no país:	1. Sem autorização de residência	2. Com autorização de residência temporária	3. Com autorização de residência permanente	4. Com cidadania	5. Outro. Qual?

Appendix 6. Debriefing

Muito obrigado pela sua colaboração!

Com a sua participação está a contribuir para o conhecimento científico no campo da Psicologia. Agora vamos dar-lhe mais informação sobre o estudo.

Estudar o Racismo e o Colonialismo

O racismo e a opressão racial continuam a ser uma das principais bases da estrutura social que promove a desigualdade no acesso a bens, serviços e oportunidades. No contexto português, uma das formas de perpetuação e legitimação desta opressão é a visão enviesada do colonialismo, através do luso-tropicalismo. As consequências e reflexos desse sistema que privilegia a supremacia branca são expressos tanto a nível estrutural, quanto interpessoal e internalizado (Jones, 2000). As frases deste questionário buscaram representar expressões extremas de racismo, tendo em conta que o objetivo do presente estudo foi compreender as consequências negativas deste processo de internalização das crenças coloniais e racistas ao nível da saúde mental de pessoas Negras em Portugal.
Para maior conhecimento sobre o anti-racismo em Portugal, pode consultar as seguintes associações:

- A SOS Racismo luta pela construção de uma infra-estrutura de apoio a populações imigrantes e grupos etnicizados. Para denúncias e/ou pedidos de ajuda, contacte através do e-mail: sosracismo@gmail.com ou do site: https://www.sosracismo.pt/contactos
- O Lado Negro da Força (@oladonegrodaforca2019)
  DJASS - Associação de Afrodescendente
- Afrolink
- Lugar de Fala Lisboa (@lugardefalaLisboa) Afrolis Associação Cultural
- INMUNE - Instituto da Mulher Negra em Portugal (@inmune.portugal)
- FEMAFRO - Associação de Mulheres Negras, Africanas e Afro-descendentes em Portugal

Saúde Mental

Foram abordadas algumas questões relativas a saúde mental e ao suicídio. Se sente que precisa de ajuda, contacte o seu médico de família ou o Aparece – Saúde jovem, que fornece diversas respostas a diferentes problemáticas da adolescência e da juventude através do telefone: 217 211 883.

Se está a pensar muito seriamente em suicídio, o mais importante é FALAR COM ALGUÉM. Não tente resolver o problema sozinho(a). Não hesite em PEDIR AJUDA agora mesmo. Contacte com alguém.

Linha de Saúde Pública: 707 308 283

SOS Voz Amiga – atendimento das 16:00 às 00:00: 800 209 899

Telefone da Amizade – todos os dias das 16:00 às 23:00: 22 832 35 35

Appendix 7. Parallel regression tables

Table 1

Parallel regression model for colonial mentality's physical characteristic factor impact on depression

Path	Effect	Boot-LLCI	Boot-ULCI	SE	T	P-Value
Direct effects						
CM2- BSI	.258	.050	.466	.105	2.452	.015
CM2 - FR	-.221	-.427	-.014	.105	-2.109	.036
CM2 - CA	-.342	-.588	-.097	.124	-2.754	.007
FR - BSI	-.362	-.514	-.210	.077	-4.699	.000
CA - BSI	.275	.147	.403	.065	4.251	.000
Indirect effects						
CM2 - FR - BSI	.080	.003	.170	.042		
CM2 - CA - BSI	-.094	-.188	-.012	.045		

Note. **CM 2 -** *Physical characteristics* factor of CMS, **BSI** – Depression, **FR** - Family resilience/ resistance, **CA** - Collective action.

Table 2

Parallel regression model for colonial mentality's internalized cultural shame and inferiority factor impact on depression

Path	Effect	Boot-LLCI	Boot-ULCI	SE	T	P-Value
Direct effects						
CM4- BSI	.254	.005	.502	.126	2.013	.046
CM4 - FR	-.308	-.550	-.067	.122	-2.522	.013
CM4 - CA	.452	-.738	-.165	.145	-3.111	.002
FR - BSI	-.362	-.515	-.208	.078	-4.647	.000
CA - BSI	.273	.144	.403	.066	4.169	.000
Indirect effects						
CM4 - FR - BSI	.111	.018	.214	.049		
CM4 - CA - BSI	-.123	-.252	-.027	.058		

Note. **CM 4 -** *Internalized cultural shame and inferiority* factor of CMS, **BSI** – Depression, **FR** - Family resilience/ resistance, **CA** - Collective action.

Table 3

Parallel regression model for colonial mentality's Within-group discrimination factor impact on depression.

Path	Effect	Boot-LLCI	Boot-ULCI	SE	T	P-Value
Direct effects						
CM1- BSI	-.072	-.256	.112	.093	-.771	.442
CM1 - FR	-.165	-.346	.016	.092	-1.797	.074
CM1 - CA	-.239	-.456	-.022	.110	-2.174	.031
FR - BSI	-.393	-.548	-.238	.078	-5.009	.000
CA - BSI	.244	.114	.373	.066	3.713	.000
Indirect effects						
CM1 - FR - BSI	.065	-.014	. 160	.044		
CM1 - CA - BSI	-.058	-.128	-.001	.032		

Note. **CM 1 -** *Within-group discrimination* factor of CMS, **BSI** – Depression, **FR** - Family resilience/ resistance, **CA** - Collective action.

Table 4

Parallel regression model for colonial mentality's colonial debt factor impact on depression.

Path	Effect	Boot-LLCI	Boot-ULCI	SE	T	P-Value
Direct effects						
CM3- BSI	.349	.098	.600	.127	2.747	.007
CM3 - FR	.124	-.125	.374	.126	.985	.326
CM3 - CA	-.552	-.840	-.265	.146	-3.795	.000
FR - BSI	-.412	-.563	-.262	.076	-5.415	.000
CA - BSI	.297	.166	.428	.066	4.492	.000
Indirect effects						
CM3 - FR - BSI	-.051	-.167	.047	.054		
CM3 - CA - BSI	-.164	-.279	-.058	.056		

Note. **CM 3 -** *colonial debt* factor of CMS, **BSI** – Depression, **FR** - Family resilience/ resistance, **CA** - Collective action.