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## Exploring internalized racism : a critical review of the literature and implications for clinical social work

Keshia Unika Williams  
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Keshia Unika Williams  
Exploring Internalized  
Racism: A critical review of  
the literature and implications  
for clinical social work

#### ABSTRACT

In social work, like many of its allied disciplines, the effects of racism on the racially oppressed has tended to focus on overt manifestations like violence and discrimination (Pyke and Dang, 2003). Largely missing from the mainstream social work literature is a clear and consistent definition and framework for internalized racism. An understanding of the deleterious effects of internalized racism- the subtle, often unconscious, processes by which racial inequality shapes the way that the oppressed think of themselves and other members of their group- is often lacking in clinical social work literature. Internalized racism represents a harmful consequence of a racially unequal system. The discussion of racial oppression is not limited to patterns of individual and institutional practices, but also includes the process of how people of color come to internalize their subordination within a system wrought by racism.

This study reviews how social workers and professionals in the allied disciplines discuss internalized racism and explores what it needed when addressing internalized racism in the therapeutic, supervisory and educational aspects of clinical social work.

EXPLORING INTERNALIZED RACISM: A CRITICAL REVIEW OF THE  
LITERATURE AND IMPLICATIONS FOR CLINICAL SOCIAL WORK

A project based upon an independent investigation, submitted in  
partial fulfillment of the requirements for the degree of Master of  
Social Work.

Keshia Unika Williams

Smith College School for Social Work  
Northampton, Massachusetts 01063

2008

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First and foremost, I want to acknowledge that it truly takes a village to raise a child and that this body of work could not have been completed without my village and the spiritual force of my Creatress and ancestors. I am thankful and humbled by the experience of being held, guided, criticized, supported, motivated and inspired by friends, family, mentors, my research advisor, my research “buddy” and my partner through their lives and their deaths.

To Donna de Jonge Williams and Duncan Williams, thank you for always reminding me that I am an “African princess.” To Ato Yusuf Williams, thank you for your unwavering strength and for teaching me what it means to fight for every breath. To Auntie Marcia and Dani, you continue to inspire me to treasure all that I have in people, to love and to remember that I am never alone. To my elders, I appreciate that you fought so hard so that I would not have to and that you continue to provide insight and guidance as to when I need to stand up and fight and when I need to humbly submit.

This body of work is neither complete nor incomplete. It reflects time, space and meaning that can only be captured by all events and people that have shaped who I am in this moment. This work is an attempt at beginning a dialogue that can be a vehicle for change and healing of the personal and collective intergenerational pain we share as people of color. It is dedicated to the beautiful and painful struggle of racially oppressed people as well as our resilience and remarkable ability to survive and move onwards and upwards even the harshest of conditions.

I send this body of work forward in a movement towards strength, humility, gentleness and healing.

Ashe.

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## CHAPTER I

### INTRODUCTION

*When you control a man's thinking you do not have to worry about his actions. You do not have to tell him not to stand here or go yonder. He will find his 'proper place' and will stay in it. You do not need to send him to the back door. He will go without being told. In fact, if there is no back door, he will cut one for his benefit. (Woodson, 1933, p. xix)*

Seventy five years after Woodson's seminal work, *The Mis-Education of the Negro* (1933), his analysis and insights about the impact of systems of domination on those who are subordinated remains relevant and authoritative. One such system of domination is racism. Racism is a phenomenon with a long and complicated history. Racism, in combination with other forms of oppression, has led to differential access to the goods, services, and opportunities of society for people of color (Jones, 2000). In addition, negative assumptions about the abilities, motives, and intentions of individuals who are racialized have fostered the justification of differential treatment towards people of color (Jones, 2000). The discussion of racial oppression is not limited to patterns of individual and institutional practices, but also includes the process of how people of color come to internalize their subordination within a system wrought by racism. Internalized racism represents a harmful consequence of a racially unequal system. More importantly, it serves as a powerful phenomenon unto itself that keeps people of color feeling powerless in a system that does not value them or their contributions.

Internalized racism is defined as the acceptance and incorporation by members within an oppressed racialized group of negative messages and prejudices about their

own abilities and intrinsic worth within the dominant society (Jones, 2000; Pheterson, 1986). In this “dominant society,” white people have the power to define the socially acceptable, appropriate, or ‘normal’ roles for people of color while people of color lack the power to define what is acceptable, appropriate or ‘normal’ for themselves (Parham, 1999; Tappan, 2005). Given the minimal amount of power afforded to people of color within the dominant society, people of color often defer to the roles that have been delineated for them by those who have most of the power in the dominant society. Research on racism’s effects on the racially oppressed has tended to focus on overt manifestations like violence and discrimination (Pyke & Dang, 2003). Little mention is made by researchers across various bodies of literature about the deleterious effects of internalized racism, the subtle, often unconscious, processes by which racial inequality shapes the way that the oppressed think of themselves and other members of their group (Baker, 1983; Pyke & Dang, 2003).

Internalized racism is likely to consist of self-hatred, self alienation, self-concealment, fear of violence and feelings of inferiority, resignation, powerlessness, and accepting limitations to one’s own full humanity, including one’s right to self-determination, and one’s range of allowable self-expression (Jones, 2000; Pheterson, 1986; Watts- Jones, 2002). Internalized racism isolates people of color from one another and supports divisions amongst people of color and within groups of color (Jones, 2000; Pheterson, 1986). This may manifest in people of color idealizing whites and white culture while blaming members of their own group for their own oppression (Green, 1994; Rosenwasser, 2002). Also, the isolation may manifest in people of color distancing themselves from or rejecting other people of color who may act out behaviors associated

with the negative stereotypes propagated by white culture (Green, 1994). Internalized racism can cause people of color to become inhibited or emotionally constricted when dealing with other people of color, as well as white individuals (Green, 1994). It can serve as a block to positive economic, educational and political participation, by breeding a sense of helplessness and hopelessness that discourages people of color from believing in their abilities to affect change in their lives (Jones, 2000).

Discussing internalized racism causes discomfort in whites and people of color alike because it suggests that the effects of racism are deeper and broader than both groups would like to admit. Because internalized racism reveals dynamics by which oppression is reproduced by people of color towards people of color, some fear that discussion about it will lead to “victim blaming” and the negation of the traumatic experiences people of color have been subject to at the hands of those in the dominant group (Pyke & Dang, 2003). Similarly, there is fear that a focus on internalized racism will move attention away from the necessary scrutiny of the structure of racism that engenders phenomena such as internalized racism, which privileges whites at the expense of people of color (Pyke & Dang, 2003). Despite these understandable fears, it is imperative that internalized racism is discussed. Efforts towards liberation from a racially oppressive system are thwarted when members of society are confused and ignorant about the various ways that internalized racism operates in the lives of people of color. When researchers and clinicians render the concerns and pain that internalized racism has caused in the lives of people of color invisible within the clinical literature, future attempts at solidarity and healing are weakened. When researchers and theorists do not name, define, and discuss internalized racism in their literature pertaining to people of



color, they are colluding with an oppressive system that invalidates people of color's negative experiences of a racist system.

Much research in the last twenty five years has focused on proving the existence of racism and then investigating its effects in the lives of people of color vis a vis white people (Comas-Diaz & Jacobsen, 1991; Daniel, 2000; Dorsey, 1998; Gorkin, 1996; Miller & Garran, 2007; Pyke & Dang, 2003; Tappan, 2000; Thompson, 1996; Tummala-Narra, 2004). Much of that research, from health related fields, education, the social sciences and psychology, have focused on racism as it relates to disparities between people of color and white people but not on how racism manifests between people of color. Similarly, while mental health researchers have shown that ethno-cultural factors play a role in most aspects of the therapeutic process (Comas-Diaz & Jacobsen, 1991; Daniel, 2000; Miller & Garran, 2007; Remington & DaCosta, 1989; Tummala-Narra, 2004), few have focused on the internalization of racism (Comas-Diaz & Jacobsen, 1991; Daniel, 2000; Tummala-Narra, 2004) and there are still no widely accepted theoretical models that define and explain internalized racism. Even fewer researchers have studied the impact that internalized racism has between and among people of color in the therapeutic and supervisory relationships central to clinical social work (Comas-Diaz & Jacobsen, 1991; Daniel, 2000; Miller & Garran, 2007). This is a significant gap in the knowledge base of the field.

All participants in the field of clinical social work are challenged to better understand the factors that serve to bolster and hinder clinical relationships. Most of the empirical research on race and the significance of racial dynamic in the clinical relationship has been conducted by African American researchers and clinicians about

African American individuals and that racial matching has on the therapeutic dyad (Daniel, 2000; Thompson, 1996; Tummala-Narra, 2007; Williams, 1996). However, the lack of similar research on other populations of color does not signify that the issue of race and the experiences of racism are not significant for other groups.

Racial matching is often seen as a bolstering factor to the clinical relationship, especially when processing race-based trauma is named as a therapeutic goal (Daniel, 2000). However, this view is based on the erroneous assumption that when a client and his therapist share membership in a racial grouping, they will necessarily have had similar experiences of race and racism, and will be able to understand each other based on this shared experience. How internalized racism may be enacted in the therapeutic relationship is of utmost importance. For example, if a client has come to idealize white individuals and accept that people of color have limited competence as compared to whites, he or she may negate the therapist's ability to facilitate the therapeutic process simply based on his therapist's race. The impediment that internalized racism can create within this therapeutic dyad is seldom examined. The processes involved in the therapeutic relationship often uncover similar defensive racial dynamics in racially matched dyads as well as racially mismatched dyads (Daniel, 2000; Thompson, 1996; Williams, 1996). This serves to reflect the dynamism of conflict and cooperation within groups of color and between groups of color. Researchers suggest that affective components of race show themselves in issues of power, privilege, deprivation and rejections both in racially matched dyads and racially mixed dyads (Baluch & Reynolds, 2001; Comas-Diaz & Jacobsen, 1991; Daniel, 2000; Gorkin, 1996; Miller & Garran, 2007; Thompson, 1996; Tummala-Narra, 2004; Williams, 1996). I believe that the

dynamism of conflict and cooperation and the defensive racial dynamics within racially matched dyads are mainly due to internalized racism. Thus, an awareness of internalized racism and its manifestations should be cultivated in every clinical interaction. This is an arena of study essential for clinical social work.

Internalized racism affects both white individuals and individuals of color. This study, however, focuses on the impact of internalized racism on people of color and its relevance to key aspects of clinical social work. This paper will provide a comprehensive review of the current scholarship on internalized racism in multiple disciplines allied to social work. It will critically analyze the theories and frameworks used to study and to conceptualize internalized racism in these disciplines and identify the frameworks and best practices that may be most relevant for use in clinical social work.

## CHAPTER II

### LITERATURE REVIEW

This chapter reviews the literature on internalized racism in several allied disciplines to social work, specifically, health, education, psychology, and the social sciences, with a focus on literature from the fields of communication, sociology and cultural studies. I will broadly examine how the phenomenon of internalized racism is defined and discussed in these disciplines. For the purposes of this study, the focus will be the impact of internalized racism on people of color. The examination of the experience of internalized racism by white people is beyond the scope of this paper.

#### *Health sciences*

In health literature, I was able to find six articles on internalized racism and many more on racism and oppression and how they relate to health disparities. Throughout the allied health fields, there is a growing discourse on the impact of racism on the physical health of people of color (Clark et al, 1999; Krieger et al, 1993; Thomas, 2001; Todd et al, 2000). Despite marked improvements in overall American health in recent decades, many Americans cannot boast the same progress (Clark et al, 1999; Kendall & Hatton, 2002; Krieger et al, 1993; Thomas 2001). From differential diagnoses to differential access to various types of treatments, there are glaring disparities between those who are members of racialized groups, women, and people living in poverty and those in the dominant culture, dominant gender and the privileged classes (Bach et al, 1999; Kendall & Hatton, 2002; Todd et al, 2000; Ng et al, 1996). The health researchers writing about

health disparities with respect to racism are, however, not writing about health disparities with respect to internalized racism. Compared to the research on racism and oppression in health, there are relatively few articles that look directly at internalized racism.

The few articles that do address internalized racism, focused on how internalized racism negatively impacts health related behaviors in people of color. The major views of these articles are that the acceptance and incorporation of negative stereotypes that whites have of people of color negatively influence many aspects of people of color's lives including their beliefs about their abilities, intrinsic worth and attitudes towards themselves (Jones, 2000). Internalized racism in Black communities has been found to be positively associated with alcohol consumption, depression, abdominal fat and glucose intolerance (Butler et al, 2002; Tull et al, 2001). Mothers' thinking about the protection of their daughters and stress responses in women of color has also been linked to internalized racism. (Banks-Wallace & Parks, 2001; Kendall & Hatton, 2002).

What is being said in the health articles focusing on internalized racism relies largely on recent scientific findings and a lot of demographics-based statistics. These studies depend on the recent scientific findings and statistics as a means of providing for statistical reliability through standardized means of measuring internalized racism. Internalized racism in these studies is usually measured with a standardized questionnaire such as the Natanolitization (NAD) Scale, a 49 item Likert-type scale (1=strongly disagree, 5= strongly agree) used to measure Black internalization of white stereotypes about African Americans on a social component and a racist component (Taylor & Gundy, 1996). The use of a standardized scale across studies suggests that researchers assume they are measuring a stable phenomenon, and that the way internalized racism is

operationalized in this one scale will adequately describe the experience of internalized racism by most research participants. The works examined ultimately contribute to an understanding of internalized racism as it relates to health and health behaviors, however only vaguely explains how internalized racism becomes incorporated for people of color and how this incorporation leads to poor health and risky health behavior.

### *Education*

The relationship between race and education has long been noted in the field of education. Whether it is in discussions of the content of curricula, the institutional policies, or the basic right to equal access to education, it has been a contentious issue.

In the education literature I surveyed, I was not able to find any articles specifically on internalized racism or its influence on people of color's relationship to education. However, there were many articles in the education literature using the language of "oppression" with no focus on a specific type of oppression. The closest related topic to internalized racism that was examined was "internalized oppression" (Griffin, 1997; Rossenwasser, 2002; Tappan, 2005; Tappan, 2006.). Of the few articles that addressed internalized oppression, the primary focus was on how internalized oppression is acquired, instilled and perpetuated. The major views were that whites define socially acceptable, appropriate or 'normal' roles for people of color and that people of color come to appropriate this ascription, and that the experience of those who have adopted the [dominant] group's ideology come to accept their subordinate status as deserved, natural, and inevitable (Griffin, 1997; Tappan 2005). There is little detailed mention of how internalized racism may influence attitudes towards education or participation in educational institutions. Furthermore, using the language of "internalized

oppression” to describe similar processes to the internalization of racism seems to suggest that within the education literature “internalized oppression” and “internalized racism” are interchangeable terms.

Authors of educational literature tended to use historical material and narratives to support their conceptualization of internalized oppression. The literature on the topic relies heavily on a foundational understanding of the discourse of internalized oppression from earlier extensive explorations on the topic of such scholars as Fanon (1968), Memmi (1957) and Freire (1970). The articles rely on the early foundational work of the aforementioned scholars to explain the move towards more progressive forms of pedagogy through anti-oppressive and inclusive practices. The works I examined ultimately did not significantly contribute to my understanding of the phenomenon of internalized racism as it relates to education, rather how the field of education came to acknowledge the phenomenon. Internalized racism in the education literature remains couched in an understanding of internalized oppression without a clear framework.

### *Psychology*

In psychology literature, I was able to find fifteen articles directly addressing internalized racism and many more that addressed racism and racial identity (e. g. Helms & Cook, 1999; Rodriguez, 2000; Thompson, 1996; Tummala-Narra, 2007; Williams, 1996). In comparison to many of the other domains examined, the field of psychology has a fair amount of literature that discusses internalized racism. Not surprisingly, the general tendency of the many articles that addressed internalized racism is to view internalized racism as a mainly internal psychological process. The majority view is that

if a person of color lives in a racist environment and lacks racial validation, she or he is more likely to internalize racism (Poupart, 2003).

The psychological literature also tends to hold that there is a relationship between shame and internalized racism. These theorists posit that it is difficult to talk about internalized racism because of the pain and the shame associated with it (Watson, 1999; Watts-Jones, 2002). One of the major foci in the psychological literature is the relationship between skin color demarcations in communities of color and internalized racism. Research findings have affirmed that skin color has been assigned cultural value and class across various ethnic groups of color and continues to divide and shape identity and experience within various ethnic communities in the United States (Rodriguez, 2000; Thompson, 1996; Tummala-Narra, 2007; Williams, 1996). Beliefs about skin color play an important role for people of color in racial identity development, whether through identification with or disengagement from one's racial group or mainstream US culture (Helms & Cook, 1999). Experiences with racial trauma and colorism, which refers to intraracial discrimination based on skin color (Okazawa Rey et al, 1987), have specific influence on intrapsychic processes (Tummala-Narra, 2007). In the therapeutic encounter, a therapist or client's skin color is assumed to indicate their racial heritage as well as their identifications with that heritage (Tummala-Narra, 2007).

Much of the literature on internalized racism relies on the experience of internalized racism for people of African descent, which may not be possible to generalize to other people of color. While most of the empirical research is with African Americans, the psychological literature on the topic of internalized racism as it related to skin color suggests that most individuals of color may internalize oppressive images of



his or her skin color held by mainstream culture and carry these images into the realm of interpersonal relationships (Tummala-Narra, 2007). While skin color is not the only signifier for racial categorization, it is clear that the privilege assigned to lighter skin can be seen as a vehicle of hope or despair. Given the assignment of power for lighter skin, it can be inferred that such a power dynamic can implicitly become part of an interpersonal dynamic between an individual with the lighter skin and the one without, thus laying the foundation upon which the negative manifestation of internalized racism can be erected.

A prominent view in the many articles surveyed is that internalized racism acts a process directly related to the feelings, characteristics and actions manifested by people of color. Internalized racism has been defined as “the process of absorbing consciously or unconsciously the values and beliefs of the oppressor and subscribing to the stereotypes and misinformation about one’s group. This process leads to low self esteem, self-hate, the disowning of one’s group, and other complex behaviors that influence and impair quality of life” (Alleyne, 2004). In one research study, for instance, internalized racism in Black couples was negatively related to marital satisfaction (Byrant et al, 2008). Another study (Wester et al, 2006) indicates that internalized racism acts as a vehicle through which the internalized sexism affects quality of life.

In Suzanne Lipsky’s often cited (1987) work on internalized racism, she states

Internalized racism has been the primary means by which we have been forced to perpetuate and "agree" to our own oppression. It has been a major factor preventing us, as black people, from realizing and putting into action the tremendous intelligence and power that in reality we possess (p. 1)

Lipsky asserts that internalized racism engenders two distinct yet related processes, the process of perpetuating imposed forms of oppression, the process of

acceptance by “agreeing” to oppression and the process of maintaining internalized racism by virtue of its preventative powers. Together, these processes imply that internalized racism itself is a larger process made up by the interconnectivity of smaller complex processes. Lipsky (1987) goes on to describe the impact that internalized racism has had on intragroup relationships

On a personal level, it has been a major ingredient in the distressful and unworkable relationships, which we so often have with each other. It has proved to be the fatal stumbling block of every promising and potentially powerful black liberation effort that has failed in the past (p. 1).

Internalized racism, in other words, is consistently enacted in the efforts people of color to organize and form interpersonal relationships.

What is being covered in the major arguments of the field for the existence and experience of internalized racism is evidenced by historical materials, case studies, narratives, statistics, as well as recent scientific findings. The psychological articles depend on this type of evidence to affirm that racism is not only an interpersonal but an institutionalized emotional, cognitive, behavioral and social policy practice that assumes and/or promotes the cultural, biological, and socioeconomic superiority of people of European descent (Speight, 2007; Watts-Jones, 2002).

Moreover, the psychological literature uses the narratives, case studies and recent scientific findings to further the idea that confining oppressive system contributes to emotional distress (Speight, 2007). Racism is physically, psychologically, and emotionally harmful to its targets both as stress and trauma (Carter, 2006) and practitioners must be open to the oppressive reality of their clients’ experiences, and

active in the area of social change. The works examined ultimately contributed in a significant way to a better understanding of internalized racism.

### *Social sciences*

In social science literature, I was only able to find one article on internalized racism (Pyke & Dang, 2003). However, there were three major articles on internalized oppression (Dorsey, 1998; Gainor, 1992; Pheterson, 1986). Much like the educational literature, the social science literature focuses primarily on defining and deconstructing oppression in general, rather than specifically addressing racism. Only within the last two decades has the intersections between various forms of oppressions and race been explored (Dorsey, 1998). Pyke & Dang (2003) were the only authors to address internalized racism specifically. Pyke & Dang (2003) reference “oppressive othering” as occurring when the dominant group engages in marking another group as inferior using classification schemes, myths, and stereotypes in the recreation of inequality. This can be likened to racism as a process where the process of instilling inferiority is of major significance. In contrast, “defensive othering ” is what Pyke and Dang refer to as occurring when subordinates seek membership in the dominant group or attempt to distance themselves from the stigma linked to their status (Pyke & Dang, 2003). This can be likened to internalized racism as a process. “Disidentification” and the display of an assimilated status entail the distancing of oneself from co-ethnics. This can be likened to the process and the act of maintaining internalized racism. It would seem that either through defensive othering or oppressive othering there is a process that involves accepting the legitimacy of a devalued identity imposed by the dominant group.

While Pyke & Dang's (2003) views are unique to the literature that I reviewed, there was discussion amongst other writers on internalized oppression that were based on examples of internalized racially based oppression. For the purposes of this study, I would argue that in the case of internalized oppression that is based on race-based oppression, internalized racism and internalized oppression are the same. The discussion on internalized racism, in this case, seems to be around the communicative value of unconscious processes and the relationship that internalized racism has on people of colors' relationships with members of their group (Pyke & Dang, 2003; Dorsey, 1998). Internalized racism, for instance, has been shown to be a significant barrier to effective group work in all-black female groups (Gainor, 1992; Dorsey 1998), and regardless of which ethnic or racial subordinate group, people of color have been found to justify the oppression of their group with a belief in their own inferiority (Baker, 1983; Pyke & Dang, 2003).

Discussion in the social science literature on internalized racism used narratives of people of color's experience with racism and, recent scientific findings such as Pyke & Dang's (2003) study to support its claims. These scholars depend on the narrative accounts and research findings to elucidate the need for further research grounded in a clearly defined framework. My review of the social sciences literature has not located any widely accepted theoretical framework or definition pertaining specifically to internalized racism and thus does not ultimately contribute to an understanding of internalized racism.

## *Social Work*

In social work literature, I was able to find three articles on internalized racism and eight more on internalized oppression. Of the three that addressed internalized racism, the major discussions centred on internalized racism and racial identity in cross-racial treatment encounters. The major views are that internalized racism is a personal process that may have an influence on the therapeutic processes in cross-racial dyads involve a person of color and a white person. Part of this discussion invoked the discussion of shame as it relates to internalized racism much like the psychological literature.

In the exploration of internalized racism through a case study, Rene Chapman, talks about the internalising of her racial identity as her shame based “I am something wrong” identity and how that affected her work as a black female clinician with a white homosexual male client (Chapman, 2006). As was evidenced in Chapman’s work, case studies and personal narratives of social work practitioners working in racially mixed dyads are useful tools to explore internalized racism within the social work literature. The use of case studies and narratives reflects a bias towards viewing internalized racism as a personal internal process that manifests when there is a person of color working with a white person in a clinical relationship. This argument is present in much of the psychological literature from which social work borrows in this subject area. The problem with focusing only on internal processes that occur in cross-racial dyads is it leads to the presumption that there are no implications for the effect of racism and internalized racism in racially matched dyad of people of color. In sum, the works examined in the social work literature ultimately did not contribute in any significant way

to an understanding of the phenomenon of internalized racism as it manifests within groups of color.

*Conclusion*

A review of the health, education, psychology, social sciences and social work literature, indicates that the phenomenon of internalized racism is vastly understudied. Internalized racism is a profound and complex phenomenon that influences individuals and groups at the personal, community and institutional levels. More comparative analysis across disciplines could contribute to a general theory concerning the way that internalized racial oppression organizes racial minority communities and undermines collective resistance to racial inequality as well as how to heal the crippling emotional state that this phenomenon facilitates.

## CHAPTER III

### SOCIOHISTORICAL BACKGROUND AND RACIST DOUBLE BINDS

The previous discussion of internalized racism from the reviewed literature covered such areas as internalized racism's impact on health disparities and health related behaviors for people of color (Bach et al, 1999; Butler et al, 2002; Clark et al, 1999; Gundy 1970a; 1970b; Kendall & Hatton, 2002; Krieger et al, 1993; Ng et al, 1996; Thomas, 2001; Todd et al, 2000; Tull et al, 2001). It also addressed internalized racism as an internal psychological process involving feelings, characteristics and actions based on shame (Alleyne, 2004; Okazawa Rey et al, 1987; Rodriguez, 2000; Thompson, 1996; Tummala-Narra, 2007; Watts-Jones, 2002; Williams, 1996) and the role that internalized racism plays in the dis-identification and distancing of people of color from other people of color (Pyke & Dang, 2003). This chapter will serve to discuss the missing elements in the literature on internalized racism.

Across various bodies of literature, the discussion of internalized racism, when present, lacks a consistent interweaving of the socio-historical and power-based dynamics that maintain and perpetuate the internalization of racism. The discussion of internalized racism addresses, at times, the history of oppression and differential access to power in people of color's lives, but not how this history of inequality impacts the ways people of color relate to each other. This lack polarizes the arguments about internalized racism. A discussion that limits people of color to either the role of victim or of perpetrator of race based violence negates the complexities of the experiences of people of color within a

white supremacist system. The discussion of racism tends to be focused on how the phenomenon is enacted between white people and people of color, without considering the deleterious effects that internalized racism can have among “our own”. The lack of an adequate discussion of the many wounds that have been inflicted upon people of color by people of color negates the depth of the destructiveness that various forms of racism have left on communities of color from within and without. A conversation about internalized racism that includes some socio-historical background, as well as a discussion of power, would provide a preliminary dialogue in which the complexities of internalized racism could be highlighted.

#### *Sociohistorical background*

Bell (1997) argues that racism is a permanent fixture of the American social and political reality. Support for this argument can be found in Takaki’s (1993) and Lipsky’s (1987) documentation of the legacy of discrimination and racism in America. Cassidy and colleagues (2004) provide further support for this argument, noting that for people of color, the experience of prejudice and discrimination is likely to be a part of everyday life. With this in mind, one cannot divorce people of color’s experiences with internalized racism from their socio-political and historical background. This background includes a systematic race based oppression that continues to govern the lives of people of color and shape their behavior towards other people of color. Providing some sociohistorical background is important because it provides some context for how to explore the process of internalization of racism.

Scholars link the internalization of racism in Black communities to the presence of racism in our history, namely, the African slave trade (Butler et al, 2002). African



slaves were viewed as mentally defective, physically gifted, and more akin to animal than human (Butler et al, 2002). A similar history of racism can be found in other groups of color. For example, the Spanish conquerors that colonized much of Latin America developed a caste system that was based on racial descent where an individual's status within the caste system was based on the amount of Spanish versus the amount of Native and African ancestry, with more Spanish being considered superior (Fortes de Leff, 2002; Gutierrez, 1998). Internalized racism born out of a history of racism becomes manifest when people of color reject ancestral culture based on the imposed belief of its inferiority, devalue all that is related to people of color and self blame (Jones, 2002; Rossenwasser, 2002).

The history of racism in the Western world and the subsequent internalization of racism have created superficial divides within communities of color. For example, the stratification of the Black community based on skin color and related features such as hair texture can be seen as a by-product of the history of enslavement in the United States (Okazawa Rey et al, 1987). Because physical appearance has always been a concern affecting the lives of women to a greater extent than men, the continuing issues of skin color, hair texture, and other facial features (e.g., nose, lips) play a major role in Black girls and women's conceptualization of their beauty and self-worth (Thomson & Keith, 2001). Skin color is an important predictor of self-esteem for African American women. Skin tone influences ratings of attractiveness assigned to African American women, but the association is considerably less for African American men (Thomson & Keith, 2001). These are just a few examples of how sociohistorical factors of the past continue to

manifest in contemporary times for women of color, especially women of African descent.

Locating internalized racism as a response to the trauma of oppression throughout history is useful in understanding key elements of internalized racism, namely, the presence of shame (Watt-Jones, 2002). Dee Watts- Jones (2002) argues that for people of African descent, internalized racism involves at least two levels of shame, first, the shame associated with our “African-ness”, as a result of slavery and racism and secondly the shame of being shamed. Watts-Jones (2002) states, “At the core of racism is the shaming of the African identity and culture. The subjugation and oppression are built on the foundation of the purported inferiority of the African (or any People of color)” (p. 593).

She elaborates by stating

Identifying the initial shame as a response to the trauma of oppression assists in externalising the shame, and generating compassion toward ourselves for the shame we experience. To heal from the initial shaming, people of African descent need to let go of the secondary shame, which means freeing ourselves to talk more openly about the initial shaming. The secondary shame is what binds us to the primary shame, by keeping it secret, quiet. The secondary shame is really about being victimised. (Watts-Jones, 2002, p. 593)

By not discussing the sociohistorical background related to internalized racism, we deny any acknowledgement that injustices have been done not just to individual people of color, but to whole groups. This goes beyond simply exploring the internal experience of people of color by locating internalized racism within a greater sociohistorical context that includes the intergenerational impact that systematic and institutionalised racism and its internalization by people of color is made manifest.

### *Racist double binds and internalized racism*

A discussion of internalized racism that is examined from a sociohistorical perspective cannot be complete without examining the role of differential access to power between people of color and white people. Differential access to power in relation to internalized racism highlights what it means to view people of color as victims in an unequal system of oppression and then how liberation from that system is achieved. This can be likened to a double binding relationship, a construct originally defined by the anthropologist, Gregory Bateson, and his colleagues to posit a communications based theory of schizophrenia. The theory of the double bind came from the study of learning and communication in schizophrenic families that did not define the cause of schizophrenia, but the process that occurs in relationships between members of the family who did not have schizophrenia and the member that did (Visser, 2003). Bateson and his research group further developed the concept of double bind, which finally led to a conceptualization of a communication pattern between two or more persons involved in an intense survival based relationship (e.g.: relationship between parent and child) (Bateson et al, 1956). This communication usually involves conflicting messages where one message takes the form of a negative injunction that threatens behavior with punishment and a second message usually conflicts with the first and is also enforced by punishments and the “victim” is unable to leave the field of communication due to his dependence on the relationship (Visser, 2003). Vanessa Mahmoud (1998) defines the double bind theory in much clearer terms as

A double binding relationship is one in which a more powerful person tyrannizes and victimizes a less powerful person, communicating in a mystifying way that binds the victim and leaves him or her no room for safety. The mystification

operates through subtle, covert message that contradict the overt messages, but the victim can neither comment on the discrepancy nor leave the relationship. (p. 255- 256)

Internalized racism can be seen as an example of the debilitating effects of racist double binds. People of color receive the double binding messages that they are inferior and powerless victims in a system where the “cards are stacked against them”, but are mystified by messages that allude to the idea that people of color have equal power and ability within a white supremacist system to change their situation. An example, as per Dee Watts-Jones and colleagues (2007), is when “Whites or another empowered group engage in oppressive behavior, and the disempowered can neither acknowledge the oppression nor leave the relationship” (p. 443). Dee Watts-Jones and colleagues (2007) further state that “The discrepancy between overt professions of social justice and covert actions that belie this foster “crazy-making” among people of color and other marginalized groups” (p. 443).

There are messages that suggest that if people of color learn how to speak right and learn to value all that a white supremacist system values, people of color can hold the privileged position that whites hold within the white supremacist system. Ironically, to adopt this value system would include devaluing those who a white supremacist system devalues, namely, people of color. Of courses, for this double bind to be effective, the “victim” (people of color) cannot plainly see that the demand placed on them by the primary injunction (value all that a white supremacist system values) is in direct conflict with the secondary injunction (devalue people of color). Thus, an inexpressible internal conflict where the “victim” (people of color) heartily want to meet the demands of the

primary injunction but struggle each time because the “victim” challenged by the situation that is completely incompatible with the demands of the secondary injunction. In an effort to resist the internal conflict that racist double binds create for people of color, some people of color may begin to devalue themselves and other people of color in an attempt to meet the demands of a white supremacist system.

This devaluing of oneself as a person of color and the subsequent devaluing of other people of color because of racist double binds is a feature of internalized racism. The double bind theory highlights the underlying concept of power. Racist double binds ‘work’ because within a racially oppressive system white narratives have power over the narratives of people of color and due to institutionalized racism, “whiteness” is privileged such that it has the right to define the operant context for people of color (Gibney, 2006). Dee Watts-Jones (2002) provides a succinct explanation for how the role of power, internalized racism and double binding relationships converge in people of color’s lives

...embracing ourselves as victims appears to increase our vulnerability to further victimisation. If we do this within the privacy of our minds or a within-group process, we will be weakened from without. If we do this within the privacy of our minds or a within-group process, we will be weakened from within. If we acknowledge ourselves as victims in an across-group process (in the presence of whites), we offer ammunition to be empowered, and we will be weakened from without. This creates a double bind of being oppressed but limited in our ability to speak about the personal costs of such oppression (p. 594).

Moreover, within a racially oppressive system where people of color are victimised, people of color are offered even fewer choices about how to use the power we do have.

In navigating white supremacist system, power for people of color often comes through claiming our voice as “victims” of a racially oppressive system. However, as

astutely stated by Dee Watts Jones (2002), “No one, regardless of her or his level of privilege in society, likes to admit to being a victim. It flies in the face of the “can do” ethos we live in, and there is stigma associated with having been hurt or taken advantage of in some way” (p.594). Victimhood buys people of color power in a racially oppressive system that relies on a dominant group’s (white people) stabilization of itself by sustaining the existence of a victim group (people of color). Claiming “victim” status for people of color is shameful because there is the implication that a victim is passive or deficient, either as a prior condition that led to the victimization, as in blaming the victim, or as a result of it, as in being impaired (Watts-Jones, 2002, p.594).

Furthermore, accepting victim status as people of color breeds dependence on white people in a racially oppressive system where whites are privileged. Where white people are cast in the roles of our victimizers, they also get the role of our liberators who “give” people of color power and “allow” us to be liberated. Within this system, people of color fulfil the roles of the powerless and of those needing liberating and those whose liberation resides in the power invested in white people within a white supremacist system. This fosters a dependence on appealing to the mercy of the whites to give privileges and take them away. From the perspective of dependency, part of people of color’s socialisation process is to find ways of taking care of white people, doing this well and doing it in self-compromising ways.

As a result of this socialisation process and the racist double binds that are inherent in that socialisation process, often when people of color are trying to address race based injustices it means that some people of color feel compelled to instantly take care of white people while cutting down other people of color. This is an example of how

internalized racism becomes manifest in people of color's relationships to each other. Not only is a double bind created for people of color by being oppressed and limited in our ability to speak about the personal cost of oppression; but, we become silent in our ability to discuss our willing participation in a form of complicity that replicates inequality between us via our actions based on our internalized racism (Pyke & Dang, 2003; Schwalbe, 2000; Watts-Jones, 2002).

It is characteristic of double binds that the person with the least amount of power in the relationship is prevented from commenting on the contradictory message she or he is being given by implicit or explicit threat of punishment (Mahmoud, 1998). A "victim" who confronts the perpetrator with her or his true feelings about the conflicting messages is at risk for dealing with consequences that are even more painful and precarious than their present situation. Should the "victim" decide to take the risk of dealing with the possible painful consequences and to confront the perpetrator anyway, at times her or his perceptions may be disqualified, questioned or become cause for abuse to be inflicted on a subjugated individual or group (Mahmoud, 1998). For example, during the enslavement period in the United States of America, enslaved individuals were subject to many abuses. Often, if slave master or his overseer charged an enslaved person with any form of insubordination, including commenting on the abusive environment of the plantation system, harmful consequences for all of the enslaved people on the plantation would ensue. To ensure that their slaves would govern themselves out of intimidation, the colonisers devised a system fraught with fear and the threat of violence. Within this colonial model, the collective served to protect individuals by keeping everyone "in line." These fear tactics were instilled by the colonisers and have been transmitted throughout

the generations since the slave trade such that it can be very difficult for many people of color to sit and watch a white person get agitated and upset in contemporary times because historically we know that horrible things often happen when white people get mad.

In a more contemporary setting, people of color may become often defensive when white people find us communing with each other and accuse us of “reverse racism.” Some people of color may even go out of their way to avoid such coalescing in integrated settings. Sometimes this defensiveness is about more than risking the consequences of making whites anxious and being punished. It may also reflect internalized racism in that people of color may internalize the view that we need to “prove ourselves”- that we are legitimate, acceptable, and “don’t see color”. Because of this type of racist double bind, internalized racism within people of color manifests itself through the continued devaluing, divisive and destructive patterns that pit people of color against each other. In a more blatant form of internalized racism, we may devalue a within group process among us because of the subtle or not so subtle belief that without the presence of whites, such a process cannot be worthwhile (Watts-Jones, 2002).

Providing a space for people of color to speak freely about internalized racism as an aspect of their experience with racist systems without concern for possible backlash is of utmost importance. Over time, people of color’s emotional response to racist double binds are likely to become intense. The longer people of color are exposed to such a tyrannical double binding relationship, the more severe emotional damage will be (Mahmoud, 1998). Lipsky (1987) notes that patterns of internalized racism present among people of color, particularly African Americans, are not the result of something



common to African American culture. Instead, these patterns are the result of the experience of systematic and institutionalized racism. Lipsky (1987) adds that racism has inflicted profound wounds and has instilled deep chronic patterns of internalized racism within people of African descent. These chronic patterns are consistently present and in operation, so much so that many Black people, for example, have come to believe that these destructive patterns are an inherent part of Black culture. Lipsky (1987) cites examples of chronic patterns such as horizontal hostility, criticism and invalidation of Black children and leaders, isolation from other Black people and internalized stereotypes. The belief in factors that are the results of oppression as inherent part of the individual and collective identities of people of color completes the cycle of the internalization of racism.

*The absence of a dialogue on internalized racism: Implications*

Not having meaningful dialogue about internalized racism within groups of color and within groups where white people are present furthers a racially double binding relationship between a white supremacist system and people of color. In people of color's lack of ability to comment on the racially double binding relationship or ability to leave the racially double binding relationship without fear of punishment, all claims of inequality and injustice by people of color are disqualified. This keeps people of color distracted and focused on commenting on the smaller things that breed conflict and highlight difference between people of color rather than the mystifying ways in which our relationship to the racist double binds of a white supremacist system has left us wounded and prepared to wound each other. Subsequently, this conflict overshadows the

common ground that we as people of color share with each other, as well as our common enemy, racism.

Another implication for not investigating internalized racism is that it keeps people of color from talking to each other. Our collective and personal wellness and healing become lesser priorities when we are too busy proving that we are above all of the barriers that have kept us at a disadvantage. Moreover, the phenomenon of internalized racism is multifaceted and not easily reconciled. There are no quick solutions nor are there stepwise programs that will certainly lead to internalized racism's or racism's eradication. Often, people of color are dealing with racism from without and the internalized racism from within are afforded the task of solving these problems. By avoiding talking about internalized racism, perhaps the hope is that people of color can avoid another incident of being dismissed and seen as less than credible because we cannot provide concrete solutions to free us from the racist double binding relationship we have with a racially oppressive system. Moreover, in avoiding the pain associated with internalized racism, we avoid the dilemma of what it means to fall into the pattern of absolving white people of the crime of racism by focusing on how people of color too are guilty of reproducing oppression in public and private forums.

Lastly, often the response to addressing victimisation comes in one of the many forms of the "pull yourself up by your bootstraps" mentality. This pseudo liberation involves people of color gaining agency by "taking control of their destiny". It often comes without considering the fact that people of color have systematically been denied access to boots or the means to make our own boots or purchase boots of which we can

pull up their straps. Therefore, internalized racism does not create racially oppressive conditions; it is a response to them.

### *Conclusion*

By grounding discussions of internalized racism in complex discussion including a sociohistorical perspective and the various manifestations of racist double binds, we make it okay to talk about internalized racism as a part of the victimization process for people of color and how that can be perpetuated amongst people of color (Watts-Jones, 2002). Not looking at internalized racism and the complex processes related to the feelings, characteristics and perpetuation of internalized racism does not allow for deeper explorations of the phenomenon, which in turn, does not allow for people of color to be active agents in the perpetuation of racially based violence. This being said, acting out of internalized racism does not define into existence the exploitation of people of color, rather, it is an adaptive response to a system based on the exploitation of people of color. Acting out of internalized racism is a form of compliance for people of color that replicates inequality. It is imperative that a more grounded and cohesive framework that links together all elements of internalized racism be developed.

As Marita Golden (2004) so poignantly articulated in her work, *Don't Play In the Sun; One Woman's Journey Through The Color Complex*, "For some of us there is more than a pinch of truth to the assertion that Black men and women fear and loathe one another even more than we fear and loathe the system of Racism that imprisons us" (p.37). Examining this sentiment from a sociohistorical perspective and the lens of racist double binding relationships may be able to provide some insight as to why Golden's (2004) statement may ring true for many people of color.

While the shame of internalized racism among people of color does not belong to us alone, we must also work diligently to provide a space within the sacredness of our own communities to address the hurt and anger that internalized racism has created amongst ourselves.

## CHAPTER IV

### IMPLICATIONS FOR CLINICAL SOCIAL WORK

According to the Council on Social Work Education (CSWE), social work professionals are called to promote human and community well being. In their 2008 Educational Policy and Accreditation Standards, CSWE states:

Guided by a person and environment construct, a global perspective, respect for human diversity, and knowledge based on scientific inquiry, social work's purpose is actualized through its quest for social and economic justice, the prevention of conditions that limit human rights, the elimination of poverty, and the enhancement of the quality of life for all persons (EPAS, 2008, p. 1).

In conjunction with the CSWE, the National Association of Social Workers' (NASW) names ten standards for cultural competence in social work practice (2001) to advance social work's goals. Of these standards, the NASW focuses on a commitment to effective and competent cross-cultural work. There is no mention of the possibly pernicious impact of internalized racism on social work. Discussion and exploration of the impact of internalized racism on the process of psychotherapy should be a part of clinical social work education and supervision done by social workers. If we as social workers are to be accountable for our competency in both cross cultural and within cultural work, internalized racism cannot be ignored.

#### *Psychotherapy*

The therapeutic relationship is a dynamic space where, at the very least, insight through self-exploration, enactments of cyclical relationship patterns and impasses are likely to occur (Elkind, 1992; Leary, 2000; Levenson, 1995). Therapeutic relationships

between clients of color and clinicians of color are not exempt from these dynamics. Research on the subtleties of racialized enactments resulting in transferential and countertransferential reactions and impasses in racially matched dyads does exist. It is overshadowed, however, by the amount of research on racially mixed dyads involving a member of the dominant group (Holmes, 1992; Leary, 1995; Leary 1997; Leary, 2000). Internalized racism is present within racially matched and non-matched dyads; however, the research in both areas fails to address the phenomenon. This disproportionate literature may be emblematic of the continued impact of racism within the field. The authors of the literature on transference and counter transference in cross cultural clinical work do suggest that there is relevance in examining racial and ethno-cultural factors in the transference and countertransferential reactions that may occur in racially matched therapeutic dyads (Comas-Diaz & Jacobsensen 1991; Gorkin, 1996). These authors (Comas-Diaz & Jacobsen, 1991; Gorkin, 1996; Miller & Garran, 2007) recognize that interracial and intraracial counter transference and transference may manifest differently, however, do not name internalized racism specifically.

While granting that racial and ethnic identity are not divorced from the intersection of other salient and politicized identities, across the literature, there is a finding that when discussing such anxiety provoking issues as racism, participants in the therapeutic dyad can often be found colluding in the avoidance of discussing racialized themes (Comas-Diaz & Jacobsen, 1991; Gorkin, 1996; Miller & Garran, 2007; Remington & DaCosta, 1989; Williams, 1996). This avoidance creates fertile ground for manifestations of internalized racism to go unexamined. Processes related to internalized racism have important implications for psychotherapy, in that client and therapist share

interactions that mirror the larger social structure (Holmes 1999; Leary, 2000). Therefore, avoiding the discussion of these processes in therapy is likely to be detrimental to the therapeutic process. More social work research is needed to understand the dynamics of this phenomenon better as well as how to resolve clinical issues stemming from impasses created by internalized racism.

Internalized racism is rarely what a client of color names as the presenting issue in therapy. People of color subjugated to racial terror generally tend not to bring up their history of these traumas, due to their fear that self-disclosure will lead to invalidation or dismissal of these experiences (Tummala-Narra, 2005). In order to be effective, the therapeutic encounter has to provide an experience that embraces the discussion of topics, such as internalized racism as it relates to skin color and other manifestations, that are felt by many people of color to be unspeakable (Tummala-Narra, 2007; Watts-Jones, 2002). Watts- Jones (2002) suggests that therapists of African descent, sharing in the experience of internalized racism to varying degrees, are able to be more assertive in raising this issue. She recommends that therapists of European descent do not initiate discussions or explorations of internalized racism. Rather, Watts-Jones posits that the respectful position is to allow people of African descent to initiate such a discussion, due to the historical boundary violations that exists in the history of people of color with colonization at the hands of white people (Watts-Jones, 2002).

This argument assumes that clinicians of color do not, consciously or unconsciously, recreate different types of boundary violations and wounding due to unexamined experiences with internalized racism. For this assumption to be valid, it is crucial that clinicians of color stay mindful about our racial biases and how they may

surface around issues of internalized racism. We must also be prepared to seek consultation outside of the therapeutic relationship to explore our unexamined experiences with internalized racism. We have all internalized aspects of various forms of racism into our sense of self, and being mindful of race helps us to include it in our thinking and our treatment of clients (Chapman, 2006). The more we can develop ways of addressing and documenting this issue in therapy, the more experiences and insights we will be able to draw upon to formulate ways this issue can be addressed in the training of all therapists.

### *Supervision*

There are several important parallels between the process of therapy and the process of supervision. A major parallel is that impasses stemming from racial dynamics can occur both in the therapeutic hour between a clinician of color and a client of color and in the supervisory relationship between supervisor and supervisee of color (Elkind, 1992; Gediman, 2001; Tummala-Nara, 2004). While literature has been generated on the topic of differences between cross racial supervisee and supervisors dyads, there is little mention of the role that dynamic racial identities play within supervisory dyads involving two clinicians of color. However, based on the existing literature, it is safe to assume that racial dynamics that manifest in impasses within the therapeutic dyad between clinicians of color and clients of color will also manifest in the supervisory relationship, due to the parallels between these two processes.

Much like the therapeutic dyad, the supervisory encounter does not occur outside of a larger context. Research has shown that ethno-cultural factors can significantly affect the relationship in supervision (Remington & DaCosta, 1989; Tummala-Narra, 2004).



The pervasiveness of the conscious and unconscious white supremacist ideology in clinical training programs points to the internalized racism of supervisors and supervisees of color may bring to the encounter. Racial discrimination manifests in many different forms in the power laden supervisory relationship (Miller & Garran, 2007; Remington & DaCosta, 1989; Tummala-Narra, 2004). Therefore, it is imperative that a more in-depth and complex examination of how internalized racism may manifest in supervisory relationships be undertaken. This deeper examination can be achieved only through more research on the topic of internalized racism. Supervisors must be vigilant about their personal racial biases, particularly those that manifest from internalized racism. By extension, they must transmit this attunement to the supervisee in training. Internalized racism must be studied to generate more knowledge so that supervisees and supervisors alike can better navigate what competency in this understudied area would look like.

As the field of clinical social work grows and continues to mandate cross cultural skills and training as a part of cultural competency, creating new approaches and developing skills to integrate racial and cultural dynamics into the encounter between supervisees and supervisors of color should be a focus as well. In order for this to happen, there needs to be more clinical social workers of color with an understanding of the complexities of internalized racism and its various expressions involved in the various aspects of training, including supervisory roles.

#### *Social work education*

The Council on Social Work Education (CSWE) employs Educational Policy and Accreditation Standards (EPAS, 2008) to evaluate baccalaureate- and master's-level social work programs. EPAS (2008) describes four features of an integrated curriculum

design: (1) program mission and goals; (2) explicit curriculum; (3) implicit curriculum; and (4) assessment. For the purposes of this section, I will focus on the explicit and implicit curriculum and the place of internalized racism within them. Addressing the phenomenon of internalized racism can be actively integrated into these parts of curriculum design, or allowed to remain an unconscious, unaddressed force.

The explicit curriculum constitutes a given program's formal educational structure and includes the courses and the curriculum (EPAS, 2008). The goal of the explicit curriculum is to demonstrate the integration and application of the competencies in practice with individuals, families, groups, organizations, and communities (EPAS, 2008). Course material and curriculum are essential to bringing the discussion of internalized racism to the fore for clinical social workers in training. While it is critical for social workers to engage diversity and difference in practice, it is not good enough to just recognize the extent to which a dominant culture's structures and values may oppress others. There must be more discussion of how oppression gets replicated within oppressed groups and how racial dynamics get replicated within racialized groups. Social workers are charged with the task of gaining sufficient self-awareness about internalized racism to eliminate the influence of personal experiences with it when working with diverse groups, as well as when working with groups that are assumed to have a shared experience with the social worker's own group.

According to the EPAS document, the implicit curriculum refers to the educational environment in which the explicit curriculum is presented. As stated in section 3.0 of this document,

The implicit curriculum refers to the educational environment in which the explicit curriculum is presented. It is composed of the following elements: the program's commitment to diversity; admissions policies and procedures; advisement, retention, and termination policies; student participation in governance; faculty; administrative structure; and resources. The implicit curriculum is manifested through policies that are fair and transparent in substance and implementation, the qualifications of the faculty, and the adequacy of resources. The culture of human interchange; the spirit of inquiry; the support for difference and diversity; and the values and priorities in the educational environment, including the field setting, inform the student's learning and development. (EPAS, 2008, section 3.0, p.10)

From the viewpoint of such a focus, the implicit curriculum is naturally as important as the explicit curriculum in shaping the professional character and competence of the program's graduates. Just as we would help our clients explore implicit racialized messages in their own environments, so must we be vigilant about exploring these facets of our own educational environments. As such, exposure to faculty and supervisors of color in the field who are knowledgeable and attuned to the various manifestations of internalized racism is indispensable to future graduates of clinical social work programs, especially to clinicians of color in training.

The educational policy and accreditation standards hold that faculty are essential for developing an educational environment that promotes, models, and teaches students the knowledge, values, and skills expected of professional social workers through their scholarship, service and modeling of the behavior and values expected of professional social workers (EPAS, 2008). Faculty and staff of color who are aware of the various manifestations of internalized racism and its complexities must do the teaching about the internalized racism of people of color to students of color. A white person teaching this subject is too likely to create a breeding ground for a replication of the colonizing mentality that infers that people of color are not "good enough". This "not good enough"

mentality is at the base of how internalized racism in people of color becomes manifest between each other. These are complex interactions that have implications for future interactions that students of color will have with faculty and supervisors of color. While the process of internalizing racism is present in white people as well, it is outside of the scope of this paper. Given the limited number of clinicians and faculty of color as compared to white faculty and clinicians, team teaching with the pairing of a white faculty member as well as a faculty member of color may be a viable answer to the question of who should teach students of color about the implications of their internalized racism. There must be more active recruitment and retention of faculty and staff of color in clinical social work programs in order to better address internalized racism at all points of intersection within the course work and curriculum.

### *Conclusion*

Examining and addressing internalized racism in both cross cultural work and within cultural work is not outside of the scope of the mission of social workers and even more specifically, clinical social workers. Rather, this exploration is crucial and central to furthering our mission. When therapist and client avoid the discussion of the potential role of their reactions to internalized racism a significant aspect of the treatment relationship is left unaddressed. It is likely that this type of impasse is recreated when racial dynamics between supervisory dyads involving two clinicians of color will occur as well. Social work education forms the base of the social work profession. If the topic of internalized racism continues to be a mere addendum in the larger discussion of oppression within this education, we do a great disservice to the future practitioners and instructors in the field. In sum, the field of social work must engage in more research on

the racial dynamics that become manifest in same race therapeutic and supervisory dyads, and must invest in more faculty and staff of color to teach about how these racialized dynamics present between people of color in social work contexts.

## CHAPTER V

### SUMMARY

Internalized racism is a complex and vastly understudied phenomenon. This study aimed to provide a preliminary look at internalized racism and the ways in which it is treated across various disciplines. Consider this exchange between J, a five-year-old African American boy foster child of a white lesbian couple, and one of his white lesbian foster mothers while she was doing laundry. J lives in the home of the white lesbian couple with his older brother who is eight. The foster parents live in a diverse neighborhood in a major city and the two young boys have been in the house for over a year. This exchange was shared with the author by one of the mothers, and names have been altered to provide confidentiality.

Foster Parent: J, don't touch that, it is bleach.

J: What is Bleach?

Foster Parent: It is a chemical; it is used to make the clothes white.

J: It makes the clothes white?

Foster Parent: Yea and as dirty as you boys are we certainly need that.

Two days later J comes into the kitchen and smells like bleach.

Foster Parent: J, what is that smell?

J: What smell?

Foster Parent: It smells like bleach, were you playing with the bleach down stairs?

J: No.

Foster Parent: Well if you were playing with the bleach downstairs you really need to tell me because we will need to clean it up and if you got any of that on your skin, we would need to wash it off.

J: Why?

Foster Parent: Well, bleach is a chemical and it can burn your skin pretty badly, in fact you could be really itchy and burning if it is on you skin for long.

Panicked look on J's face

J: It is on my skin.

Foster Parent: It is? Where, lets got to the bathroom and get it off.

J: It is on my arms and legs.

Foster Parent: Where?

J: All over.

She strips his clothes and gives him a bath. As she is bathing him she asks

Foster Parent: J, why did you put that bleach on your skin, I told you yesterday we should not play with it.

J: Looking down, you said it would turn things white.

As highlighted in this exchange, the powerlessness and inferiority-based feelings associated with internalized racism often shape the way that people of color negatively view themselves. This negative self-concept, in turn, may lead to destructive behaviors borne out of multiple interactions with racially unequal systems that devalue people of

color, which in turn lead to the reproduction of oppression towards oneself, as a person of color, and towards other people of color.

As previously mentioned, the allied health fields tend to focus on researching racism and oppression and how they influence health related behaviors in people of color while minimally succeeding at outlining how internalized racism becomes incorporated in the outcome of poor health for people of color. The education, social sciences and social work literature tend to speak to overarching systems of oppression rather than focusing on racialized oppression and thus speak of internalized oppression rather than internalized racism. The psychology literature has the most diverse selection of literature on the topic of internalized racism. However, the focal point of the psychology literature on internalized racism is that internalized racism is largely a personal, internal process mediated by feelings, characteristics and actions manifested by people of color. I argued that a consistent sociohistorical context as well as the role of racist double binds was missing in the current literature and that in order to begin to build a consistent framework for exploring internalized racism, we must be willing to provide more than just a cursory look at the various contributors to internalized racism.

Finally, I state that internalized racism needs to be studied more rigorously in order for us to understand the phenomenon within a clinical social work context through the therapeutic relationship, the supervisory relationship and clinical social work education. It is through constructive dialogue and further research that substantial recommendations about how to better integrate the intricacies of internalized racism throughout the social work discipline can be achieved.



It is imperative that as people of color we take healthy steps towards healing our wounds and asking for forgiveness from each other for how we have wounded each other based on our internalized racism. As Micheline Mason (1990) elucidated

Internalized oppression is not the cause of our mistreatment; it is the result of our mistreatment. It would not exist without the real external oppression that forms the social climate in which we exist. Once oppression has been internalized, little force is needed to keep us submissive. We harbor inside ourselves the pain and the memories, the fears and the confusions, the negative self-images and the low expectations, turning them into weapons with which to re-injure ourselves every day of our lives (p. 1).

Further, as clinicians of color, it is our responsibility to make a space for this reparative process within our clinical practice and document the process for our research. That being said, all social workers are charged with the responsibility to ensure that pain and mistreatment are not allowed to continue to beget more pain and mistreatment in our clinical practice, training and social climate.

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