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ACCEPTANCE

This dissertation, CONSTRUCT VALIDATION OF INTERNALIZED RACIAL OPPRESSION SCALE, by TAMBA-KUII MASAI BAILEY, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree Doctor of Philosophy in the College of Education, Georgia State University.

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ABSTRACT

CONSTRUCT VALIDATION OF THE INTERNALIZED
RACIAL OPPRESSION SCALE
by
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Racism has been identified as a profoundly traumatic and a psychologically damaging experience affecting Black people (Harrell, 2000; White & Parham, 1990; Williams & Williams-Morris, 2000). It has been theorized that one of the most devastating effects racial oppression (i.e. racism and discrimination) is the internalization of that oppression (Bailey, Chung, Williams, & Singh, 2006; Speight, 2007). Speight (2007) argued that an understanding of racism would be incomplete without considering how it is internalized. Internalized racial oppression is the process through which Black people consciously and unconsciously internalize and accept the dominant White culture's oppressive actions and beliefs towards Black people, while at the same time rejecting an African worldview and cultural motifs (Bailey, Chung, Williams, & Singh, 2006). Internalized racial oppression is believed to adversely affect the psychological health of Black people. This study examined the construct validity of the Internalized Racial Oppression Scale (IROS; Bailey et al., 2006) through the use of confirmatory factor analysis and social desirability. Additionally, this study investigated internalized racial oppression as a predictor of the endogenous factors of Psychological Distress, Psychological Well-Being, Personal Self-Esteem, Collective Self-esteem, and Life Satisfaction through the use of latent variable path analysis. It was hypothesized that,

similar to racial oppression; greater levels of internalized racial oppression will predict greater psychological distress, lower psychological well-being, lower personal self-esteem, lower collective self-esteem, and lower satisfaction with life among Black college students. Three hundred seventy Black students (Cohort 1 = 102, Cohort 2 = 268) participated in this study. Cohort 1 consisted of students recruited from a predominately White university in the Southeastern region of the United States. Cohort 2 consisted of a national sample of students. Participants from Cohort 1 completed a pencil and paper survey, while the participants from Cohort 2 completed a survey via online. The results supported the factorial structure of the IROS. Further, the results found that the IROS was a predictor of psychological distress, psychological well-being, collective self-esteem, and satisfaction with life. Implications for research and practice are discussed.

CONSTRUCT VALIDATION OF THE INTERNALIZED RACIAL OPPRESSION SCALE

by
Tamba-Kuii M. Bailey

A Dissertation

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Doctor of Philosophy
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in
the Department of Counseling and Psychological Services
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the College of Education
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Atlanta, GA
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ABBREVIATIONS

CFA	Confirmatory Factor Analysis
CFI	Comparative Fit Index
CSES	Collective Self-Esteem Scale
E	Error
IROS	Internalized Racial Oppression Scale
MCSDS	Marlowe-Crowne Social desirability Scale
MHI	Mental Health Index
NFI	Normed Fit Index
RMSEA	Root Mean Square Error of Approximation
RSES	Rosenberg Self-Esteem Scale
SE	Standard Error
SWLS	Satisfaction with Life Scale

CHAPTER 1

RACIAL OPPRESSION, INTERNALIZED RACIAL OPPRESSION, AND MENTAL HEALTH

Introduction

Baldwin (1963), in his efforts to capture the experiences of Black people living in the U.S., professed that before children have the ability to talk, they are aware of the oppressive forces working against Black people and keeping them from attaining their goals and fully participating in all of the opportunities of society. This oppressiveness has long been based on color and has resulted in unequal status, power, resources, and opportunity. It is this unnatural experience of racial oppression that stimulates unnatural responses and behaviors by many Black people (Akbar, 1981). Additionally, it is believed that the cause and occurrence of many of the unnatural responses and actions found within the Black community are directly related to the historical, social, and political status of being victimized by a racially oppressive society (Akbar). Based on this understanding of oppression and the unnatural responses to this experience, it is important to fully understand the effects of racial oppression and how this oppression is internalized within the Black community. The goal of this paper is to discuss internalized racial oppression experienced by Black people, as a product of racial oppression, and to discuss research and counseling implications associated with this phenomenon.

The history of racial oppression against Black people parallels that of the history of the U.S. From 1619 to 1863, almost all of the Black people living in the United States

were part of the enslavement process. This system of slavery, which lasted for more than 240 years, forced Black people into a position of powerlessness, inferiority, and learned helplessness. It has been estimated that between fifty to one hundred million Black people died as a result of this holocaust of African enslavement (Karenga, 1993). Du Bois (1935) estimated an even higher number of lives lost throughout the world as a result of the enslavement of African people. This system of slavery was followed by Black Codes, Jim Crow, and legal segregation that lasted until several judicial and legal actions were carried out during the 1950's and 1960's. Prior to the end of these legal forms of racial oppression, Black people were frequently the victims of physical and mental violence, blatant discrimination, prejudice, and a continual atmosphere of racial hatred (Feagin & Sikes, 1994). Even with laws in place that have been established to protect Black people from acts of racism and discrimination, Black people continue to experience racial oppression.

Review of the Literature

Racial oppression is an overarching concept that encompasses all forms of intolerance, discrimination, hatred, and oppression that is based on the racial classification of people. As such, racism and racial prejudice are forms of racial oppression that represent aspects of this concept. Racism is a system of dominance, power, and privilege created from racial classification, which is deeply rooted in the oppression of a racial group that has been perceived as being inferior, deviant, or undesirable by dominant group members (Harrell, 2000). This system of dominance is maintained and replicated through many of institutions within society such as cultural, legal, religious, and educational settings (Feagin & Sikes, 1994). Racism has been

experienced in several forms which include blatant and more obvious actions as well as more subtle and covert forms of discrimination (Feagin & Sikes; Fernando, 1983). Additionally, although some behaviors that appear as clear-cut examples of racism, there are other behaviors that are less obvious and less apparent where individual judgment would determine if the behavior is racist (Fischer & Shaw, 1999). This would suggest a more complex and subjective interpretation of racism and racially oppressive behaviors. It appears that the perception of racism and racial oppression as experienced by the individual are the most important. Several studies have found that Black people are discriminated against, a component of racism, in various aspects of life ranging from interpersonal experiences to discrimination in housing, education, health care, and other social services (Landrine & Klonoff, 1996). Forms of discrimination within these different aspects include racist name-calling, discrimination in professional settings, discrimination from strangers, discrimination by institutions such as banks, schools, and hospitals with decisions on loans, admittance, or normal services. These discriminatory actions are believed to have undoubtedly negative consequences on the physical and mental health of Black people (Landrine & Klonoff).

Racial Oppression

Drawing on literature, the primary components of racial oppression are (a) the existence of a power differential; (b) the existence of individual and institutional racism; (c) the value placed on phenotypic differences (e.g., skin color) that are more White/European in appearance; (d) the existence of negative stereotypes about the oppressed group (Akbar, 1996; Cokely, 2002; Sue, 2003); (e) the denial of the worldview and cultural contributions of the oppressed group (Clarke, 1991; Dubois, 1947); (f) the

assumed universality of an Eurocentric worldview; (g) continual social reinforcement of Eurocentric values, while marginalizing other non-Eurocentric worldviews (Clarke); (h) the assumed inferiority of the oppressed group (Akbar; Clarke); and (i) the process of "Scientific Colonialism" (Nobles, 1986, p.19). Many of these components of racial oppression are acted out on a conscious and unconscious level by the dominate group (Nobles).

There have been many researchers who have investigated the effects of racism and oppression on Black people (Akbar, 1996; Clarke, 1991; Clark & Clark, 1947; Fanon, 1963; Hilliard, 1997; Nobles, 1986; Rollock & Gordon, 2000; White & Parham, 1990). In gaining a greater understanding of the effects of racism and racial oppression, many researchers have found these experiences play a significant role in the physical and psychological well-being of Black people (Krieger, 1990; Williams & Williams-Morris, 2000). Williams, Neighbors, and Jackson (2003) reported a positive relationship between the experiences of racism and psychological distress.

Harrell (2000) suggested six types of racism related stress: racism-related life events, vicarious racism experiences, daily racism microstressors, chronic-contextual stress, collective experiences of racism, and transgenerational transmission of group trauma. Racism-related life events refer to those stressors in one's life experiences that are relatively time-limited, but have the ability to lead to other events or have a long lasting effect on the individual. These experiences are believed to occur infrequently in individuals' lives. However, Harrell suggested these racism-related life events can occur across a variety of life domains such as in the community, at work, in educational settings, law enforcement/ legal interactions, health care environments, and social

interactions. Vicarious racism is an experience of prejudice and discrimination that happens to members of one's family or friends, but becomes a distressing experience for the person not directly involved in the incident. These experiences create anxiety, sadness, and a heighten sense of danger and vulnerability. Daily racism microstressors, similar to Pierce and Mahalik (2005) and Sue's (2003) concept of microaggressions, consists of subtle, innocuous and often unconscious degradations and putdowns. These experiences add the chronic stressors that many Black people experience on a daily basis. This chronic-contextual stress reflects the effects of social, political, and institutional racism on social-role demands and the ability to cope and adapt to the environment. Collective experiences represent the consequences of racism that is experienced at the group level and involves the perceptions of its effects on multiple members of the same racial group (Harrell). Finally, transgenerational transmission is an experience of historical events that shape the race-related family and community anecdotes that are passed down from generation to generation.

The psychological effects of racial oppression can have a lasting and profound impact on the experiences of Black people and on their mental health, which may be expressed as "anger, fear, resentment, or bitterness" (White & Parham, 1990, p. 46). Hilliard (1997) described the effects of oppression as being disruptive to the social and cultural institutions of African people, thus leaving African people confused, disorientated, and possibly experiencing mental health disorders (Akbar, 1981; Kambon, 1996). In addition to these psychological effects of racial oppression, one of the most detrimental effects of racial oppression may be internalized racial oppression (Bailey, Chung, Williams, & Singh, 2006). Speight (2007) argued that "any understanding of the

psychological effects of racism would be incomplete without a consideration of internalized racism" (p.129). Unfortunately, a limited amount of research has examined the internalization of racial oppression, thus impeding any in-depth understanding of internalized racial oppression and its effect on various aspects of mental health.

Internalized Racial Oppression

As a way of maintaining a system of racial oppression, there must be a psychological component that is self-perpetuating (Wilson, 1993), and internalized by the oppressed group. It is this system of internalized oppression that eliminates the dominate White culture's need to explicitly impose disempowerment or oppression on the oppressed group. This system serves as an internalized oppressive force that the oppressed group enforces upon itself (Poupart, 2003). Lipsky (as cited in Parmer, Smith Arnold, Natt, & Janson, 2004) defined internalized oppression as the "turning upon ourselves, upon our families, and upon our own people the distress patterns that result from the racism and oppression of the majority society" (p. 232). Similarly, Padilla (1999), while discussing internalized racial oppression experienced by Latino people, stated that internalized oppression is part of a devastating force that causes the marginalized group to turn upon itself without realizing this behavior. Since oppression is experienced as an individual and by the group, it is believed that this phenomenon is internalized by the individual as well as by group members (Padilla).

Another aspect of this internalization process is the acceptance of negative stereotypes (Padilla, 1999), which aid in the willingness to accept a notion of inferiority from the White majority and White Supremacists ideology. Also, Black people have been bombarded with negative perceptions of their skin color, facial features, hair textures, and

body type that convey a physically undesirable appearance, thus enforcing a notion of inferiority (Parmer et al., 2004). Similar to Harrell's (2000) concept of transgenerational transmission of racial oppression, it is believed that internalized oppressive behaviors have become so in grained into the identities of many Black families that these behaviors are transmitted across generations (Parmer et al.). This intergenerational transmission of oppressive behaviors seems to perpetuate the cycle of internalized oppression.

Finally, it is important to realize that internalized racial oppression exists on a continuum and not in an "either/or" state. People found in a racially oppressed group may encounter varying levels and degrees of oppression as a function of their exposure to oppression, dehumanization, and marginalization by the dominate White culture (Poupart, 2003). This suggests that individuals within these oppressed groups will have different degrees of internalized racial oppression.

Based on literature's conceptualizations of racial oppression and internalized oppression, internalized racial oppression is defined as:

> the process through which Black people have consciously and unconsciously internalized and accepted the dominant White culture's oppressive actions and beliefs towards Black people, while simultaneously rejecting the African worldview and cultural motifs. Black people experiencing internalized racial oppression will then replicate this same internalized oppressiveness, through patterns of distressed beliefs and behaviors, towards people they perceive to be of the same racial classification as themselves (Bailey et al., 2006).

To further articulate the actual behaviors and beliefs of individuals experiencing internalized racial oppression, five dimensions were identified from the literature (Bailey

et al.). The five dimensions are (a) internalization of stereotypes, (b) self-destructive behaviors, (c) devaluation of the African worldview and motifs, (d) belief in the biased representation of history, and (e) alteration of physical appearance. These dimensions are discussed below.

Internalization of stereotypes, based on Taylor and Grundy's (1996) work, is the believing of negative stereotypes about Black people. Internalized racialism is believed to affect the oppressed group in two different ways (Bailey et al., 2006). First, negative stereotypes about the Black people promote and foster the acceptance of a notion of inferiority towards the White majority. These stereotypes have the ability of becoming permanently engrained in the oppressed group's perceptions of itself (Cokley, 2002). Black people may accept these stereotypes as intrinsic and are less likely to challenge their veracity. The second component of internalized racialism represents any type of negative or exclusionary behaviors that Black people exhibit towards other people within the same oppressed racial group as a result of accepting and believing many of the negative stereotypes about their group (Cokley).

Self-destructive behaviors, based on Akbar's (1981) concept of the self-destructive disorder, represent any behaviors that are destructive to the functioning and survival of the individual and the community of Black people. It is believed that drug and alcohol abuse, as well as suicide are, in part, a result of internalized oppression (BraveHeart & Debruyn as cited in Poupart, 2003). Similarly, Akbar stated that substance abuse allows for the escape from the painful realities of oppression, irrespective of the harm and destruction caused by its use. These self-destructive behaviors are viewed as expressions of the hurt, anger, and anxiety associated with internalized oppression

(BraveHeart & Debruyn; as cited in Poupart). It is the outward expression of this experience that may contribute to overall destruction of social networks and connectedness (Poupart). Physical assaults, homicide, sexual violence, and domestic violence against women and children are associated with an outward expression of the internalized oppression (Poupart). In addition to being expressions of internalized oppression, many of these self-destructive behaviors are aspects of learned behaviors from the oppressive majority committed against the internalized group.

The third dimension of internalized racial oppression is the devaluation of the African worldview and African motifs. This represents the rejection of ideas and beliefs found within the African worldview, its cultural make-up, and philosophical motifs (e.g., holism, spiritualism, curvilinearity, communalism; Bailey et al., 2006). Essentially, the African worldview is understood as being holistic and communal, interdependent, exhibiting collective responsibility, harmony with nature, interdependence, and egalitarianism, spiritualism, and possessing a deep appreciation for the elderly (Kambon, 1996; White & Parham, 1990). The European worldview is believed to be in direct opposition and contradictory to the African worldview and survival of Black people (Kambon). It is the acceptance of the European worldview, as opposed to the African worldview, by Black people that is believed to be detrimental to psychological health and well-being (Kambon).

Believing in biased representation of history is the forth dimension of internalized racial oppression. This dimension represents the embrace and acceptance of fabricated and isolated historical facts. It is through this biased representation of historical facts that gives selective attention to certain historical facts with regard to race. Historical facts are

changed so that the accomplishments of Black people are erased and/or minimized, while White/European historical facts are highlighted and/or distorted in such a way that Whites/ Europeans appear superior to Blacks. Clarke (1991) asserted that if Black people start to believe and accept many of these fabrications of historical events as facts, then they are more likely to view themselves as being without a history and without humanity. This acceptance increases Black people's acceptance of their own oppression.

The fifth dimension of internalized racial oppression represents the notion of actual or desired alterations of physical appearance by Black people. This dimension characterizes individuals within the oppressed group that wish to or actually change their physical appearance to reflect that of the White majority culture (Bailey et al., 2006). It is believed that this wish for change to a more Eurocentric aesthetic, thus accepting foreign standards of beauty, can occur at a conscious or unconscious level. This process is exhibited in four different ways: (a) wanting to change physical appearance without changing it, (b) changing physical appearance, (c) not liking one's own physical appearance, or (d) selecting one's mates based on these beliefs.

As a product of the enslavement process and other forms of racial oppression, many Black people may have adopted the White standards of beauty. These adopted standards of beauty within the Black community have led to a desire for altered physical appearances, lighter skin, and straighter hair (Parmer et al., 2004). This desire is evident in the use of skin creams, cosmetic surgeries, and chemical straightening treatments of hair. The fourth aspect of this dimension is mate selection, which proposes that some Black people will select their mates that have more European features in order to increase the likelihood that potential offspring will appear phenotypically less Black and fit into

the desired perceptions of beauty and physical attractiveness. I would argue that this may be a conscious and/or unconscious process for many individuals.

Research Implications

Currently, most of the literature on internalized racial oppression (Padilla, 1999; Parmer et al., 2004; Poupart, 2003) have been conceptual in nature. These works have been instrumental in offering a sound foundation in the area of internalized racial oppression. These conceptual works contributed greatly in the formation of the definition and dimensions of internalized racial oppression offered in this paper. However, the limited understanding of this phenomenon has hampered psychology's understanding of how this experience affects the mental health, well-being, and functioning of Black people as well as other racially oppressed groups. More importantly, this gap in the literature has impeded the field's ability to adequately address this experience through counseling and other appropriate interventions.

Because of this limited understanding of internalized racial oppression, research is needed to develop effective ways of measuring and assessing an individual's level of internalized racial oppression. Additionally, Peters (2004) stated that the level of racism and the frequency of discriminatory events experienced by Black people may differ according to geographic location. These geographic differences as well as many other factors (e.g., socioeconomic level, gender, support system) may have the potential of affecting an individual's level of internalized racial oppression. Therefore, future empirical studies can explore these and other factors that may affect an individual's level of internalized racial oppression. In a study investigating internalized racialism and marital satisfaction, Taylor (1990) found that internalized racialism in husbands was

predictive of marital satisfaction for husbands. Internalized racialism was identified as one of the dimensions of internalized racial oppression; it would be worthy to examine how internalization racial oppression as a whole affects marital satisfaction. Researchers can also explore how internalized racial oppression affects other aspects of relationships between partners and families.

There is also a need to understand this phenomenon in relation to other components of mental health. Researchers can investigate the impact of internalized racial oppression on psychological well-being and other components of mental health such as anxiety, depression, and life satisfaction. Based on many of the studies examining racial oppression and racism (Fischer & Shaw, 1999; Landrine & Klonoff, 1996; Rollock & Gordon, 2000; Utsey, Ponterotto, Reynolds, & Cancelli, 2000), I hypothesize that internalized racial oppression will have similar negative affects on individual and collective self-esteem. Individuals with higher levels of internalized racial oppression may have lower racial group identification as well as lower individual and collective self-esteem. Furthermore, this internalization process of racial oppression is expected to have a similar negative association with life satisfaction as found in racial oppression and discrimination (Bailey et al., 2006). Information provided from these types of studies may improve the field's understanding of patient symptomatology. These studies can also provide researchers with effective interventions and other psychoeducational tools that assist in the decreasing of internalized racial oppression.

It is also important for researchers to examine the effects of internalized racial oppression in other people of Color. Poupart (2003) and Padilla (1999) have both offered the field a solid foundation in their initial explorations of internalized oppression in

Latino and Native American cultures. This work must be continued in order to fully understand the impact of internalized racial oppression on other racially marginalized groups. How does internalized racial oppression manifest itself in different oppressed groups? How similar and/or different are the dimensions of internalized racial oppression hypothesized for Black people to those of other people of Color? And what are the within group differences of internalized racial oppression? Additionally, future research can explore internalized racial oppression among people of African descent in other parts of the world. It is of particular interests to investigate those areas with large populations of people of African descent for whom racial group designation and conceptualization differs from to Black people living the United States.

Finally, research in this area has the ability of increasing our knowledge and competency levels when working with Black people and other people of Color experiencing this phenomenon. It will be through research that scholars identify and develop appropriate interventions in addressing internalized racial oppression. Research in this area can also provide invaluable information that identifies existing methods of resistance within the Black community that serve as a nature buffer against the detrimental affects of this phenomenon. It will only be through these and other types of future research studies that will increase understanding and skill level for counselors and other mental health professionals in working with individuals experiencing internalized racial oppression.

Counseling Implications

Many of today's counseling practices and systems of delivery have not been adequately designed to address the needs of people of color, particularly Black people

(Rollock & Gordon, 2000). These problems of inadequacy and limited effectiveness within mental health settings are only exacerbated by little to no understanding of internalized racial oppression.

A greater understanding of internalized racial oppression can assist in counseling by offering psychologist and counselors with some explanation of the etiology of behavioral manifestations of internalized racial oppression. Mental health professionals can use this knowledge to work towards developing racially/culturally appropriate treatment plans that consider the effects of internalized racial oppression. An instrument assessing internalized racial oppression will provide professionals with the ability to assess the effectiveness of these treatment plans through a pre/post-test assessment of their clients' level of internalized racial oppression.

While the construct of internalized racial oppression can be useful in developing appropriate treatments and evaluating clients' progress, its incorporation in the training of mental health professionals is critical. Training professionals on this concept will provide them with a more in-depth understanding of racial oppression and internalized racial oppression. This training can stress the importance of considering each Black client individually, as opposed to providing interventions based on stereotypic notions of what it means to be a Black person. In addition, counselors will become more aware of this construct in their clients and as a result, work towards affirming a more liberating African worldview for their clients, while not endorsing a European worldview that replicates an oppressive experience that continues to victimize the client. Knowledge of this concept can assist clinicians of Color in their assessment of their own level of internalized racial oppression and how this experience affects their therapeutic relationships with their

clients. White clinicians can also explore their own biases or values that may perpetuate an oppressive dynamic between them and their clients of Color. It is through this type of self-exploration that clinicians will begin to see their role in stopping a cycle that perpetuates racial oppression and foster internalized racial oppression in their Black clients. Additionally, with a greater understanding of internalized racial oppression clinicians can work with their clients in exploring many of their experiences and feelings associated with this phenomenon. It is likely that clients will experience pain and anxiety during this phase of therapy, thus it is critical for clinicians to have a proper understanding and competencies with internalized racial oppression.

Finally, as the field deepens its understanding of internalized racial oppression, it is imperative that researchers identity those existing resources within the Black community that work as buffers against this phenomenon and serve to strength an individual's connection to an affirming apperception of self. Fischer and Shaw (1999) elucidate this fact by pointing to the 1996 report of the Basic Behavioral Science Task Force of the National Advisory Mental Health Council that identified the understanding of those psychological processes that serve as self-protective behaviors among individuals victimized by discrimination as being of high research priority. These self-protecting behaviors or buffers serve to protect the oppressed from the constant bombardment of negative images and beliefs about the oppressed group often put forth by the oppressor group, which in this case is the dominate White culture.

When examining the African worldview (Parham, White, & Ajamu, 2000) and the basic philosophical principles of many African cultures (Jahn, 1989), one can see the importance of having and maintaining spirituality. It seems that spirituality is not only

used as a means of connecting to a divine or higher power, but also a means of strengthening connections between individuals within the community. It also appears that groups and individuals alike draw on the strength found in spirituality as a means of facing adverse experience (Jahn). Based on this conceptualization of spirituality, it seems logical that people of African Descent would draw on this same strength to face the experiences of oppression and internalized racial oppression.

Another possible component of resistance found within the Black community is that of communalism. This is the notion of placing the greater good and survival of the larger group before that of the individual (Gyekye, 1995). The idea of placing greater importance on the greater good and survival of the community is very similar to Kambon's (1996) notion of a "survival thrust", where people of African descent carry out behaviors and actions that work towards the ensuring the survival of the community. It is this communalism that strengthens the unity among Black people and ultimately works towards mobilization and resistance to oppression (Hilliard, 1997). These are examples of some of the psychological processes that serve as self-protective behaviors against racial oppression and the internalization of this oppressiveness. Other possible buffers may include educational experiences that increases one's historical knowledge about Black people and African ancestry and the use of extended familial ties.

It is important for psychology to continue to investigate and develop a deeper understanding of the effects of internalized racial oppression. Through research the field can determine if all of the dimensions of internalized racial oppression have been identified. What does internalized racial oppression look like in other racially oppressed groups? What methods will be used to effectively train mental health professionals about

this phenomenon and how to work with Black people and other people of Color experiencing it? It is only through directed research efforts examining this phenomenon that psychology will learn to develop culturally sensitive interventions that are in accord with the values and beliefs that positively affirm healthy Black identity.

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CHAPTER 2

CONSTRUCT VALIDITY OF THE INTERNALIZED RACIAL OPPRESSION SCALE

Introduction

Construct Validation of the Internalized Racial Oppression Scale

Du Bois' (1903) offered one of the earliest analysis of what he described as "the strange meaning of being Black" (p.1) and profoundly stated that "the problem of the Twentieth Century is the problem of the color line" (p.1). This "strange meaning of being Black" referred to Du Bois' belief in the fact that Black people would have to struggle with the experiences of being subjugated and oppressed based on their racial classification.

Racial oppression is the unjust persecution and subjugation of groups and individuals based on their visible phenotypical characteristics (Sue, 2003). I would argue that racial oppression is an overarching concept that encompasses all forms of intolerance, discrimination, hatred, and oppression that is based on the racial classification of people. As such, racism and racial prejudice are forms of oppression that are aspects of this concept. Based on this conceptualization of racial oppression, racism can be understood as a system of dominance, power, and privilege created from racial classification, which is deeply rooted in the oppression of a racial group that has been perceived as being inferior, deviant, or undesirable by dominant group members (Harrell, 2000). Racism is a system that both consciously and unconsciously functions as a means

of legitimizing and reproducing an unequal division of power and resources (material and immaterial) between groups of people based primarily on skin color (Feagin & Sikes, 1994; Phillipson, 1992). This system is maintained by many of the legal, cultural, educational, political, and religious institutions in society (Feagin & Sikes).

Racism has been recognized as a profoundly traumatic, painful, and psychologically damaging experience that Black people have endured by living in this country (Harrell, 2000; White & Parham, 1990; Williams & Williams-Morris, 2000). Many of the traditional theories and assessment models offer the psychology and mental health fields no means of identifying subtle forms of racism and race based discrimination and offer little guidance in examining the effects of these experiences (Carter, 2007). A growing number of researchers have sought to gain a better understanding of this experience and how it interacts with the mental health and psychological wellness of those people who are directly and indirectly affected by this devastating system of oppression. Several studies have examined racism and racial discrimination on the physical and mental health of Black people with varying results (Klonoff, Landrine, & Ullman, 1999; Landrine, & Klonoff, 1996; Peters, 2004; Rollock & Gordon, 2000). Researchers have found that racism negatively affects areas of mental health such as psychological distress, self-esteem, and life satisfaction (Fischer & Shaw, 1999; Landrine & Klonoff; Pierre & Mahalik, 2005; Tran, Wright, & Chatters, 1991). In addition to these variables, it has been theorized that one of the most distressing effects of racial oppression (i.e., racism and discrimination) is the internalization of that oppression (Bailey, Chung, Williams, & Singh, 2006; Speight, 2007). Speight argued that “any understanding of the psychological effects of racism would be incomplete without a

consideration of internalized racism" (p.129). However, few researchers have examined the experience of internalizing racial oppression, thus limiting mental health professionals' understanding of this process and its effect on various aspects of well-being.

As a means of maintaining racial oppression, there must be a psychological component that is self-perpetuating (Wilson, 1993), and internalized by the oppressed group. It is through the institutionalizing and normalizing of daily oppression that creates the internalization of the dominant group's values (Speight, 2007). This process of internalized racial oppression decreases the dominate White group's need to overtly impose or force oppression on the subjugated group because the oppressed group will enforce this oppression on themselves (Poupart, 2003). It is believed that internalized racial oppression is experienced both by the individual and the group (Padilla, 2001). Internalized racial oppression by Black people is conceptualized as the process through which Black people consciously and unconsciously internalize and accept the dominant White culture's oppressive actions and beliefs towards Black people, while simultaneously rejecting the African worldview and cultural motifs (Bailey et al., 2006). Black people experiencing internalized racial oppression will then replicate this same internalized oppressiveness, through patterns of distressed beliefs and behaviors, towards people they perceive to be of the same racial classification as themselves (Bailey et al.). Bailey and colleagues theorized that internalized racial oppression consists of five dimensions: (a) internalization of negative stereotypes (formally named internalized racialism), (b) self-destructive behaviors, (c) devaluation of the African worldview and

motifs, (d) belief in the biased representation of history, and (e) alteration of physical appearance. These five dimensions are described below.

Internalization of negative stereotypes is based on Taylor and Grundy's (1996) concept of internalized racialism, which denotes the belief in both positive and negative White stereotypes regarding Black people. However, in contrast, this dimension focuses only on the negative stereotypes made about Black people. These negative stereotypes assist Black people in accepting perceptions of inferiority towards White people, which in turn negatively affect Black individuals' attitudes and beliefs towards other Black people. Self-destructive behaviors, based on Akbar's (1981) concept of self-destructive disorder, represent any destructive behaviors and actions that are detrimental to the survival of Black people as individuals and as a collective group (e.g., gang participation, violence against other Black people, drug selling and use, and domestic violence). Devaluation of the African worldview and motifs, the third dimension of internalized racial oppression, is the devaluation and rejection of the values found with the African worldview and its cultural motifs. Kambon (1996) theorized that the European worldview is in direct contradiction of the African worldview and any acceptance of this worldview by Black people is detrimental to the survival of Black people.

Believing in a biased representation of history is characterized by the acceptance of fabricated historical information that is positively skewed towards the oppressive White majority. At the same time, historical facts regarding Black people are changed as a means of negating or minimizing the achievements and contributions of Black people (Clarke, 1991). Hilliard (1997) argued that the ultimate goal of falsified historical information is to prevent the reemergence of an ethnic consciousness among Black

people that could lead to mobilization and resistance of oppression. The fifth dimension of internalized racial oppression, alteration of physical appearance, represents the actual or desired alterations of physical appearance by Black people. This dimension characterizes oppressed individuals' conscious or unconscious desire to change their physical appearance to align more with a White/Eurocentric aesthetic. Parmer et al. (2004) asserted that Black families adopt a notion of physical attractiveness as affirmed by their White oppressors, while simultaneously accepting a notion of inferiority with regard to their own physical appearance. They believed this adoption of White standards of beauty have led to a desire for Black people to altered their physical appearance, lighten skin hue, and straighten hair. Bailey et al. (2006) suggested that these alterations can occur in four ways: (a) the desire to change appearance without actually changing, (b) simply changing appearance to meet those standards of beauty found within White culture, (c) rejecting or disliking one's own appearance, and (d) seeking out mates that reflect this White aesthetic. It has been suggested that some Black people may select a mate with more European features as a means of increasing the likelihood that possible offspring will have more European features as well (Bailey et al.; Ross, 1997).

Similar to racial oppression, internalized racial oppression is believed to adversely affect the psychological health and well-being of Black people. However, an in-depth understanding of this phenomenon has been restricted by the limited amount of research in this area. Additionally, a lack of instruments that measure internalized racial oppression has impeded any empirical studies of this experience within the Black community. A notable exception is the Nadanolitization Scale (Taylor & Grundy, 1996),

which is an instrument that measures Black individuals' internalization of White stereotypes about Black people.

Bailey et al. (2006) addressed this gap in the literature by operationally defining internalized racial oppression as well as developing an instrument that measures this phenomenon. The Internalized Racial Oppression Scale (IROS; Bailey et al.) was developed based on the five dimensions of internalized racial oppression. This self-reporting questionnaire measures one's level of internalized racial oppression by assessing the individual's thoughts, beliefs, and behaviors as they relate to the five dimensions of internalized racial oppression. In Bailey et al.'s study, 116 participants completed the IROS, the Racial Identity Attitude Scale-Form B (RIAS-B; Helms & Parham, 1985), and the African Self-Consciousness Scale (ASCS; Baldwin & Bell, 1985). The RIAS is designed to assess four subscales of racial identity attitudes that are reflective of Cross' (1971) model of racial identity development (Helms and Parham). The ASCS measures the Black personality construct of "African Self-Consciousness" (Baldwin & Bell). In this study it was found that the total score of the IROS had a significant positive correlation with the Preencounter subscale and significant negative correlations with the Immersion/Emersion and Internalization subscales of the RIAS-B. Additionally, The IROS had significant negative correlations with the ASCS total and each of subscale scores. The results of this study supported the reliability and validity of the IROS total scale and subscales as an instrument that measures the concept of internalized racial oppression.

Fischer and Shaw (1999) highlighted the need for a greater understanding of the mental health of Black people and the intra-group differences that exist within the

community and not merely a simplistic comparison of information between ethnic groups. Similar to racial oppression, internalized racial oppression cannot be assumed to affect all Black people in the same manner and with the same degree of severity. Rather, it should be understood as a phenomenon experienced differently by each person, affecting the psychological health of each person in unique ways. As a means of addressing this gap in the literature, the current study builds upon Bailey et al.'s (2006) study to assess the psychometric properties of the IROS through the use of confirmatory factor analysis, as well as investigate the use of the IROS as a predictor of psychological distress, well-being, personal and collective self-esteem, and life satisfaction.

Psychological Distress

Scholars believe that one negative consequence of racial discrimination and racism is that it affects the mental health of Black people (Rollock & Gordon, 2000). Additionally, it has been suggested that racism and racial oppression are stressors that causes psychological distress (Landrine & Klonoff, 1996; Peters, 2004). Sellers, Caldwell, Schmeelk-Cone, and Zimmerman (2003) examined the direct and indirect relationships between racial identity, racial discrimination, perceived stress, and psychological distress. They found that individuals' perceptions of racial discrimination were associated with psychological distress. The results also suggested that individuals for whom race was a more central identity were more likely to report lower levels of psychological distress. The results from this study suggest that racial hassles are more stressful to Black people, which has an affect on their levels of anxiety and depression (Sellers et al.). Similarly, Pierre and Mahalik (2005) found that Preencounter and Immersion racial attitudes, as assessed by the RIAS-B, were associated with greater

psychological distress. This suggests that individuals with racial identities that are less affirming of their racial group are more likely to experience greater levels of psychological distress. Based on these findings, it is hypothesized that internalized racial oppression will predict greater psychological distress for Black people.

Psychological Well-Being

Psychological well-being represents a positive functioning that consists of self-acceptance, positive relations with others, personal growth, purpose in life, environmental mastery, and autonomy (Keyes & Ryff, 1999). After reviewing literature exploring racism in relation to psychological distress, it seems logical that internalized racial oppression, a product of racial oppression, would also affect the psychological well-being of Black people. Specifically, an individual's level of internalized racial oppression would be positively correlated with psychological distress, which would lead the assumption that as an individual's level of distress increases, the level of well-being will decrease. I hypothesize that internalized racial oppression will predict lower level of psychological well-being in Black individuals.

Personal Self-Esteem

Racism is believed to influence individuals' self-orientation through the construct of self-esteem (Harrell, 2000). A study examining African self-consciousness and Black racial identity as predictors of psychological well-being in Black men found that the internalization of racially positive attitudes was positively associated with self-esteem (Pierre & Mahalik, 2005). Additionally, in a study examining self-esteem and racism among Black people, Simpson and Yinger (1985) found an inverse relationship between these variables, such that individuals with higher self-esteem reported fewer experiences

of racism. In contrast, Fischer and Shaw (1999) found among Black participants with high levels of self-esteem there were greater perceptions of racial discrimination, which was significantly linked to lower overall mental health. However, there was relatively no associate with poorer mental health for those individuals with lower self-esteem. These results contradict much of the literature on racism and self-esteem and the notion that higher levels of self-esteem acts as a protective factor against racial discrimination and poor mental health (Broman, 1997; Harrell; Pierre & Mahalik).

I assert that there are qualities unique to internalized racial oppression that act both similarly and differently than racial oppression alone. These unique factors found within internalized racial oppression may adversely affect personal self-esteem differently and to a greater degree than racial oppression and discrimination alone. Bailey and colleagues (2006) suggested that internalized racial oppression functions at a group and individual level, and it is at this individual level where this internalization may have a greater impact than just the experience of racial oppression. Based in this understanding, I hypothesize that higher levels of internalized racial oppression will predict negative personal self-esteem.

Collective Self-esteem

Luhtanen and Crooker (1992) believed that the emphasis placed on the understanding of self-esteem from a more individualistic perspective only offers a partial view of the individuals' self-concept and social behavior. They supported the notion that feelings of self-worth may also be derived from a more collective aspect of the self. Collective self-esteem represents a private evaluation of one's group, how one believes other people evaluate that group, and the degree to which the individual identifies with

that group or groups (Crocker, Luhtanen, Blaine, & Broadnax, 1994). Researchers examining collective self-esteem on perception of racism in ethnic minority groups in Canada found that collective self-esteem was negatively associated with racism (Rahimi & Fisher, 2002).

Bailey et al. (2006) postulated that internalized racial oppression represents a rejection of the African worldview and consists of anti-African/Black identity formation. This belief system suggests minimal group identification (i.e., being Black). Based on this understanding of internalized racial oppression, similar to experiences of racial oppression (Rollock & Gordon, 2000), this phenomenon may lead to a negative development of reference group orientation, thus decreasing one's collective self-esteem. This suggests that individuals with higher levels of internalized racial oppression will have lower racial group identification and lower collective self-esteem.

Life Satisfaction

In a study examining race-related factors and life satisfaction in Black people, Broman (1997) found that life satisfaction was negatively associated with experiences of racial discrimination. Internalized racial oppression has been described, in part, as the acceptance of the White oppressive actions towards Black people. These oppressive actions suggest some disruption to the life satisfaction to the oppressed group. This internalization process of racial oppression points to the same negative association with life satisfaction as found in racial oppression and discrimination.

The purpose of this study is to further examine the psychometric properties of the IROS through the evaluation of internal consistency coefficients, factor structure, and social desirability of the IROS. This study also investigated the use of the IROS as a

predictor of psychological distress, well-being, personal self-esteem, collective self-esteem, and life satisfaction. It is hypothesized that, similar to racial oppression; greater levels of internalized racial oppression will predict lower greater psychological distress, lower well-being, lower personal and collective self-esteem, and lower life satisfaction among Black college students.

Method

Participants

This study consisted of two sample cohorts (*N* = 370). The first cohort was comprised of students recruited from a predominately White university in the Southeastern region of the United States. This sample consisted of 102 undergraduate and graduate students who identified as African American (53%), Black (27%), Afro-Caribbean (9%), of African Descent (4%), Biracial (2%), Afro-American, Afro-Latino, Afro-Caribbean-Latino, Black-African, Nigerian-American, and Multiracial (1% respectively). There were 92 (90%) women in this sample cohort. The age range for this sample was 16 to 42 years with a mean of 23 (*SD* = 5.4). In terms of their academic classification, 19% were freshman, 16% were sophomores, 12% were juniors, 42% were seniors, and 10% were graduate students with 1% missing data. Although all of the students in this sample attended the same university, 86% of the respondents described the university as being racially diverse, 12% described the university as being predominately White, and 2% described the university as being predominately students of Color. There were 31 majors presented in this sample with sociology being the modal major at 15% (1% missing data). Fifty-seven percent of the sample reported taking at least one class that focused primarily on some aspect of the Black experience with 1%

missing data. In this cohort 51% of the sample reported growing up living in family with an income between $20,000 – 59,000. The majority (70%) of the respondents self-reported living primarily in the Southern region of the country. Other participants in this cohort reported living primarily in the East (20%), North (7%), Midwest (2%), and West (1%). Finally, with respect to exposure to Black culture, the majority of the sample (50%) reported daily exposure.

The second cohort was comprised of a national sample of undergraduate and graduate students who, similar the first cohort, identified as African-American (45%), Black (28%), African (8%), Afro-Caribbean (7%), Bi-racial (5%), of African Descent (3%), Afro Latino/a (1%), Afro American (1%), Afro-Caribbean-Latino (1%), Black-African Heritage (1%), Brown, Nigerian-American, and West Indian (< 1% respectively), with 1% missing data. They completed an online survey which consisted of the IROS and a demographic section. The purpose of this sample was to increase the sample size for the confirmatory factor analysis of the IROS. It also added a greater variance to the overall sample (i.e., different regional experiences, school location, and city environment). A total of 314 participants responded to the online survey. However, of the 314 participants, 13 did not meet the criterion of being a student at the time that they completed the survey. Thirty-three individuals agreed to the consent form, but did not complete any of the items of the online survey. This reduced the online sample to 268. There were 214 (81%) women in this sample cohort. The age range for this sample was 18 to 57 years old with a mean age of 28 (*SD* = 7.53). In terms of academic classification, 2% were freshman, 7% were sophomores, 8% juniors, 6% seniors, and 78% graduate students with 1% missing data. There were 78 different majors presented in this sample with Counseling

Psychology being modal major at 7%. Fifty-seven percent of the sample reported attending a predominately White college or university, 11% reported attending a racial diverse college or university, 3% reported attending a historical Black college or university, and < 1% reported attending an online university (1% missing data). Seventy-three percent of the sample reported taking at least one class that focused primarily on some aspect of the Black experience with two not reporting. Fifty-one percent of the sample reported growing up living in family with an income between $20,000 and $59,999. The largest portion of the cohort reported living in the Eastern region (33%) of the country. The other participants reported living in the Midwest (32%), South (21%), West (10%), and the North (5%) (1% missing data). Finally, with respect to exposure to Black culture, 42% of this cohort reported daily exposure and 51% reported frequent or some exposure to Black culture broadly defined.

Instruments

Demographic questionnaire. Participants were asked to indicate their racial identification, age, gender, academic classification, major, type of institution attending (i.e. historical Black, predominately Students of Color, predominately White, or racially mixed), number of African or Black centered courses taken, population of hometown, the region of the country where they have primarily lived, the socioeconomic status of the neighborhood that they grew up living, family income, and their exposure to Black culture (broadly defined) while growing up.

Internalized Racial Oppression Scale. The Internalized Racial Oppression Scale (IROS; Bailey et al., 2006) is a 47-item instrument that measures internalized racial oppression in Black people. This instrument is based on the definition of internalized

racial oppression and its five dimensions created by the authors of the IROS. The IROS utilizes a 5-point Likert scale as means of assessing an individual's level of internalized racial oppression that ranges from 1 (strongly disagree) to 5 (strongly agree). The five subscales of the IROS are reflective of the five dimensions of internalized racial oppression. In an initial study examining the construct validity of the IROS (Bailey et al.), the internal consistency (Cronbach's alpha) for the total scale was found to be .93. In that same study the alpha coefficients for the subscales of the IROS (internalization of negative stereotypes, IROS I, self-destructive behavior, IROS II, devaluation of African worldview and motifs, IROS III, belief in biased representation of history, IROS IV, and alteration of physical appearance, IROS V) were reported as .81, .71, .79, .82, and .85, respectively. Additionally, Bailey et al. found that the IROS total and subscale scores were negative correlated with the ASCS total and subscale scores as well as being positively correlated with the Preencounter Scale and negatively correlated with the Internalization Scale of the RIAS-B.

Mental Health Index. The Mental Health Index (MHI; Veit & Ware, 1983) is a measure of mental health outcomes (Hanson & Mintz, 1997). The MHI is a 38-item scale consisting of five subscales: anxiety, depression, loss of behavioral/emotional control, general positive affect, and emotional ties. The MHI has been found to measure the higher order factor of mental health and the second order factors of psychological well-being and psychological distress (Hanson & Mintz). The MHI utilizes a 6-point Likert scale as means of assessing an individual's mental health index (Travis & Durchholz, 2000). The scale range is different for each of the five subscales of the MHI. Veit and Ware reported internal consistency (Cronbach's alphas) for the anxiety, depression, loss

of behavioral/emotional control, general positive affect, and emotional ties subscales as .90, .86, .83, .92, and .81 respectively. The factor structure of the MHI found to be stable across samples with respondents ranging in age from 13 to 69 years (Veit & Ware). In this study, the second order factors of the MHI (psychological distress, psychological well-being) were used to assess participants' psychological well-being and psychological distress. In the present study, the internal consistency (Cronbach's alpha) was found to be .95 for psychological distress and .91 for psychological well-being.

Rosenberg Self-Esteem Scale. The Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965) is a 10-item measure of global, personal self-esteem. It allows respondents to rate their level of self-esteem using a 4-point Likert-type scale ranging from 1 (strongly agree) to 4 (strongly disagree). The RSES is a widely used measure of personal self-esteem with an alpha coefficient reported as .88 (Fleming & Courtney, 1984) and test-retest reliabilities found to be greater than .80 (Rosenberg; Luhtanen & Crocker, 1992). Validity has been adequately demonstrated by correlating with other measures of self-esteem (Byrne, 1983). In the current study, the internal consistency for the RSES was .94.

Collective Self-Esteem Scale. The Collective Self-Esteem Scale (CSES-race specific version; Luhtanen, Crocker, 1992) is a 16-item measure of global collective self-esteem. This scale assesses individuals' levels of social identity based on their membership in ascribed groups that pertain to gender, race, religion, ethnicity, or socioeconomic class (Luhtanen, Crocker). The CSES is comprised of four subscales: membership self-esteem, private collective self-esteem, public collective self-esteem, and importance to identity. Membership self-esteem assesses an individual's judgment of

how good or worthy they are as members in their social group. The private collective self-esteem subscale pertains to one's personal judgment of how good social groups are. The public collective self-esteem items assess one's judgment of how other people evaluate one's social groups. The importance of identity subscale assesses the importance of the ones' social group membership to one's self-concept (Luhtanen & Crocker). The alpha coefficients for the CSES have been found to range from .83 to .88 for the total scale and from .73 to .80 for the four subscales (Luhtanen & Crocker).

The Collective Self-Esteem Scale was found to be moderately correlated with the Rosenberg measure of personal self-esteem (Luhtanen & Crocker, 1992). The CSES was initially created to measure a more global concept of collective self-esteem based on respondents having various ascribed group membership (Luhtanen, Crocker). However, the authors obtained results from a preliminary study which indicated that altering the scale for a specific group (i.e., race specific) did not compromise the psychometric properties of the instrument (Luhtanen, Crocker). In the same study, it was found that the CSES moderately correlated with the RSES and negatively correlated with the Belief in Discrimination measure. In the current study, the internal consistency (Cronbach's alpha) was .73 for the total scale score.

Satisfaction with Life Scale. The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) is a 5-item scale intended to measure a person's judgment of overall satisfaction with life. Participants use a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree) to indicate responses to each item (Diener et al.). Diener et al. reported an alpha coefficient of .87 and a test-retest correlation coefficient of .82. The SWLS was found to be significantly correlated with

several measures of subjective well-being ranging from .50 to .75 and inversely correlated with measures of psychopathology (Diener et al.). In the current study, internal consistency (Cronbach's alpha) for the SWLS was .85.

Marlowe-Crowne Social Desirability Scale. The Marlowe-Crowne Social Desirability Scale (MCSDS; Crowne & Marlowe, 1960) is a 33-item scale that measures the extent to which individuals seek approval in a socially desirable manner. Respondents answer either true or false to the statements of the scale. The 33-items on the MCSDS are divided into 18 items that are keyed as true. A higher score indicates increased probability of respondents answering in a socially desirable manner. The internal consistency coefficient for the MCSDS was found to be .88 (Crowne & Marlowe) and the test-retest r = .89 (Barger, 2002). The validity has been demonstrated with positive correlations between the MCSDS and another instrument that measure social desirability (Crowne & Marlowe). This instrument was used as a means of assessing participants' tendency to answer items within the research packet in a socially desirable manner. In the current study, the internal consistency (Cronbach's alpha) was found to be .78.

Procedure

The participants in the first cohort were recruited from general education classes at a predominately White university in the Southeast region of the United States. Participants were recruited from a total of 21 classes. A recruitment announcement was read to all students in each of the classes. Those students who participated in the study received the pencil and paper version of the research packet that consisted of the informed consent form, the demographic questionnaire, IROS, MHI, RSES, CSES,

SWLS, and MCSDS. They were instructed to complete the packet and return it to their instructors.

The participants in the second cohort were recruited through an emailed recruitment announcement that offered a brief description of the study and provided them with a link to the online survey. As previously mentioned, the online survey consisted of the informed consent statement, a demographic questionnaire, and the IROS. The recruitment statement and link to the survey was emailed to professors in psychology departments across the country, African American Studies Departments, and staff members in student services offices with a request to email the statement to any student that fit the criteria for the study. The survey was stored on the Survey Monkey website, which has a firewall protected server and password encryption that prevented any unauthorized person from gaining access to any information on this website. Additionally, there was no way to associate a respondents' name or other identifying information with the completed surveys.

Analysis

The internal consistency coefficients for all instruments were calculated. Confirmatory factor analysis was used to examine the factor structure of Internalized Racial Oppression in the IROS. The major goal of confirmatory factory analysis is to determine if the relationships between the variables in the hypothesized model bear a resemblance to the relationships between the variables in the actual model (Meyers, Gamst, & Guarino, 2006). If both of these models, the hypothesized and the actual, are similar to each other, then the actual model can be viewed as a viable explanation of the hypothesized relationship (Meyers et al.). A measurement model of the IROS was

constructed to examine the loading of the indicators variables that were believed to make up the latent factor of internalized racial oppression.

Fit indexes are used to further assess the measurement model to determine acceptability of the actual model in relation to the hypothesized model. There are approximately 24 fit indexes and all were developed as a means of reducing Type II error (Meyers et al., 2006). Meyers et al. asserted that there currently is, however, no general consensus on a preferred measure, and there is no one statistical procedure that best describes model fit. They suggested using the chi-square test (χ^2), the Normed Fit Index (NFI), the Comparative Fit Index (CFI), and the Root Mean Square Error of Approximation (RMSEA), which were the four fit indexes used in this study. The data from both cohorts were combined in this analysis.

Latent variable path analysis was then conducted, which produced the measurement and structural models that assessed the predictability of Internalized Racial Oppression in relation to Psychological Distress, Psychological Well-Being, Personal Self-Esteem, Collective Self-Esteem, and Life Satisfaction. Separate measurement and structural models were constructed for each relationship. The same fit indexes were used to further assess the measurement models to determine acceptability of the actual model in relation to the hypothesized model. It was hypothesized that internalized racial oppression would positively predict psychological distress; and negatively predict well-being, global self-esteem, collective self-esteem, and life satisfaction. The data from cohort one were used for this analysis. Mean substitution was used for any missing data (10 items).

Results

The means, standard deviations, and intercorrelations for the IROS and the MCSDS are presented in Table 1. The internal consistency (Cronbach's alpha) for the total scale of the IROS was found to be .88.

Confirmatory Factor Analysis

The hypothesized model of internalized racial oppression was assessed by AMOS, version 8.0, using maximum likelihood confirmatory factor analysis. The standardized loadings, the standard errors (*SE*), and the *t* values for the latent factor of Internalized Racial Oppression and its five indicators are found in Table 2.

Table 1

Means, Standard Deviations, and Intercorrelations of IROS and MCSDS (n = 102)

Variables	*M*	*SD*	1	2	3	4	5	6	7
1. MCSDS	17.52	5.33	--	-.25*	-.22*	-.30**	-.12	-.26**	-.32**
2. IROS 1	1.88	.61		--	.44**	.40**	.33**	.54**	.80**
3. IROS 2	1.48	.52			--	.23**	.15	.41**	.60**
4. IROS 3	1.70	.46				--	.20*	.39**	.59**
5. IROS 4	2.21	.60					--	.37**	.59**
6. IROS 5	2.15	.55						--	.85**
7. IROS Total	1.93	.40							--

Note. IROS 1= internalization of negative stereotypes subscale, IROS 2 = self-destructive behaviors subscale, IROS 3 = devaluation of an African worldview subscale, IROS 4 = belief in biased historical facts subscale, IROS 5 = alteration of physical appearance subscale, IROS Total = Total score on IROS, and MCSDS = Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960). The χ^2 [5, N = 370] = 5.068, $p > .05$), NFI = .985, CFI = 1.000, and the RMSEA = .006 for Cohorts 1 & 2.

Table 2

Standardized Loadings, Standard Errors (SE), and t Values (N = 370)

Indicators	Standardized loadings	*SE*	*t* values
Internalization of negative stereotypes (IROS 1)	.72[a]	__[a]	__[a]
Self-destructive Behaviors (IROS 2)	.45	.06	7.06***
Devaluation of an African (IROS 3)	.47	.07	7.44***
Belief in Biased Historical Facts (IROS 4)	.62	.09	9.20***
Alteration of Physical Appearance (IROS 5)	.68	.09	9.71***

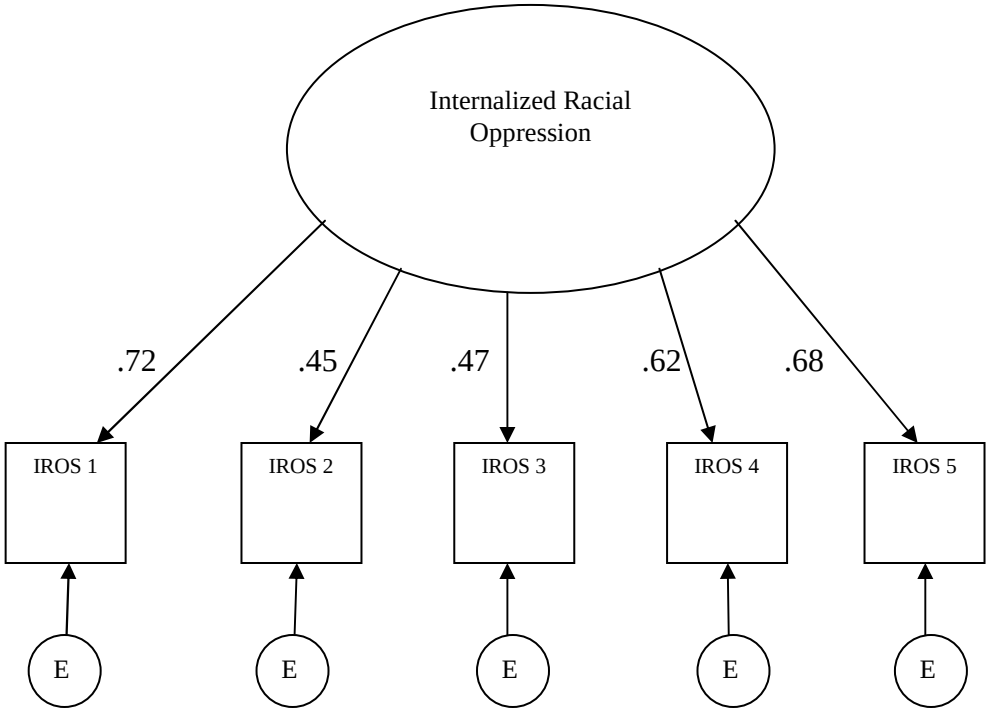
[a]Indicates that the coefficient was constrained to be 1.

*** $p < .001$.

The measurement model for internalized racial oppression can be found in Figure 1. As mentioned, the model was examined by four fit indexes. The chi-square test is used to test the difference between the hypothesized and actual model relationship (Meyers et al., 2006). In examining the chi-square fit index, the data was found to be nonsignificant (χ^2 [5, N = 370] = 5.068, $p > .05$). The chi-square test is used to test the difference between the hypothesized and actual model relationship (Meyers et al., 2006). The chi-square quantifies the badness of fit of the model. Based on this understanding, a significant chi-square value means that the hypothesized model fits badly with the data and a nonsignificant chi square signifies a good fit between the model and the data (Meyers et al., 2006). Since the value of this chi square is nonsignificant, it indicates an acceptable match between the hypothesized and actual model of internalized racial oppression. The NFI and CFI were .985 and 1.000, respectively. Both of these values are above the

recommended cutoff of .95 (Hu & Bentler, 1999), which would indicate an excellent fit between the hypothesized and actual models. The RMSEA measures divergence between the sample coefficients and the population coefficients and values that are closer to zero signify a well-fitting model (Meyers et al., 2006). The RMSEA was found to be .006, which fell well below the recommended cutoff point of .05 (Hu & Bentler, 1999). This indicates an excellent fitting model.

Figure 1. Measurement Model IROS: Factor loadings



Note. IROS 1= internalization of negative stereotypes, IROS 2 = self-destructive behaviors, IROS 3 = devaluation of an African worldview, IROS 4 = belief in biased historical facts, IROS 5 = alteration of physical appearance, E = Error

These results suggest that the actual model of internalized racial oppression is an excellent fit with the hypothesized model. Additionally, based on these results, it can be stated that the latent factor of Internalized Racial Oppression is well assessed by the five indicators, with the internalization of negative stereotypes and alteration of physical appearance dimensions serving as the strongest of the five indicators.

Latent Variable Path Analysis

Latent variable path analysis was used to assess the predictability of internalized racial oppression in relation to the factors of Psychological Distress, Psychological Well-Being, Personal Self-Esteem, Collective Self-Esteem, and Life Satisfaction. Measurement models for the latent factor of Internalized Racial Oppression, with the same indicator variables, were constructed from the data collected from cohort one. It was only from this cohort group that data were collected for each of the factors examined through latent variable path analysis. Additionally, measurement models were constructed for each of the endogenous factors (i.e., Psychological Distress, Psychological Well-Being, personal Self-Esteem, Collective Self-Esteem, and Life Satisfaction). The structural models of IROS and the endogenous factors with the standardized coefficient paths, standard errors (*SE*), *Z* scores, and R2 are located in Table 3. The four fit indexes used in the latent variable path analysis were the same as in the confirmatory factor analysis.

Internalized racial oppression and psychological distress. When examining the goodness of fit for the measurement model for internalized racial oppression, the χ^2 had a value of 443.70, $p = .000$. The value of this chi-square was significant, which suggests that the model is not a good fit. The NFI and CFI were .92 and .97, respectively. The NFI was below the cutoff, while the CFI was above the recommended cutoff. The RMSEA

was found to have a value of .065, which was above the recommended cutoff point of .05. The confidence interval for the RMSEA was .050; .078, which was also above the recommended value of .05. Based on the values of these fit indexes, it can be stated that this model was not good fitting model. Considering the results of this measurement model, it is not practical to run the structural equation model. However, the structural equation was run as an exploratory means of examining the predictability of the IROS to psychological distress.

Table 3

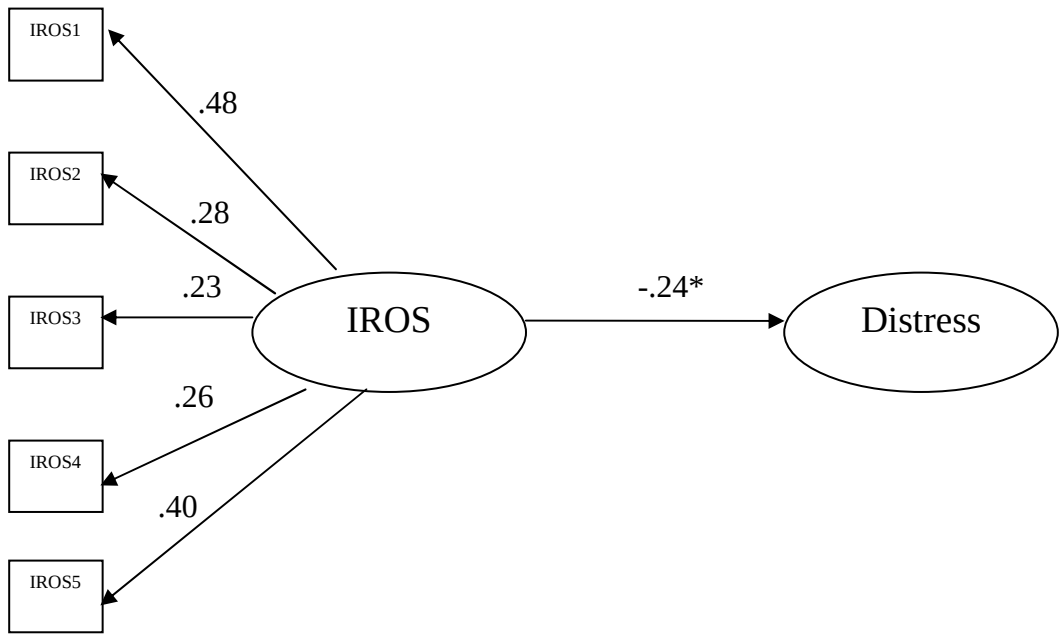
Internalized Racial Oppression Scale Structural Models
Endogenous Factors, Standardized Path Coefficients, Standard Errors (SE), Z-Scores, and R^2

Endogenous Factors	Structural Path Coeffiecient	*SE*	Z score	R^2
Psychological Distress	-.24*	.12	-2.08	.057
Psychological Well-Being	-.26*	.12	-2.21	.066
Personal Self-Esteem	-.20	.12	-1.71	.039
Collective Self Esteem	.57**	.13	-4.33	.320
Life Satisfaction	-.26*	.13	-2.04	.065

* $p < .05$, ** $p < .01$

The structural model that assessed the path from the exogenous factor of internalized racial oppression to the endogenous factor of psychological distress had a value of .24, which was significant ($p < .01$). This value indicated that internalized racial oppression, a predictor of psychological distress, accounts for 5.76% of the explained variance in the factor of psychological distress. The structural model with factor and path loadings is illustrated in Figure 2.

Figure 2. Structural Model of the IROS and Psychological Distress: Factor and structural loadings



Note. IROS 1= internalization of negative stereotypes, IROS 2 = self-destructive behaviors, IROS 3 = devaluation of an African worldview, IROS 4 = belief in biased historical facts, IROS 5 = alteration of physical appearance, IROS = Internalized Racial Oppression Scale, Distress = Psychological Distress
* $p < .05$, ** $p < .01$

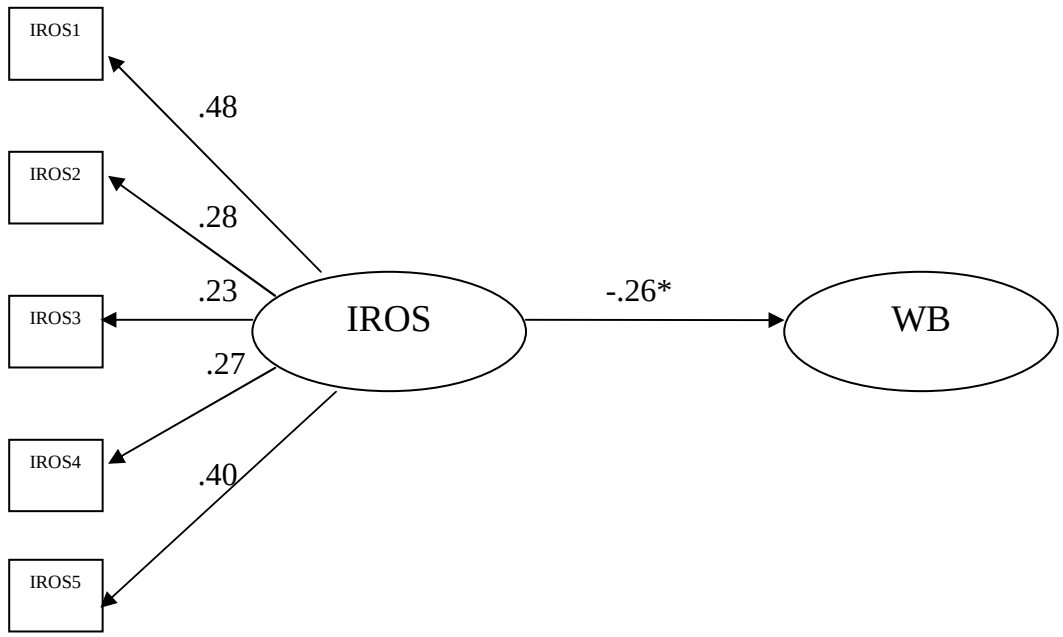
Internalized racial oppression and psychological well-being. When examining the goodness of fit for the measurement model for internalized racial oppression, the χ^2 had a value of 75.81, $p = .799$. Since the value of this chi-square is nonsignificant, it indicates an acceptable match between the hypothesized and actual model of internalized racial oppression. The NFI and CFI were .950 and 1.000 respectively, which indicates an excellent fit between the hypothesized and actual models. The value of the RMSEA was less than .001, which fell well below the recommended cutoff point of .05. The 90% confidence interval for the RMSEA was 0.0; .037. Confidence intervals below .05

indicate a good fit. Based the values of these fit indexes it can be stated that this model suggests a good fitting model.

The structural model that assessed the path from the exogenous factor of internalized racial oppression to the endogenous factor of well-being was used to determine the extent to which internalized racial oppression predicted well-being. The structural model with factor and path loadings is located in Figure 3. The value of the path was found to be -.26, which was significant ($p < .01$). This value indicates that internalized racial oppression, a negative predictor of well-being, accounts for 6.76% of the explained variance.

Internalized racial oppression and personal self-esteem. The measurement model for internalized racial oppression had a χ^2 of 151.26, $p = .000$. The value of this chi-square was significant, which would suggest that the model is not a good fit. The NFI and CFI were .92 and .97 respectively. The NFI was below the cutoff, while the CFI was above the recommended cutoff. The RMSEA was found to have a value of .09, which exceeds the recommended cutoff point offered in the literature. The confidence interval for the RMSEA was .066; .111. Based the values of these fit indexes it can be stated that this is not a good fitting model. Considering the results of this measurement model, it is not practical to run the structural equation model. However, the structural equation was run as an exploratory means of examining the predictability of the IROS to the endogenous factor of Personal Self-Esteem.

Figure 3. Structural Model of the IROS and Psychological Well-Being: Factor and structural loadings



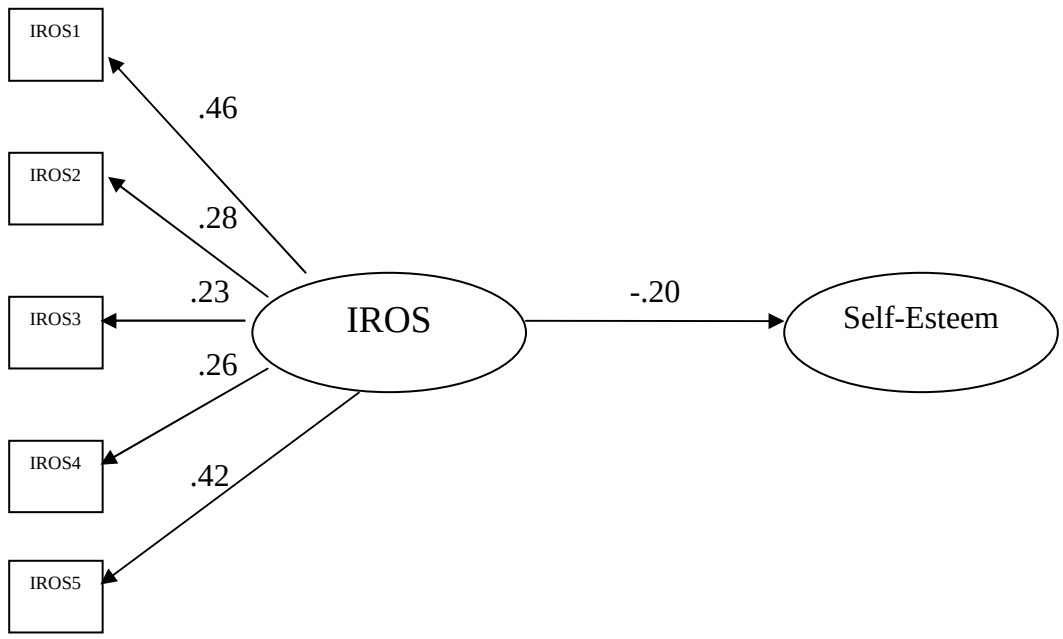
Note. IROS 1= internalization of negative stereotypes, IROS 2 = self-destructive behaviors, IROS 3 = devaluation of an African worldview, IROS 4 = belief in biased historical facts, IROS 5 = alteration of physical appearance, IROS = Internalized Racial Oppression Scale, WB = Psychological Well-Being
* $p < .05$, ** $p < .01$

In the structural model that assessed the path from the exogenous factor of internalized racial oppression to the endogenous factor of Personal Self-Esteem had a value of -.20, which was not significant. This value indicated that internalized racial oppression is not a significant predictor of self-esteem. The structural model with factor and path loadings is located in Figure 4.

Internalized racial oppression and collective self-esteem. When examining the goodness of fit for the measurement model for internalized racial oppression, the value of the χ^2 was found to be 38.48, $p = .056$. This value of chi-square was not significant, which indicates an acceptable match between the hypothesized and actual model of internalized racial oppression. The NFI and CFI were .870 and .95, respectively. The NFI

was below the recommended cutoff, while the CFI was above the recommended cutoff. The RMSEA was found to be a value of .069, which was slightly above the recommended cutoff. The 90% confidence interval for the RMSEA was 0.0; .112. Based on the values of these fit indexes, I would describe this model as a moderately fitting model.

Figure 4. Structural Model of the IROS and Personal Self-esteem: Factor and structural loadings

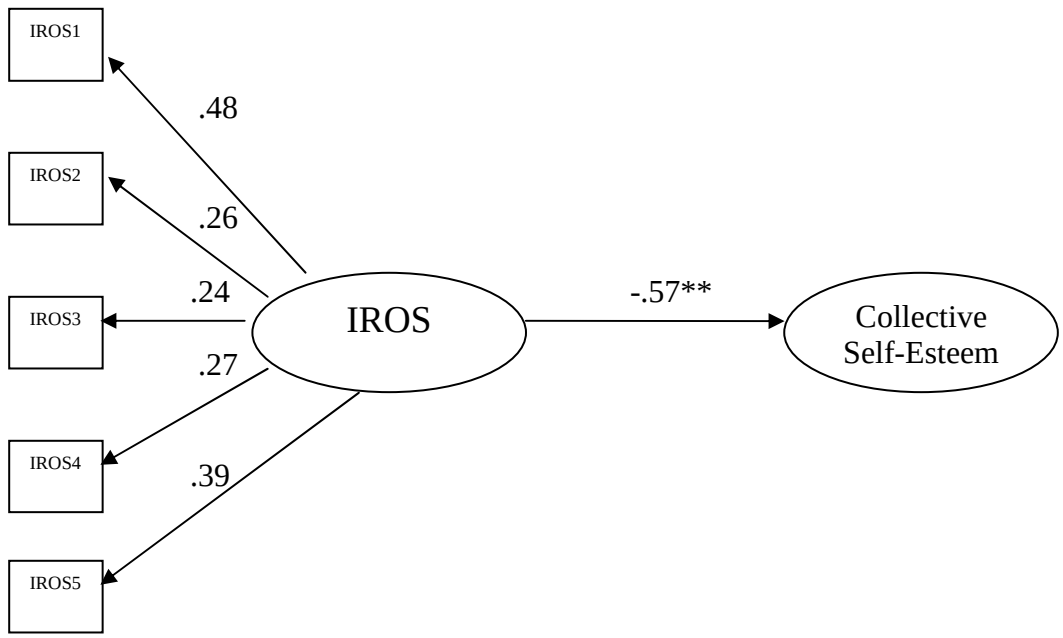


Note. IROS 1= internalization of negative stereotypes, IROS 2 = self-destructive behaviors, IROS 3 = devaluation of an African worldview, IROS 4 = belief in biased historical facts, IROS 5 = alteration of physical appearance, IROS = Internalized Racial Oppression Scale, Self-Esteem = Personal Self-Esteem
* $p < .05$, ** $p < .01$

In the structural model that assessed the path from the exogenous factor of internalized racial oppression to the endogenous factor of collective self-esteem had a value of -.57, which was significant ($p < .01$). This value indicated that the factor of internalized racial oppression, a negative predictor, accounts for 32.5% of the explained

variance in the factor of collective self-esteem. The structural model with factor and path loadings is located in Figure 5.

Figure 5. Structural Model of the IROS and Collective Self-esteem: Factor and structural loadings



Note. IROS 1= internalization of negative stereotypes, IROS 2 = self-destructive behaviors, IROS 3 = devaluation of an African worldview, IROS 4 = belief in biased historical facts, IROS 5 = alteration of physical appearance, IROS = Internalized Racial Oppression Scale
* $p < .05$, ** $p < .01$

Internalized racial oppression and satisfaction with life. The measurement model for internalized racial oppression had a chi-square value of 46.95, $p = .067$. This value was not significant, which indicated good fit. The NFI and CFI were .90 and .97, respectively. Similar to the other models, the NFI was below the recommended cutoff, while the CFI was above the recommended cutoff. The RMSEA was found to be a value of .061, which was above the recommended cutoff point. The 90% confidence interval

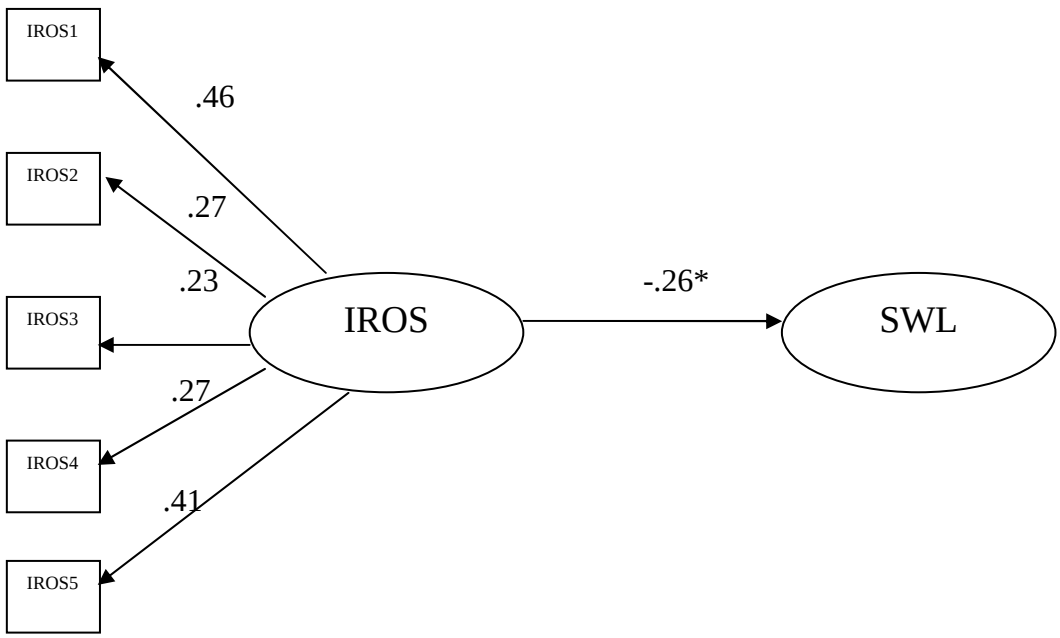
for the RMSEA was 0.0; .101. Based on the values calculated by these four fit indexes it can be stated that this model had a moderate fit.

In the structural model that assessed the path from the exogenous factor of internalized racial oppression to the endogenous factor of satisfaction with life had a value of -.26, which was significant ($p < .01$). This value indicates that internalized racial oppression, a negative predictor of satisfaction with life, accounts for 6.76% of the explained variance in the factor. The structural model with factor and path loadings is located in Figure 6.

Social Desirability

Social desirability measures have been used as a part of construct validation studies to examine the extent to which individuals may seek approval by responding in an acceptable manner (Barger, 2002; Leite & Beretvas, 2005). The Marlowe-Crowne Social Desirability Scale was used in this study to measure the relation between responding in a socially desirable manner and internalized racial oppression. Researchers have concluded that low correlations found between the MCSDS scores and the focale scale suggest that the scores on the focale scale are not biased in a socially desirable manner (Leite & Beretvas, 2005). Data from cohort 1 was used in this analysis. The means, standard deviations, and intercorrelations of the IROS and the MCSDS are displayed in Table 1. From the regression analysis it was found that social desirability was significantly related to the IROS ($\beta = -.323$, $p < .001$). The results indicated that 11 % of the variance was explained by social desirability with the direction of influence being negative.

Figure 6. Structural Model of the IROS and Satisfaction with Life: Factor and structural loadings



Note. IROS 1= internalization of negative stereotypes, IROS 2 = self-destructive behaviors, IROS 3 = devaluation of an African worldview, IROS 4 = belief in biased historical facts, IROS 5 = alteration of physical appearance, IROS = Internalized Racial Oppression Scale, SWL = Satisfaction with Life
* $p < .05$, ** $p < .01$

Discussion

The IROS (Bailey et at., 2006) was developed to measure the degree to which Black people internalize racial oppression based on the five dimensions of this phenomenon. Bailey and colleagues argued that the paucity of research on internalized racial oppression has severely impaired psychology's ability to fully understand internalized racial oppression, its impact on the mental health of Black people, or to develop culturally appropriate interventions to address this phenomenon. This research has begun to address this gap in the literature through its examination of several aspects of internalized racial oppression that have implications for providing a greater understanding of this factor. Additionally, it may serve as a foundational work that assists

in the development of interventions to address this phenomenon. This study employed CFA to examine the relationship between the indicator variables of internal racial oppression and the latent factor of internalized racial oppression.

Maximum likelihood factor analysis was used to estimate the measurement model of internalized racial oppression. The results of this analysis show that hypothesized model and actual model of internalized racial oppression was an excellent fit. The significant factor loadings suggested that the latent factor of internalized racial oppression was well assessed by the five indicator variables (i.e., internalization of negative stereotypes, self-destructive behavior, devaluation of an African worldview, belief if biased historical facts, and alteration of physical appearance). Further, the results illustrated that internalization of negative stereotypes and alteration of physical appearance were the strongest two of the five indicators. These results support the assertion that the IROS is a valid measure of internalized racial oppression. The internal consistency was found to be in the good range, which further supports the validity of the IROS.

When examining social desirability, a negative predictor of IROS scores, it was found that social desirability accounted for 11% of the explained variance in the participants' responses on the IROS. These results seem to suggest that social desirability played, although small, some role in the respondents' willingness to acknowledge their level of internalized racial oppression. The participants' want to respond in a socially desirable manner may increase their desire to report lower levels of this phenomenon. In more clinical terms, I hypothesize that their social desirability may manifest as a defense mechanism (i.e. resistance), which may allow them to consciously or unconsciously deny

their own internalization of racial oppression. This resistance could have an impact on the effectiveness of interventions created to address internalized racial oppression.

Latent variable path analysis was used in this study to examine the predictability of the internalized racial oppression in relation to several components of psychological health (psychological distress, psychological well-being, personal self-esteem, collective self-esteem, and satisfaction with life). Research has found that experiences of racism and racial oppression adversely affect the aforementioned aspects of psychological health (Rahimi & Fisher, 2002; Sellers et al., 2003; Simpson & Yinger, 1985). It was hypothesized that internalized racial oppression, similar to aspects of racial oppression, would have adverse affect on psychological distress, psychological well-being, personal self-esteem, collective self-esteem, and satisfaction with life.

As it related to psychological distress, the significant results from the path analysis indicate that internalized racial oppression acts as a predictor of psychological distress. However, in contrast to findings in the literature regarding racial oppression and psychological distress, internalized racial oppression was found to be a negative predictor of psychological distress. These results suggest that Black individuals experiencing lower levels of internalized racial oppression may report higher levels of psychological distress, while individuals who report higher levels of internalized racial oppression experience lower levels of psychological distress. One hypothesis may be that individuals who report lower levels of internalized racial oppression are unaware or don’t acknowledge racial oppression and its affects. Being unaware or not acknowledging racial oppression or the internalization of this phenomenon may serve to insulate one from the negative effects of racial oppression such as psychological distress. Another hypothesis may be that these

results are unique to this student sample and may look different in other samples. More research is needed to understand the relationship between internalized racial oppression and psychological distress. However, it must be taken into consideration that the measurement model of internalized racial oppression used in this analysis was not a good fit, which indicates that the model in this analysis may not have been a valid construction of internalized racial oppression. One possible explanation for the poor fitting model was the small sample size (n = 102) used in the latent variable path analysis. Thus, based on the model, cautions must be used when discussing internalized racial oppression as a predictor of psychological distress.

When examining internalized racial oppression and its predictability of psychological well-being, the significant results of the path analysis in the structure model showed that it serves a negative predictor of well-being. This supports the assertion that in that internalized racial oppression, although minimal, has an adverse affect on well-being.

When testing internalized racial oppression as a predictor of personal self-esteem, the non-significant results showed that it was not a negative predictor of self-esteem. This would suggest that internalized racial oppression had little to no affect on personal self-esteem. It is possible that many Black people do not consider racial oppression or its internalization when they conceptualize their self-esteem. As previously mentioned, there have been mixed results regarding self-esteem and racial oppression (Fischer & Shaw, 1999; Pierre & Mahalik, 2005), which hints at a lack of understanding about self-esteem and racial oppression. Thus, more research is needed to comprehend the relationship between self-esteem and racial oppression and the internalization of that racial

oppression. Again, as reported in the results, the measurement model in this analysis was a poor fit, indicating that caution must be used when attempting to extrapolate any meaning from this latent variable path analysis.

The negative results from the analysis examining internalized racial oppression as a predictor of collective self-esteem indicate that it was negative predictor of collective self-esteem. It was found that internalized racial oppression accounted for almost 33 % of the explained variance. These results seem to suggest that internalized racial oppression may play a major role in formation of a Black person's collective self-esteem. This notion would seem to fit since collective self-esteem was based on one's racial group identification, suggesting that increased internalized racial oppression would decrease a Black person's self-esteem as it relates to their racial group identity. The measurement model for internalized racial oppression in this analysis appeared to be a moderate fit. This fit found in the measurement model hampers the ability to make any definitive statement regarding internalized racial oppression as a negative predictor of collective self-esteem. However, these results can offer a better understanding of internalized racial oppression in relation to collective self-esteem.

The final path analysis examined internalized racial oppression as a predictor of satisfaction with life. From the results it was found that internalized racial oppression negatively predicted satisfaction with life. Although minimal, this would support the notion of internalized racial oppression having an adverse on satisfaction with life. These results seem to align with Broman's (1997) study that found life satisfaction was negatively associated with experiences of racial discrimination. The measurement model of internalized racial oppression in this analysis was a poor fit, which limits any ability to

make definitive assertions pertaining to internalized racial oppression as a predictor or satisfaction with life. However, this study may serve as a preliminary exploration of the predictive utility of internalized racial oppression.

The results from this study have several implications for the IROS and possible uses of this instrument. First, the results from this study support the assertion that the IROS is a valid instrument for measuring internalized racial oppression to the extent of its use with undergraduate and graduate student populations. This instrument may be used in clinical and educational settings as a pre/post-test instrument to assess the effectiveness of culturally appropriate interventions designed to reduce internalized racial oppression in people of African Descent. Furthermore, the IROS may also be used in clinical environments as a training tool used to educate clinicians on what the components of internalized racial oppression are and how to assess this phenomenon in their Black clients.

The significance of the factor loadings provide the field with greater insights into the various components of internalized racial oppression. It is this information that can assist in the creation of interventions that directly address the dimensions of internalized racial oppression. Specifically, interventions that reduce the belief in and acceptance of negative stereotypes regarding Black people may have a direct impact on Black individuals interactions and behaviors towards other Black people. Additionally, interventions that work to provide factual information regarding Black people and their African ancestry, while including images and concepts that laude an African aesthetic, may create a greater sense of identification and positive feelings towards the Black community. It can work against feeling ashamed of one’s own history, which Wilson

(1993) postulated was caused by a distorted presentation of African history. Ultimately, these types of interventions have the potential to increase a Black person's self-concept as it relates to their racial identity and work to decrease aspects of their internalized racial oppression.

Limitations

There are limitations that should be kept in mind when interpreting the results from this study. First, caution should be used when attempting to generalize the findings from this study because there were disproportionate numbers of women (83%) to men in both cohort samples. Additionally, all of the participants were students in higher education. Thus, responses from individuals outside of these demographic characteristics may differ from the participants of this study. A second potential limitation is the small *n* of cohort 1, which was used to assess the social desirability of respondents in relation to scores on the IROS. It was also from this cohort that the predictability of the IROS was examined. A small sample, such as this one, affects the power of any analyses run with data. A third potential limitation centers on the measurement models of internalized racial oppression produced in the latent variable path analysis. Only one of the measurement models met criteria for being considered as good fitting model. The other measurement models should be viewed as moderately fitting to poorer fitting models, which impacts this study's ability to assert, with confidence, that the exogenous factor of Internalized Racial Oppression can predict the endogenous factors that were examined. As previously mentioned, a possible explanation for the poor fitting model was the small sample size (n = 102) used in the latent variable path analysis. This limitation can be addressed in replication studies with a larger sample. The fourth potential limitation of this study is

that there was no means of collecting a more in-depth or qualitative information from participants regarding their understanding or reactions to the factor of internalized racial oppression. Three participants from Cohort 1 wrote qualitative responses beside items on the IROS attempting to further elaborate on their reactions to these items. There was no space within the online version of the survey for participants to write any comments regarding the measure. However, they were provided with my email address if they had any questions regarding the survey. Four participants from Cohort 2 sent emails explaining some of their responses on the survey and their feelings regarding the overall survey. These responses suggest the need to gain a more qualitative understanding of the phenomenon of internalized racial oppression.

Implication for Further Research

In spite of these limitations, this study has laid the foundation for a greater understanding of internalized racial oppression and what variables can assess this phenomenon. This study has provided the field with variables that make up internalized racial oppression. For future research, in addition to replicating the findings from this study, researchers may want to investigate the possibility of creating a shorter form of the IROS that retains reliability and validity, but offers research a faster means of assessing internalized racial oppression. I believe that is also important to further explore the affects of social desirability and possible defense mechanisms, which may serve as protectors from psychological and physical harm, in relationship to any interventions created to address internalized racial oppression.

Also, research is needed to understand this phenomenon as experienced by children and adolescents. The cognitive and verbal development of children and

adolescents as well as their understanding and exposure to racial oppression may affect their expression of internalized racial oppression. Reasserting one of Bailey and colleagues' (2006) suggestions for future research, it is important to understand how his phenomenon is experienced by other People of Color as well as constructing new measures of internalized racial oppression for those groups based their understanding. The use of qualitative methods should be considered as an additional means of collect data regarding individuals' experience of internalized racial oppression. In any future research with the IROS, it will be important to collect data from a sample outside of a college population, which may offer insight into the experience of internalized racial oppression by other groups of people within the Black community as well as work to improve the generalizability of the instrument. Finally, research is also needed that focuses on identifying potential resources and protective factors within the Black community that may serve to limit or reduce the experience of internalized racial oppression. It may be from this type of research that leads to the development of interventions that combat this phenomenon.

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