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Educational manual on the manifestation of internalised
racism and its effects on the mental health of the racialised youth



Internalised Racism Manifestation

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About this manual

be human



GOVERNMENT OF MALTA
MINISTRY FOR GOZO
AND PLANNING

Allegories on racism manifestation

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This manual looks at the structures of internalised racism, its physiological effects and what racialised youth can do to counteract it. Internalised racism; the acceptance, by the racialised individuals of the negative societal beliefs, racial stereotypes, racial prejudices and the racially discriminatory narratives about them. It ensures that placing racism in the human rights context of European societies takes a new path in the public discourse: creating spaces for the racialised youth to talk about and present their lived experiences. But here, we are not talking about the lived experiences of discriminatory, and racist events; the manual rather shifts the focus to the psychological effects that result from internalising racism. So, the manual responds to the needs and gaps expressed by youth workers who face challenging issues due to the lack of evidence-based open educational resources on how to create safe, inclusive and diverse spaces when talking with young people of African descent on the issues of integration, discrimination, racism and internalised racism. Since our focus is on school and youth work-based environments, to counteract rather than reproduce internalised racism in such environments, the manual equips youth workers with skills in internalised racism literacy to fully discuss multiple dimensions of internalised racism and its effects on the social, mental, emotional and behavioural health and well-being.

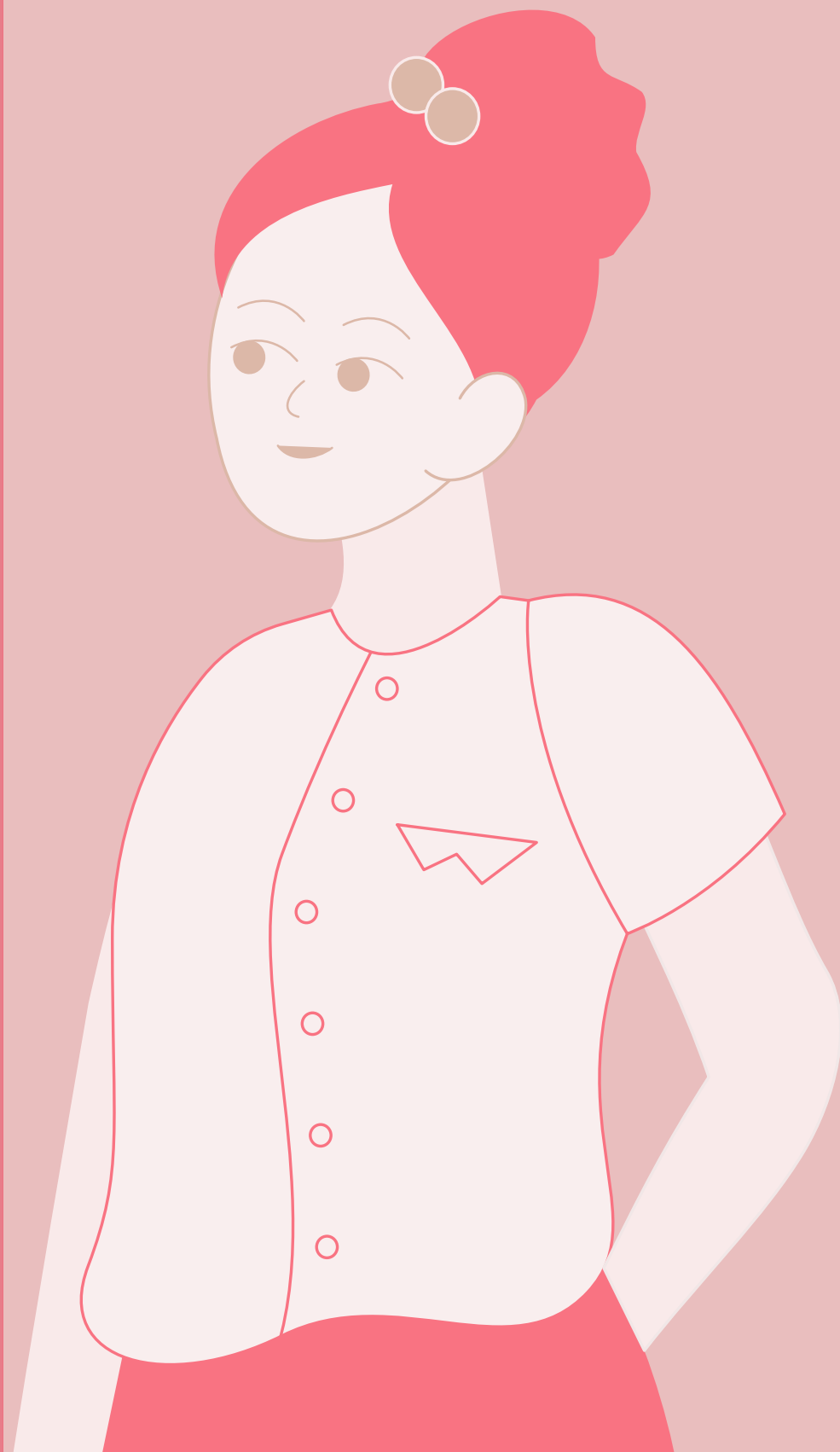
Internalised racism makes its biggest impacts on the adolescents of African descent who yet do not have a framework for dealing with the social and racial injustices of society; but rather personalise and internalise stereotypes and racist narratives projected at them by the White people. Furthermore, the manual explores how internalised racism as the compounding risk factor for youthhood adversities is linked to a host of poor mental health outcomes and risk-taking behaviours across the lifespan of the racialised youth, which hinder their personal, social, psychological, and professional development. Indeed, academic literature and scholars in Europe have largely ignored and neglected the role of internalised racism in the manifestation, accumulation of risk-taking behaviours and mental health risk factors among the youth of African descent. To correct this ignorance and academic inequalities around the literacy on racism in European literature; the manual dives deep into the production, perpetuation and manifestation of internalised racism, and how it affects the social and the mental health and well-being of racialised youth. And therefore, unlike the most open educational resources that attempt to address the multiple dimensions of racism altogether; this manual explored the stories racialised youth make out of their lived experiences of gendered racial discrimination and gendered racism. And as a result, the manual offers interpretive space for exploring internalised racism independently.

Manual glossary

- **A bystander:** Refers to an individual who belongs to the dominant racial and/or gender group who witnesses an act of racism and/gender violence but not the direct target. Active bystanders choose to act when they witness racism or gender violence.
- **African diaspora:** Refers to all of the people of African descent who live outside of the African continent, irrespective of their citizenship or nationality.
- **An ally:** Refers to an individual who belongs to the dominant racial and/or gender group who makes commitments and efforts to recognise their privilege and work in solidarity with racial and/or gender minority individuals in their struggle for social and racial justice.
- **Anti-racist:** Refers to a person who is supporting an anti-racist policy through their actions or expressing an anti-racist idea. Anti-racism involves actively challenging racist policies and practices through expression, behaviours, and actions.
- **Discrimination:** Refers to any distinction, exclusion, restriction, or preference based on a person's gender, sex, race, or skin colour that has the purpose to impair the recognition, enjoyment, or exercise, on an equal footing, of human rights and fundamental freedoms in public or private life.
- **Gender identity:** Refers to an individual's internal sense of being a man, a woman, transgender, or non-binary, and it can align or not align with the gender an individual was assigned at birth.
- **Institutional racism:** Refers to policies, practices and culture of social institutions, such as in education, law enforcement, healthcare, housing, employment, or media that create and perpetuate racial inequality, which disadvantage racialised individuals.
- **Internalised racism:** Refers to a racialised individual's negative view of themselves based on the perceived inferiority of their racial background. Racialised individuals internalise racism when they accept and absorb negative racial stereotypes about themselves and believe in the superiority of the beauty, cultural norms and traditions of White people.
- **Interpersonal racism:** Or personally mediated racism, refers to racial prejudices and racial discrimination that occur between individuals. The common understanding of racism among most people. It includes overt acts of racism, such as hate speech, racial slurs, subtle microaggressions, racial violence.
- **Intersectionality:** Refers to complex, cumulative ways in which different aspects of a person's social or cultural identities, such as race, gender, sex, or ability, combined create unique, overlapping systems of discrimination and exclusion.
- **Microaggressions:** Refers to everyday verbal and/or nonverbal insults, whether intentional or unintentional that communicate hostile, derogatory, or negative messages to individuals solely based on their gender, race, or skin colour.
- **Racial identity:** A social construct that refers to an individual's sense of belonging to a particular racial group, and a sense of self related to an individual's racial group membership, including race-associated attitudes or behaviours.
- **Racialisation:** Refers to a contradictory process of categorisation, stereotyping, and hierarchisation through which racialised individuals are implicitly or explicitly racially coded. Ascribing racial identities to a relationship, social practice, or group that did not identify itself as such.
- **Racialised trauma:** Refers to mental and emotional injury caused by repeated encounters with race-based incidents, whether occurring directly between individuals or groups, or indirectly as a witnessing police brutality.
- **Racial justice:** Refers to the proactive reinforcement of policies, practices, attitudes and actions which produce and support equitable power, access, treatment, opportunities and outcomes for racialised individuals.
- **Racial oppression:** Refers to a complex and pervasive system of social, economic, and political injustice where White people systematically subordinate, disempower, and exploit racialised individuals.
- **Racial prejudices:** Refer to prejudgements based on untrue beliefs of a hostile nature formed beforehand formed by White people without any knowledge nor actual experience about racialised individuals.
- **Racial socialisation:** Refers to a process by which racialised individuals learn about race, racism, and their racial group and develop a racial identity. How racialised individuals acquire attitudes, behaviours, and beliefs related to their race and how it shapes their identity, rights and opportunities.
- **Racial stereotypes:** Refers to assumptions that if racialised individuals or groups share some characteristics, they also share certain attributes. A simplified generalisation about people based on race that fails to take individual differences into account.
- **Racism:** Refers to a system of oppression based on race, which involves a combination of racial prejudices, racial discrimination, and power. It creates and perpetuates racial inequities among racial groups and is embedded in the historical, cultural, institutional, structural and interpersonal fabric of society.
- **Self-esteem:** Refers to an individual's view of their self-worth. Racialised individuals with healthy self-esteem have greater confidence, perseverance, problem-solving ability, and body positivity.
- **Structural racism:** Or systemic racism is embedded in the very fabric of society. It refers to the historical and accumulated legacy of racism that shapes legal, political, and economic systems to the advantage of White people.
- **Trauma:** Refers to an emotional response to a catastrophic or frightening event. Individuals with trauma fear for their safety and often become hypervigilant for new or repeated threats to their safety.

CHAPTER-1

Manifestation of invisible racism



1.1. Production of invisible racism

Racism can be explicit, however oftentimes, racism exists in implicit, subtle and insidious forms that are hard to pin down. Therefore, to identify invisible racism, we need to look not only at the intentions that may stay behind a racist action, but also at the effects that the racist action has on the racialised individuals, whether or not they are aware of the effects. So, invisible racism refers to covert racism in contrast to overt racism. And thus, in its production and perpetuation, invisible racism involves a common sense and a notion of normative process by the White people but also by racialised individuals. That is, oftentimes the racialised people do not understand that they were exposed to racism before reflecting on the incident in the aftermath. And therefore, no immediate emotional reaction can occur since they did not realise that they were unfairly treated.

For example, while in any given society in Europe, no one significantly questions the credibility of a White person flying an airplane, some, if not the most White people, automatically question the credentials of a Black person flying an airplane. While a Black person as a football and/or basketball player is deemed common, it is also understandable and acceptable that a Black player would not be good at academic pursuits.

The reality of this aspect is that social, cultural and justice systems across Europe produce differential expectations for different racial groups. And these racial self-fulfilling prophecies are exemplified by the expectation that the White students will do well in academic pursuits, compared to the Black students. And hence, this continued acceptance of excellence by White people over Black people is constantly in operation. That is, across Europe racial labels serve to determine who gets to claim access to the racialised rewards backed by racial profiling.

Racial profiling: the systematic singling out of Black people in the name of safety, security, and/or public protection, that relies on the stereotypes and prejudices about race or colour, rather than on a more reasonable suspicion and evidence, for the greater scrutiny or different treatment. Indeed, racial profiling has become the new term for old practices known by other names such as institutional racism and/or discrimination and owes its existence to the invisible racial prejudices that have long existed in European societies since the colonial and slavery time.

And hence, invisible racism is a common sense used by European societies to accept excellence by one set of the racialised White individuals but not for the racialised Black individuals. And therefore, who gets to be defined as the legitimate representatives and representations of racialised individuals are the important dimensions of invisible racism. Since those define who is and can claim racialised rewards, employment, housing, education and/or social benefits. That is, the racial labels serve to determine who gets to claim normalcy, and therefore, logistically structure limited access to the racialised rewards. So, in its own production, invisible racism is a matter of how one's brain process of information about the racialised individuals, is influenced by the things they have seen, the things they have experienced and the way the European mainstream media has presented those things. For instance, most racialised individuals in Europe, particularly African migrants, refugees living in Europe, they are required to pay more to rent an apartment, and are less likely to obtain key information regarding job opportunities. While the systemically enhanced information, access and assistance provided to White people, increase the likelihood of the White people to succeed vis-à-vis the racialised African migrants and refugees.

Alternatively, the selective enforcement of certain laws against Black people, the increased surveillance of certain Black neighbourhoods and disparities in educational opportunities among the African migrants, and the refugees' communities, increase the likelihood that those racialised African migrants and refugees will experience greater levels of criminalisation and/or the lack of access to both quality housing and employment than the White people. And hence, invisible racism is the subtle, the subversive and the deliberate informal and/or formal mechanism that allows the unequal access to social rewards, prestige, sanctions, resources, status and the racial privileges based on the socially constructed racial hierarchies. Though invisible racism does not carry the weight of the law; the traditions, norms and customs typically uphold, justify and obscure its operation.

For instance, the White people are expected to outperform selected tasks, develop specific skills, and excel in certain environments compared to the racialised Black individuals.

Alternatively, any deficiencies, lack of achievements, or failure to perform by one racialised Black individual is similarly obscured, misdiagnosed and misrepresented as a group failure, as all Black people's failure.

That is, invisible racism serves to explain, validate certain obvious racialised outcomes as natural, and normal. And therefore, invisible racism operates and continues to remain deeply embedded within the social, the economic, cultural, psychic and political fabric of European societies. And while critical racial and ethnic studies continually attempt to understand the processes by which the current systems of racialisation are preserved, maintained and perpetuated, there is a recognition that intersectionality of the systems of racism furthermore operate from the disadvantage point of other oppressed groups. Multiple examples are drawn from how racialised individuals who belong to LGBTIQA+ communities face racism among White people and at the same time, face gender discrimination both within their communities as well as within the European communities.

1.2. Forms of invisible racism

Across Europe, the current racialisation of migration has formed a central theme widely discussed in and shapes public and political discourses. While the racialisation of migration is widely portrayed and deeply embedded into the social fabric of European societies, it seems to be a case of selective blindness where the White people's institutions have all, somehow, come together unequivocally to create a dangerous understanding that renders racism invisible through public and political discourses. Such a consensus to omit; and thus, render racism invisible in the name of migration, refugees, and asylum seeking; operates interactively and systemically to produce the invisible structures of exploitation, oppression, discrimination, abuse and violence. That is, European political, social and cultural institutions provide the situational context in which racism is rendered invisible. That is, either implicitly or explicitly, the courts, police, policies, schools, church, networks, and the media outlets across Europe; all serve to preserve, perpetuate and modify racial discrimination and racism in a more dynamic, obscure manner that masks the processes underlying invisible racism.

However, in the current public and political discourses the degree to which White people preserve, perpetuate, modify racial discrimination and racism is dependent on which side they end up finding themselves. For instance, the White people view current discriminatory immigration policies and laws as fair, while the immigrants, refugees, asylum seekers and White allies view those policies and laws as unfair. And the racialised individuals know with certainty that the educational, employment and housing laws and policies

unfairly target, systematically restrict and regularly harm them. Alternatively, the White people know with certainty that protection against Xenophobia of their own creation, is rendered possible by police, courts and laws. Here, we look at three forms of invisible racism: *microaggressions*, *internalised discrimination* and *internalised racism*.

1.3. Microaggressions

Microaggressions refers to the everyday verbal and nonverbal exchanges by White people, whether consciously or unconsciously, that communicate hostile, derogatory, and negative narratives to racialised individuals based solely on their marginalised racial and/or gender identity/group (Sue, 2010). **Microaggressions are brief:** *they consist in a simple phrase or even one look that can go easily unnoticed.* **Microaggressions are frequent:** *they happen on a regular basis, or daily.* **Microaggressions are directed at marginalised groups:** *the most common are based on race, gender and sexual orientation.* **Microaggressions are normalised:** *they are deeply rooted in the cultural and social norms and gender roles, they are thus often expressed in an unconscious way, and/or without the objective to really harm someone.* **Microaggressions contain degrading narratives:** *the messages that, if closely analysed, turn out to be harmful, usually based on the racial and/or gender stereotypes and prejudices.* **Microaggressions are the result of power relations:** *often they are the expression of the power that one has over those with less power, often used to reconfirm the position of power and/or are caused by the fear of the possibility of losing power.* And thus, looking at microaggressions from this perspective reveals why addressing microaggressions is very difficult within the contemporary European societies. However, if we want to counteract such discriminatory, racist behaviours, and their impacts on the racialised individuals, the first thing we have to do is to recognise them as racism.

From example, not sitting next to a Black person on public transportation; assuming that Black people have less capabilities and level of intelligence than the White people; complimenting black people's lesser dark skin colour, hair, or body; undermining Black people's level of language, or speaking loudly assuming that the Black people do not understand the language, which evokes the feeling that their identity is being rejected.

Thus, these simple acts and subtle behaviours by White people carry hidden messages that Black people are exposed to on a regular basis.

If one takes a closer look at the European labour market and the access to employment opportunities, it becomes evident that the idea that the White people have better capabilities and a high level of intelligence to carry out what **the so-called White people jobs** has been normalised, but there is no such a thing as the White or Black people jobs.

For example, across Europe it is rare that a Black person attains a higher leadership position; and thus, when a Black person is a Chief Executive Officer, this black person is often mistaken for being a personal assistant. Based on the assumption that normally the Black people do not have the leadership capacity and skills or cannot achieve the required education qualifications.

And if one takes a closer look at European immigration, refugee and asylum-seeking policies, systems, or procedures, it becomes evident that in political and public discourses Black people fleeing violent conflicts **are deemed less worthy, and less important** as they are left to die on the sinking boats across the Mediterranean sea. While those few who get to survive are often treated as criminals, and they are deemed dangerous because of their skin colour, because of their African heritage.

For instance, the more European society continues to normalise the White people job's ideology and that Black people's life is somehow worthless, without a critical perspective, the more the White people both learn and adopt those behaviours. And thus, the White people will work to preserve, perpetuate, and so, modify such societal normalisations to discriminate against, exploit and oppress Black people for their own benefits.

And the biggest contributors to the adoption of this behaviour is the anti-Black political discourse and the media, which convey the clues that exclude, deny, nullify and invalidate the thoughts, feelings and Black people lived experiences. That is, microaggressions make people of African descent feel alien in their own home, their country of birth.

And since microaggressions are considered so innocent, especially by the White people who indeed do not face, rather convey them, they can hardly understand the real consequences of microaggressions. And often the victims of the social stressors like microaggressions lack defence strategies due to the fact that microaggressions are not considered illegal. Or in the

same way, its victims are not able to, or they are afraid of standing up or reacting since they are not always 100% sure if what they experienced was indeed microaggressions. And therefore, the victims often lack arguments, or they are not entirely sure of what the White person really meant. But this does not in anyway change the fact that the incident of microaggressions and the mental capacity spent decoding them provoke stress, anxiety and negative feelings.

Microaggressions influence therefore not only the social and physical but also the mental health, and their impact is correlated with the intensity of microaggressions and the existence of protective factors. That is, most probably one or two incidents of microaggressions might not bring any harms, and/or the person might not even notice them, or if they do, they might take it as an isolated incident and not make a deal out of it.

So, microaggressions are harmful when they are experienced frequently or constantly since they do provoke permanent stress: there are tons of studies about the consequences of the long-term stress, which leads to depression, anxiety, guilt, anger and a number of other emotional, and/or behavioural disorders, which can even lead to substance use disorders and/or suicidal ideation. Though, not every racialised individual will have similar reactions and/or experience the same consequences, since there are different factors that minimise the effects: such as identity development level, positive social and family support, the level of empowerment, tools that the person has to deal with the stress and racists incidents, and/or the level of understanding of how microaggressions work and how to counteract them.

1.4. Internalised discrimination

Understanding internalised discrimination is probably the most important aspect for contracting it, as its victims cannot fight effectively for themselves when they believe the problem is their own fault, or that there is something inherently wrong with them. Internalised discrimination is rooted and deeply embedded within gendered racial discrimination (*or the intersectionality of gender discrimination, sexism and racial discrimination*). And this is because race, gender, sex are common grounds of discrimination and subordination which structure educational, cultural, social, economic, justice and political terrain for the racialised people of African descent and LGBTIQ+ people of African descent. And thus, Black women and Black LGBTIQ+ persons are

located at that intersection by virtue of their race, gender and sex identities and must deal with the social stressors that flow through these intersections to avoid both social, and mental harms and to gain access to resources for a normal, moderated life in European societies.

However, it becomes more and more dangerous when the social stressors simultaneously flowing from different directions are internalised. And thus, social and mental harms are born when the impact from one social stressor throws the victims into the path of another social stressor, and as a response mechanism, they are altogether internalised.

Hence, empowering Black people and Black LGBTIQ+ persons to become more effective at fighting for a better social and mental health, means that they have to learn how to overcome the discouragements, the confusion and divisions resulting from internalised discrimination. For instance, in African and European societies, the Black women and Black LGBTIQ+ persons have been discriminated against, and oppressed over a long period of time. And thus, they might often internalise (*believe and make part of their self-image, their internal view of themselves*) the gender stereotypes, racial prejudices or sexism that society communicates to them.

From example, Black LGBTIQ person can internalise, often unconsciously, their marginalisation; that their lives were meant to be as they are, that they are worth less in a heteronormative society. The Black women might internalise, often unconsciously, their discrimination and subordination; that they are not intelligent, strong, beautiful, that they are worth less in a racist, patriarchal society.

Therefore, the above example serves to explain how the mechanism of internalised discrimination operates: **Turning the lived experiences of oppression, discrimination, and marginalisation inward.** Feeling that the gender stereotypes, the racial prejudices and sexism that society communicates are true and acts as if those were true.

So, as Black women and Black LGBTIQ+ persons understand and overcome internalised discrimination, they become more empowered to overcome the gender and racial inequities and injustices present in European societies at large. However, it should be noted that not all Black women and Black LGBTIQ+ necessarily turn the gender stereotypes, racial prejudices, sexism inward. Many Black women and Black LGBTIQ+ persons remain proud of

their own gender and ethnic heritage, and they are able to take prominent places in the larger society through the exercise of their rights, intelligence, talents, interpersonal and emotional intelligence skills to fight for gender and racial equity and justice. But there are two ways in which internalised discrimination functions:

1. A racialised Black person believes that the gender stereotypes, racial prejudices and sexism *that one hears about oneself from White people are true.*
2. A racialised Black person believes that the gender stereotypes, and sexism *that one hears about oneself from other racialised Black people are true.*

In both cases, the result is that the victims of internalised discrimination can hold themselves back from living their life to its full potential and they can act in the manner that reinforces those gender stereotypes, racial prejudices and sexism, which is ultimately self-defeating and self-deterioration. And in the second case, we talk about how often Black communities marginalise, criticise, oppress, discriminate against the Black LGBTIQ+ persons, and as a result Black LGBTIQ+ persons isolate themselves from their communities.

1.5. Internalised racism

Internalised racism refers to acceptance, by the marginalised, the racialised individuals of the negative societal beliefs, stereotypes, prejudices and/or the discriminatory narratives about them, which might furthermore lead to the rejection of the cultural and/or the religious practices of their own ethnic and/or racial group. And though the racialised individuals may or may not be aware of their own acceptance of these negative beliefs about them, other components that are considered part of our racial, gender expression and sexual identity doubt, are also considered part of the construction of internalised racism.

Internalised racism is a psychological process that affects marginalised racial, gender, or sexual minority individuals. It involves the acceptance of the typical and more conventional representation of race, gender and sex that places the marginalised racial, gender, sexual minorities beneath the privileged racial group in Europe (the White people) in a homophobic, heteronormative society conforming to socially constructed hegemonic expressions and binary notions of gender and sexual identities.

Therefore, such a tolerance of negative stereotypes about one's racial, gender, or sexual group leads to self-degradation and self-alienation incorporating shame, fear, and the denial about one's racial, gender, or sexual identity. Specifically, the acceptance of the prejudices about one's abilities, beauty, sexuality, gender expression, body, and intellect worth.

Thus, one of the most common manifestations of internalised racism is an intersectional manifestation. That is, when racialised individuals abandon the characteristics associated with their gender, sexual, and racial identity in favour of the White people culture and values, and hegemonic expression of gender and/or sexual identities in the efforts to acculturate to the racist, homophobic, and heteronormative society. This is what leads to devaluing of the heritage of the racialised individuals' racial, gender and sexual groups in favour of acculturating to the societal conservative cultural values and the religious beliefs that has been shown to have negative impacts on the health and well-being of racial, gender and sexual minorities.

And therefore, Internalised racism makes its biggest impacts on children and adolescents who yet do not have the framework for understanding the injustices of society, but rather personalise the negative, discriminatory narratives projected to them by the White people without having the capacity for understanding, dealing with racial discrimination or racism.

But internalised racism is not simply a result of racism; it is a fruit of systemic oppression with its own lifecycle. So, there is a social system that undermines the culture and the integrity of racial, gender, sexual minorities and teaches them to fear their own values and differences. So, seeing internalised racism as systemic oppression allows us to distinguish it from the human wounds such as self-hatred, or low self-esteem to which all people are vulnerable. It is important to understand it as systemic, which makes it clear that it is not simply a problem of racialised Black individuals; it is structural. And being structural, internalised racism manifests itself in stages.

STAGE-1. Pre-Encounter:

In the Pre-Encounter stage, the agents of socialisation in the racialised individual's life convey the messages that have detrimental impact on the racialised individual's social and mental wellbeing. The messages

include statements about race, often conveying negative stereotypes and/or warnings about being Black, and showing preference for White people over Black people. Or expressing fear and distrust in Blackness or teaching the racialised individuals to be cautious or fearful of their own Blackness. which can contribute to increased rates of depression, anxiety, or other mental health problems, and the feelings of isolation; the struggle to develop a strong sense of self and belonging; difficulties in forming healthy relationships, and/or difficulties in coping with lived experiences of racism.

STAGE-2. Encounter

In the Encounter stage, a racialised individual internalises negative stereotypes and beliefs about their own racial group, including the bias related to appearance, intelligence and ability. And this can lead to low self-esteem and feelings of inferiority, which create an internal sense of devaluation and self-deterioration. Further, the racialised individual may distance themselves from other Black people or abandon the celebration of Black heritage, history and culture altogether. And as a result, the racialised individual adopts White cultural values as both a protective and fit-in mechanism, leading to negative self-perception. Little emphasis is given to their racial identity, as the person focuses on other aspects of their lives such as their occupation, lifestyle, and religion seen as more outstanding.

STAGE-3. Immersion

In Immersion stage, a racialised individual is confronted by intersectionality of negative racial identity, and the negative racial socialisation, which leads to self-devaluation and degradation of both Black racial identity and Black consciousness. It involves a shift from a positive affirmation of Blackness to the internalisation of negative views of Blackness. The Black person loses grasp of, and interests in their own Blackness and constructs a new frame of and interest in White cultural values. The Black person is submerged in internalised racism. Displays strong rage at Black people and Black culture; loses a sense of pride in Blackness, Black people, Black culture; and stops seeking out history, art, stories and music that represent the Black culture, Black heritage. There is no longer a safe space to feel comfortable in, as the Black person loses aspects of, and subverts their Black identity by involving in mainstream White culture and struggles to maintain cultural connection.

CHAPTER-2

Manifestation of internalised racism



2.1. Production of internalised racism

When racism is internalised, the racialised individual accepts the negative attitude, beliefs, stereotypes, prejudices and racist narratives that the White people perpetuate about that marginalised, that racialised individual. The power that the White people hold within European societies enables them to determine what is correct, or acceptable and normal. And often, to fit in European scenes, or to build an internal illusion of belonging; the racialised individual might both adopt and abide by what the White people determine is correct, acceptable, and normal. And thus, internalised racism is the most complex dimension of racism to address in youth work. This is because the younger the victim of internalised racism is, the more the victim struggles to fight effectively for themselves when they believe that the problem is their own fault, that there is something inherently wrong with them. Therefore, this manual brings about literacy on internalised racism, what causes it, how to counteract it, and how it becomes a psychological risk factor associated with high rates of mental, emotional, behavioural or substance use disorders among racialised people of African descent.

Consequently, being submerged in the victimhood of internalised racism is a significant risk factor for mental health among Black people. That is, internalised racial stereotypes, racial prejudices, racist beliefs and/or racist narratives by the Black people can become psychologically toxic. And thus, this may evoke negative emotions which can lead to the onset of mental health conditions, such as depression; anxiety; alcohol, drug, substance abuse; loneliness; disconnection; depersonalisation; or cultural, racial, gender identity abandonment.

So, internalised racism is rooted and deeply embedded in gendered racism (*intersectionality of gender violence, sexism and racism*). And this is because race, and gender are common grounds of discrimination among racialised people of African descent and the LGBTIQ+ people of African descent that structure educational, cultural, social, economic, justice and political terrain. Historically, the Black men and the Black women are constantly subjected to harmful racial and/or gender stereotypes and prejudices that reflect broader exploitative structures in European societies. Thus, these implications are profound, and they lead to the restricted access to education and housing, limited employment opportunities, and lower wages; perpetuating cycles of generational inequalities and poverty, which leave behind the legacy of

social and mental harm among Black people. Indeed, the internalisation of such harmful racial and gender stereotypes and prejudices by Black people it is what is thought to lead to the negative mental health effects that are unique to Black people such as: *projecting strength; suppressing emotions; resisting feelings of vulnerability and dependence; and/or aiming at success despite limited rights, opportunities, resources* (Mollow, 2006). In addition, the concept of the black community in Europe societies is harmful to both Black women and Black LGBTIQ+ individuals.

For instance, Black women experience gender violence within their Black communities in Europe; however, they are deterred from reporting their experiences since they carry the burden of not exposing their own Black community to further policing, racial profiling and/or surveillance. And therefore, Black women and Black LGBTIQ+ individuals are constantly under immense pressure not to exposing the wider Black community to institutional racism. But also, they are unable to seek redress for gender violence that takes place against them as women and/or as LGBTIQ+ individuals within their own communities.

For instance, the Black LGBTIQ+ individuals are discriminated against, marginalised, abused, and their rights violated and rendered invisible in the strategies that seek to combat gender discrimination and violence within Black communities. And thus, they are rendered more vulnerable to various physical, sexual and psychological harms of gender violence both in the private and public sphere and in the hands of law enforcement agents. Further, Black LGBTIQ+ are exposed to discrimination and racism from White people while looking for education, housing, employment opportunities. The particular intersectional ways in which the effects of gendered racism place obstacles to Black LGBTIQ+ individuals.

The above highlights that internalised racism emerges over time and may elicit both denial and a sense of powerlessness embedded in the shame or the humiliation that occurs when the self is repeatedly devalued. And hence, internalised racism holds its victims back from thinking well of themselves, from living their full lives, and from standing up against the injustice. It can be a source of physical and mental illness and self-destructive behaviours. Internalised racism can serve to divide people within the same communities and thus, they may not be as effective in supporting each other and standing

together to fight social and racial injustices.

2.1.1. Negative racial socialisation

Racial socialisation, a process by which the racialised individuals learn about race, racism, and their racial group and develop their racial identity. It is how racialised individuals acquire the attitudes, behaviours, and beliefs related to their own race and how it shapes their identity, rights and opportunities in European societies. And thus, the process of racial socialisation begins early in life, from one's childhood and adolescence, and it involves various agents of socialisation, including the parents, caregivers, educators, peers, schools and the media. And thus, depending on the type of racial socialisation young people of African descent are exposed to, their racial socialisation can either become a risk factor for the production of internalised racism, or a protective factor for resilience against internalised racism. And therefore, there are two types of racial socialisation: **Negative racial socialisation** and **Positive racial socialisation**.

Negative racial socialisation refers to messages and actions from agents of socialisation that can negatively impact or have detrimental impact on the young people's social well-being and racial identity development. And such messages can include statements about race, often conveying the negative stereotypes or warnings about other racial groups; showing preference for one racial group over another; promoting fear or mistrust of other racial groups; and/or teaching children to be cautious or fearful of other racial groups. Which can all contribute to the increased rates of depression, anxiety or other mental health problems, such as the feelings of isolation, struggle to develop a strong sense of self and belonging, and difficulties forming healthy relationships, or difficulties coping with the lived experiences of gendered racism.

2.1.2. Negative racial identity development

Racial identity development, a process by which the racialised individuals develop the understanding and acceptance of their own racial group and its heritage and cultural values. Racial identity development is often influenced by personal experiences, racial socialisation, societal interactions and broader social environment. Therefore, racial identity development can be viewed as a journey through different stages, each with its own characteristics and challenges. And hence, for racialised adolescents, navigating those different

stages while dealing with White people's cultural values; social and gender norms; and the societal expectations can be particularly challenging; making their own racial identity development a significant aspect of their self-concept and mental health. And hence, depending on the type of racial socialisation and societal interactions young people of African descent are exposed to; racial identity development can either become a risk factor for production of internalised racism, or protective factor for resilience against internalised racism. Thus, there are two types of racial identity development: **Negative racial identity development** and **Positive racial identity development**.

Negative racial identity development refers to the process by which the racialised individuals internalise negative stereotypes and beliefs about their own racial group, including the bias related to their appearance, their intelligence and their abilities. And as a result, this can lead to low self-esteem and the feelings of inferiority, which create an internal sense of devaluation and self-deterioration. Hence, racialised individuals may distance themselves from their own racial group and/or abandon their racial heritage and cultural values altogether. And then, the racialised individuals may initially adopt White culture's values as both protective and fit in mechanism, potentially leading to negative self-perception.

And therefore, both negative racial socialisation and negative racial identity development are risk factors for production of internalised racism.

For example, across Europe, Black people and Black LGBTIQ+ individuals are exposed to gendered racism. So, the more negative racial socialisation and negative racial identity development they are exposed to, the more they can internalise (believe and make part of their self-image, and their internal view of themselves) racial stereotypes, racial prejudices or sexism that society communicates to them. LGBTIQ+ individuals can internalise, often unconsciously, marginalisation; that their lives were meant to be as they are, that they are worth less in a homophobic, heteronormative society. And the Black people can internalise, often unconsciously, racial discrimination and/or racism, and that they are not intelligent, strong, beautiful, that they are worth less in a racist, patriarchal, white society.

So, the above example explains how the mechanism of internalised racism operates. Hence, there are two ways in which the production of internalised

racism functions:

1. The Black people believe that the racial stereotypes and racial prejudices **that they hear about themselves from White people are true.**
2. The Black people believe that the gender stereotypes, and sexism **that they hear about themselves from other Black people are true.**

Oftentimes, Black people do not speak up in meetings as they do not think their contribution will be **White correct**. Often, the participants from racialised individuals may have insights into how to solve a problem, but they might hold back from sharing. In response to low expectations and lack of encouragement, Black youth might believe that they will or might not succeed, and consequently, they might drop out of school, or give up on pursuing their aspirations.

For example:

1. Due to the legacy of slavery and colonialism, Black people often shy away from taking on leadership roles, believing that they do not and/or they cannot match the traditional leadership models prescribed by the White people.
2. Oftentimes, the Black refugees from different African countries try to organise to establish a political action to advocate for the rights of refugees; however, mistrust and prejudices among them makes it difficult for them to work together.
3. A Black queer adolescent is not accepted among his homophobic, heteronormative group of Black peers. Because he is gay and does well in school; hence, he is told that he is not Black enough, that he is not a man enough.

2.1.3. Stages of internalising racism

Allegory on internalised racism

“Article Norwegian schools reproduce racism and gender stereotype, depicts how ambiguity about what racism entails creates challenges and conflicts within the European education system, where the school environments are seen to reproduce rather than counteract racism. A

class at a school in which 75% of pupils have immigrant backgrounds are discussing immigration and integration in society. It soon becomes clear that both the teacher and the pupils’ understandings of racism are completely different. And as they start to discuss who is or is not an immigrant, the words like burka and female genital mutilation fly through the room and land on the only Somali pupil in the class. The teacher has nothing to contribute or power over the situation, which escalates into racial bullying and racial gaslighting. The Somali boy in this class is both racialised and marginalised in that all the negative traits brought up about immigrants are all transferred onto Somalis. But what if this boy wants to fit in, to feel that he belongs, to make friends in his class? The short-cut is to accept what is being projected, communicated to him by the White pupils, that there is something inherently abnormal, wrong about his race, about his culture, about his heritage; and consequently, internalises those racial stereotypes and prejudices.”

Extensions to allegory on internalised racism

Two crucial questions arise from this allegory: *How does a racialised individual internalise racism?* And *How does a racialised individual develop a negative Black consciousness?* The European context we are working in, our focus is on the racialised individuals of African descent who come into Europe as immigrants, migrants, refugees, asylum seekers, students, skilled workers, tourists or through marriage or family reunifications. They are the racialised individuals of African descent who come into Europe with both a positive racial socialisation and a positive racial identity. That is to say, at the time they come to come Europe, they are proud of their Africanism, their African cultures, heritage, stories, histories. And so, in the production, perpetuation and the manifestation of internalised racism, hereinafter, we look at how the racialised individuals internalise racism, and how the racialised individuals develop a negative Black consciousness. And hence, this brings us back to those two questions to understand how the Black people end up submerged in the victimhood of internalised racism. We will thus continue by exploring the stages of the production of internalised racism: *Pre-Encounter, Encounter, and Immersion.*

2.2. Negative racial socialisation

Pre-Encounter

In the Pre-Encounter stage, the agents of socialisation in a racialised individual's life convey the messages or the actions that have detrimental impact on the racialised individual's social and mental well-being. These messages include statements about race, often conveying negative stereotypes or warnings about being Black, and showing preference for the White people over Black people. Or expressing fear and/or distrust in Blackness or teaching racialised individuals to be cautious and/or fearful of their own Blackness. Which can contribute to increased rates of depression, anxiety, or other mental health problems, and feelings of isolation; struggle to develop a strong sense of self and belonging; difficulties in forming healthy relationships, or difficulties in coping with lived experiences of racism. Further, the agents of socialisation convey messages that suppress racialised individuals' experiences. That is, when racialised individuals are not allowed to express their frustrations on how they are treated by White people and their experiences of stereotypes and racial prejudices are invalidated.

***Pre-Encounter stage** leads to negative racial socialisation, which steer the racialised individuals towards **self-devaluation**. That is, in the different settings, such as in institutions, school, and even at home, Black young people are often gaslighted, told that the racial discrimination or racism they have experienced did not happen or that it is in their minds when they put their trust in their parents, caregivers, teachers, social workers.*

***Racial gaslighting** makes parents, caregivers, teachers, social workers feel like they have the best intentions: **to protect these young people**. But this is a form of gaslighting, both a psychological and emotional abuse. If from very a young age the Black youth are not trusted by their closest guardians: the parents, caregivers, teachers, the social workers; it makes them unreliable narrators of their lived experiences. Constantly being told that what they went through "the racism they experienced" did not happen. And hence, having their experiences dismissed and invalidated, force them to question their own sanity.*

So, gaslighting is deeply rooted in societal structures and social inequalities, and many young Black people in Europe are more likely to experience racial

gaslighting both in their professional environments and their personal lives due to the negative racial socialisation. The assumptions and stereotypes that the Black people are illiterate, more prone to criminality, prostitution, or drug trafficking are often used to excuse the dismissal of their feelings and lived experience and therefore, they are forced to behave like the White people if they are to make it. Hence, racial gaslighting is a way of maintaining White supremacy by labelling Black people psychologically abnormal, but just in an invisible way. Indeed, racial gaslighting is something that many Black youth experience growing up without knowing what it is. As oftentimes, the teacher and the parents might not know how to talk about racism. Worse, the parents might be frustrated as they might as well be facing racism or submerged in internalised racism for a long time, without acknowledging it.

2.3. Negative racial identity development

Encounter

In the Encounter stage, a racialised individual internalises negative stereotypes and beliefs about their own racial group (**about being Black**), including the bias related to the appearance, intelligence and ability of Black people. Thus, this can lead to a low self-esteem and feelings of inferiority, which create an internal sense of devaluation and self-deterioration. Further, the racialised individual may distance themselves from the other Black people or abandon the celebration of their Black heritage, history and culture altogether. And as a result, the racialised individual adopts the White cultural values as both a protective and a fit-in mechanism, leading to negative self-perception. Little emphasis is given to their own racial identity (**their Blackness**), as the racialised individual focuses on the other aspects of their lives such as their occupation, lifestyle, and religion seen as more outstanding. The racialised individual does not acknowledge race as something that affects both their lives and access to opportunities and services.

Encounter stage** leads to negative racial identity development that steer racialised individuals towards **anti-Blackness**. The racialised individual starts to prefer and identify with White culture, and starts to reject or to deny the celebration of Black culture. The racialised individual **rejects the previous identification with, and celebration of Black history, heritage, and stories, and seeks identification with White history, heritage, stories.

Anti-Blackness encompasses three identity clusters:

1. **Assimilation:** Low salience for Black race, with a strong salience and desire for the White race. The racialised individual prefers White people's cultures and way of life, often prioritising mainstream societal norms of Whiteness over Blackness. The racialised individual prefers to socialise and/or form relationships with White people over Black people.
2. **Miseducation:** Internalisation of negative stereotypes about Black people's ability, appearance, and intelligence, such as beliefs that Black people are not intelligent, that Black people are lazy, drug dealers and abusers, criminals. The reflection of internalised misinformation about Black people and the Black identity.
3. **Self-hatred:** the rejection of the unique Black experiences that prompt the racialised individuals to dislike their Black identity, such as physical features, lifestyle, life outcomes or skin colour. The reflection of internalised anti-Black attitudes and feelings of inferiority.

Thus, the more a racialised individual develops an extreme attitude of anti-Blackness, the more the racialised individual feels alienated from other Black people: no longer sees Black people and their Black community as a source of personal growth and support (Cross, 1991).

2.4. Degraded black consciousness

Immersion

In the Immersion stage, a racialised individual is confronted by intersectionality of negative racial identity, and negative racial socialisation, which leads to self-devaluation and degradation of both Black racial identity and Black consciousness. It involves a shift from a positive affirmation of Blackness to the internalisation of negative views of Blackness. And therefore, the Black person loses grasp of, and interests in their Blackness and thus, constructs a new frame of, and interests in White cultural values. Hence, **the Black person is submerged in internalised racism**. That is, the Black person displays strong rage at the Black people and Black culture; loses a sense of pride in Blackness, Black people and Black culture; and stops seeking out the history, art, stories and music that represent Black culture, and Black heritage. There is no longer a safe space to feel comfortable in, as the Black person loses aspects of, and

subverts their Black identity by involving in the mainstream White cultures and struggles to maintain cultural connection to their Black identity.

***Societal constructions** disadvantage the Black people both through the overt and covert forms of institutionalised and structural racism. In the immersion stage, the intersectionality of negative racial identity views, and negative racial socialisation pushes the Black person into internalising the negative stereotypes and prejudices associated with being Black, and view being Black through a negative lens. And the desire to fit in, pushes the Black person to identify with White cultures, isolate themselves from Black communities and denigrate Black cultures: by ignoring everything Black and immersing themselves into the White culture, into the White values. Black people accept the values of White society, suffer from emotional problems, as a result, low self-esteem (Vandiver et al., 2002).*

In the Immersion stage, the racialised individuals move away from how they view themselves to how they want the White people to view them. Racialised individual is frustrated, confused, questions their own sanity and knowingly or not knowingly, the inner life is adjusted by adapting a sense of inferiority, being grounded in victimhood, denying their own power and responsibility for their emotions. **Thus, this is the inner dimension of internalised racism:** the racialised individual is trying to fit into the White people's scenes by acting, thinking, and behaving in a manner that lessens the value of being Black. The racialised individual is submerged into the social and mental problems, such as low self-esteem and social anxiety with a thirst of acceptance from their White European peers.

***Dealing with the stigma and scars of racism** that question and attack the Black people's sanity and existences, makes it difficult to socialise with their Black peers. That is, the Black youth are trapped, and overwhelmed by strong social and mental problems, which are translated into feelings of Irritation, Anger, Frustration and Isolation, enhanced by pressure and stereotypes from their White peers. Feeling that, in some way, they are inherently not as worthy, as capable, as intelligent, as beautiful, as good as the White youth. And therefore, act as if that was true, by socialising only with the White peers, which impacts their ability to maintain healthy, and fulfilling relationships with their Black peers, projecting their sense of inferiority and inadequacy onto being Black.*

That is, in the Immersion stage, the racialised individual moves from positive Black self-definition toward embracing poor self-worth. This is the ultimate transformation of internalised racism, when racialised individuals normalise a toxic racial identity that leads to internalisation of negative feelings about being Black.

2.5. Impacts of internalised racism

Childhood adversities, such as exposure to violence, household dysfunction, child abuse and other forms of traumatic stress, have been researched to establish strong relationships between cumulative youthhood adversity and mental health risk factors and problems (Gardner et al., 2019; Radford et al., 2011; Kathryn S., 2022). In addition, the intersectionality of police brutality, neighbourhood violence, racial profiling and systemic discrimination within criminal justice, education, housing and employment across Europe, the Black youth are exposed to higher rates of mental health risk factors. And hence, they have over twice the prevalence of one or more mental, emotional, and/or behavioural health disorders, compared to White youth (Cave et al., 2019, 2020; Cheng et al., 2015; Bertrand, Marianne, and Sendhil, 2004). Therefore, internalised racism, exacerbated by the compounding effects of other social stressors such as immigration status, cultural discrimination, or acculturative stress, racial and/or gender identity abandonment, is detrimental to the Black youth's mental health in terms of their educational, social and psychological development.

Internalised racism affects socialisation, racial-ethnic identity, relational development, and perceptions of self and quality of life among racialised individuals. There are a number of models which explore the impact of internalised racism.

For instance, the Bailey's model describes internalised racism within the context of Black racial identity comprising five categories:

1. Internalisation of negative stereotypes;
2. Self-destructive behaviours;
3. Devaluation of the African worldview and motifs;
4. Belief in biased representation of history; and
5. Alteration of physical appearance (Bailey, & Colleagues., 2011).

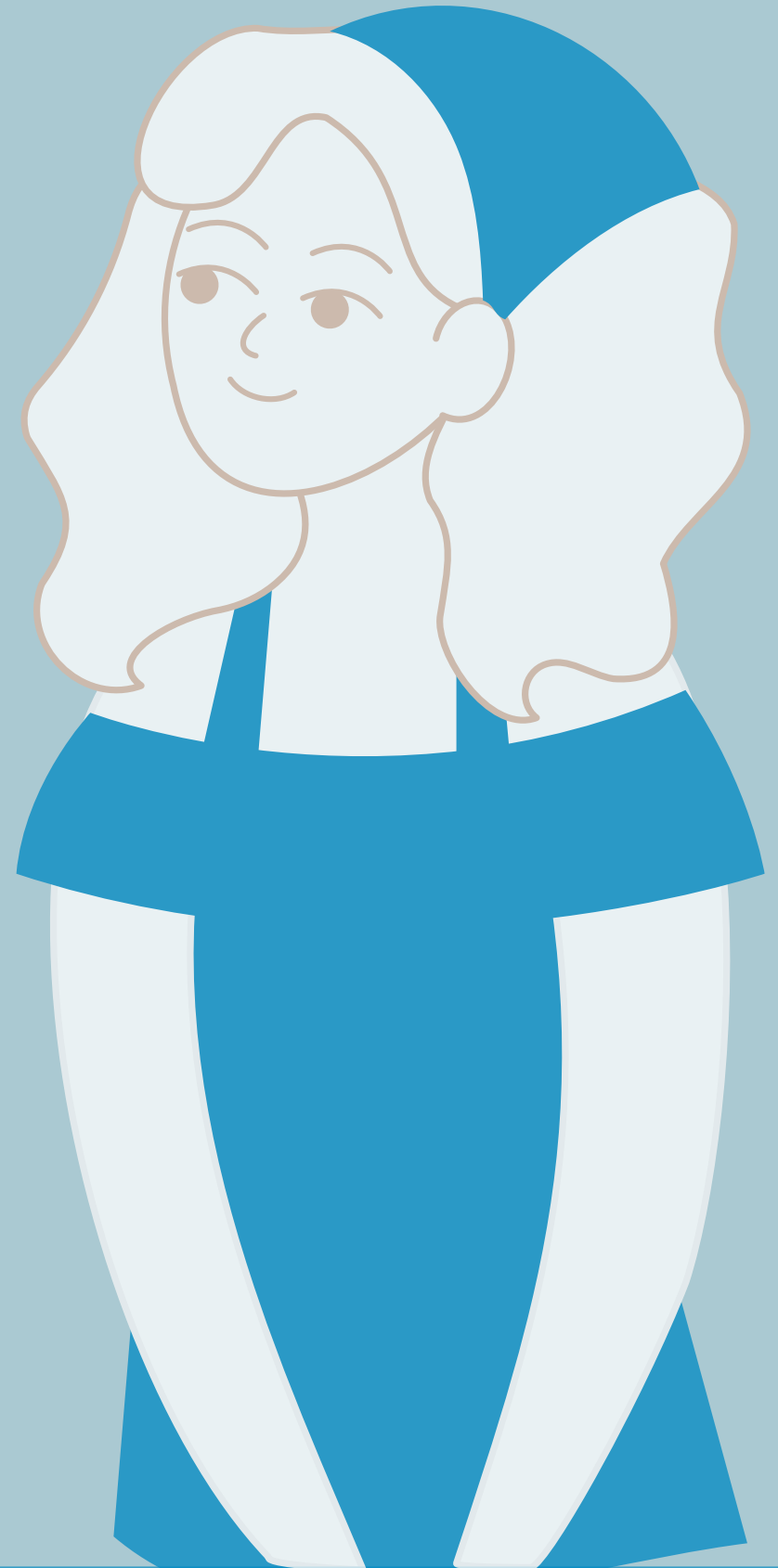
Bailey & Colleagues as in the (Bailey, T.-K.M.; Chung, Y.B.; Williams, W.S.; Singh; Terrell, H.K., 2011) theorised that the Black people in the USA move through the five developmental stages in the process of internalising racism: **from the stage where Black people internalise negative stereotypes to the stage where Black people define themselves by White people cultural values and norms.** However, the Bailey's model does not straightforwardly apply to our current European context. Even though the studies on internalised racism in Europe are seriously hampered by the lack of data, we must be careful of the use of the research conducted in the USA. Because the USA is an extreme racialised social system, the shape and the intensity of racism and internalised racism, and their consequences for the Black people's life-chances, health, and social identities, should not blindly be adapted in the less extreme social contexts (Loveman, 1999; Wimmer, 2013).

Thus, the current European context we are working in, and for many reasons, the Bailey's model can be adopted and reduced to a four-stage impact:

1. **Internalisation of negative stereotypes:** acceptance of racialised stereotypical and prejudiced messaging or images about Black people: (a). *Rejection of African-centric cultural worldview, and (b). Acceptance and internalisation of Eurocentrism rooted in colonial mentality, racist narratives and White supremacist worldviews.*
2. **Belief in biased representation of history:** endorsement of misrepresentations of Black history that privilege White supremacy and colonial mentality: (a). *Denying the marginalisation of Black people, and (b). Gaslighting Black people against the effects of discriminatory and racist practices and policies.*
3. **Devaluation of Black culture and heritage:** dismissal of Pan-Africanism, African cultures and African heritage, such as Black people are not intelligent, that Black people are lazy, drug dealers and abusers, criminals.
4. **Self-and degradation of Blackness:** self-devaluation and degradation of Black racial identity and Black consciousness: (a). *Alteration of physical appearance, such as transforming outward appearance to features that align more closely with Eurocentric aesthetic principles, and (b). Self-destructive behaviours, such as harmful or threatening actions toward the self and the Black community.*

CHAPTER-3

Racialised youth mental health



3.1. Mental health and mental illness

The terms **mental health** and **mental illness** are often used interchangeably, but are distinct concepts. Though both affect our own thoughts, emotions, feelings and behaviours, **mental health** is a state of wellbeing that can be positive or negative, while **mental illness** is a diagnosable condition with specific criteria. Thus, even though everyone has mental health, not everyone has a mental illness. However, both mental health and mental illness are influenced by a complex interplay, a series of factors that can either increase vulnerability to poor mental health and wellbeing (*risk factors*) or enhance the resilience for good mental health and wellbeing (*protective factors*). Moreover, cultural values, social, gender and racial norms and personal beliefs shape the way people understand and deal with mental health and mental illness. So, understanding these differences and factors is crucial for promoting mental wellbeing and wellness, reducing mental health stigma, and for mental health prevention, early intervention and effective support.

Mental health

Mental health refers to our overall emotional, psychological and social wellbeing. It influences how we think, feel and/or act and therefore, a fundamental part of our daily life. Mental health exists on a spectrum and therefore, it can fluctuate over time due to various factors, such as life experiences, social stressors, our surroundings, relationships, or physical health. It is common to experience poor mental health, *such as feeling overwhelmed, sad or anxious*, without having a diagnosable mental illness. These feelings are often a normal response to difficult experiences. It is also common to have good mental health while living with a mental illness, *such as anxiety disorder, mood disorder or eating disorder*, but only when it is well-managed through treatment, self-care and support. Having good mental health means that we can cope with the normal, common social stressors, make meaningful contributions to our lives and communities, develop sustainable relationships, and make informed choices.

Mental illness

Mental illness, also known as **mental health disorders** or **mental health conditions**, refers to the diagnosable conditions that significantly affect a person’s mood, thinking and/or behaviour, often involving changes in the brain chemistry, genetics or social factors that contribute to their

development. And thus, mental illnesses are associated with sustained changes in thoughts, feelings and actions that cause distress and/or impaired functioning in daily life. And thus, *mental illnesses are medical conditions, but not a sign of weakness or a character flaw*. They range from mild to severe and can be temporary or long-lasting, they can thus disrupt a person’s life or create severe challenges. And therefore, there are different types of mental illnesses, *such as depression, social anxiety disorder, bipolar disorder, schizophrenia or eating disorders*, that affect people in unique ways. Hence, access to mental healthcare and services, support, and participation in community life determine the way people experience and deal with mental illnesses, and how they get back on the path to recovery and wellness.

That is, an individual might have poor mental health without having a mental illness: *one might experience a period of sadness, stress, or difficulty coping due to a challenging life event, such breakup, grief, and/or job loss, without meeting the criteria for a mental illness*. Or an individual might have a mental illness and still experience periods of good mental health and wellbeing: *with the appropriate treatment, support, and self-care, the individual living with a mental illness can manage their symptoms, function well, and lead a more fulfilling life*. Health professionals divide mental illnesses into:

Table-1. Examples of mental illnesses

MENTAL DISORDERS	DESCRIPTION
Anxiety disorders	Anxiety disorders include excessive and uncontrollable worry, strong fears around everyday situations, unwanted thoughts, and fears of past scary situation. These include: <ul style="list-style-type: none">• Generalised Anxiety Disorder (GAD): persistent and excessive worry about various aspects of life.• Panic Disorder: sudden, intense episodes of fear (panic attacks).• Social Anxiety Disorder (Social Phobia): intense fear of social situations.• Phobias: Irrational fear of specific objects, situations (agoraphobia, or claustrophobia).• Obsessive-Compulsive Disorder (OCD): unwanted or intrusive thoughts (obsessions) and repetitive behaviours (compulsions) taken to reduce anxiety.• Post-Traumatic Stress Disorder (PTSD): Develops after experiencing or witnessing a traumatic event.

Mood disorders	<p>Mood disorders affect a person’s emotional state, leading to prolonged periods of extreme happiness, sadness, anger, or irritation. While it is normal for our moods to fluctuate, for a mood disorder, symptoms are persistent for several weeks or longer and significantly impair daily functioning. These include:</p> <ul style="list-style-type: none">• Depressive Disorder: depression characterised by persistent sadness, loss of interest or pleasure, and a range of associated emotional, cognitive, physical, and behavioural symptoms.• Bipolar Disorder: characterised by extreme mood swings, including episodes of mania (elation, increased energy) and depression.
Psychotic disorders	<p>Psychotic disorders are characterised by psychosis, a set of symptoms that involve a significant loss of contact with reality. During an episode, a person’s thoughts and perceptions are disrupted, making it difficult for them to distinguish what is real from what is not. These include:</p> <ul style="list-style-type: none">• Schizophrenia: a complex disorder that affects thinking, emotions, and behaviour, often involving hallucinations, delusions, and disorganized thought.
Eating disorders	<p>Eating disorders are characterised by severe disturbances in a person’s eating behaviours and related thoughts and emotions. They are not merely about food, they often serve as a way for a person to cope with underlying emotional distress, control issues, or other mental health challenges. They can have severe physical or psychological consequences, and can be life-threatening. These include:</p> <ul style="list-style-type: none">• Anorexia Nervosa (AN): often called anorexia, is characterised by an intense fear of gaining weight, a distorted body image and severe restriction of food intake, leading to a significantly low body weight.• Bulimia Nervosa (BN): often called bulimia, is characterised by maintaining normal weight or being overweight, which can make the condition less obvious to others. However, the internal struggle and the health consequences are just as severe for anorexia.
Substance use disorders	<p>Substance Use Disorders (SUDs) are characterised by problematic use of alcohol or drugs, leading to significant impairment or distress. They involve a cluster of cognitive, behavioural and physiological symptoms indicating maladaptive patterns of substance, alcohol or drugs use despite health-related problems.</p>

Personality disorders	<p>Personality disorders are characterised by rigid, unhealthy, and pervasive patterns of thinking, feeling, and behaving that deviate from life expectations. These patterns are deeply ingrained, become severe over time, and cause distress or impairment in various areas of a person’s life, including relationships, work, and social functioning. The person may not realise that they have a problem, often believing that others are the cause of their difficulties.</p>
Risk-taking behaviours	<p>Risk-taking behaviours are characterised by engaging in actions or activities (<i>substance, alcohol, tobacco and illicit drug abuse; unprotected sex; sexting or sharing sexually explicit content; and engaging in sexual activity under the influence of substances</i>) that have the potential for harmful consequences, such as injuries, diseases, social problems, or even death. Risk-taking behaviour is often an unhealthy response for coping with emotional difficulties or peer pressure and can severely impact mental wellbeing.</p>
Non-suicidal self-injury	<p>Self-harm or non-suicidal self-injury: causing harm to one's own body without the intent to die. It is often a coping mechanism for intense emotional pain or overwhelming feelings. However, self-harm can increase suicide risk. Even if the initial intent was not suicide, self-harm can become more severe over time, and the person may eventually act on suicidal thoughts, or accidentally cause fatal injury.</p>
Suicidal ideation	<p>Suicidal ideation is characterised by thoughts about ending one’s life, and range in intensity and specificity:</p> <ul style="list-style-type: none">• Passive suicidal ideation: wishing one was dead or thinking about death without a specific plan or intent to act.• Active suicidal ideation: having specific thoughts about how to die, with varying degrees of intent and planning.• Suicidal plans: developing a detailed method and specific intent to carry out a suicide attempt.

3.1.1. Mental wellbeing and mental wellness

Though they both refer to a positive and active state of mental health, the terms **mental wellbeing** and **mental wellness** are rather two distinct concepts. **Mental wellbeing** encompasses an individual’s emotional, psychological and social functioning; reflecting that individual’s abilities to thrive, adapt and/ or lead a fulfilling life. **Mental wellness** refers to an active, ongoing process of cultivating resilience, positive psychological functioning and the capacity to navigate life with a sense of equilibrium, pride and purpose.

Mental wellbeing

Mental wellbeing exists on a continuum or a mental health spectrum. “An individual can have a good mental wellbeing even if the individual is suffering from a mental illness.” And “an individual can also have poor mental wellbeing without a diagnosable mental illness.”

Table-2. Components of mental wellbeing

COMPONENTS	DESCRIPTION
Emotional wellbeing	Ability to understand, manage, experience emotions, and maintain a positive outlook on life. But also, emotional resilience (capacity to manage the ups and downs of life without being overwhelmed and adapt positively to life's setbacks); and emotional and self-awareness (capacity to understand one's thoughts, feelings, strengths, and limitations and adaptability and coping skills to feel and process changing emotions in healthy ways).
Social wellbeing	A sense of belonging, connection with others, and feeling connected to the community and can contribute positively to it, and feeling comfortable in social interactions. But also, maintaining positive relationships (form healthy connections with others).
Psychological wellbeing	Healthy sense of self-esteem, self-worth, positive self-acceptance, personal growth, purpose in life, autonomy, and the ability to manage life and the surrounding environment.
Cognitive wellbeing	Ability to think clearly, learn, focus, solve problems and make choices that align with one's values. But also, productivity and engagement (being able to work effectively, learn new things, and engage in activities that bring satisfaction).
Physical wellbeing	Physical wellbeing reflects a strong link between physical and mental health; a healthy body often contributes to a healthy mind.

Mental wellness

Mental wellness emphasises a more proactive, and positive view at the positive end of the mental health spectrum. Mental health describes a spectrum that includes both mental illness and wellbeing, and hence, mental wellness specifically highlights the flourishing end of the mental health spectrum. And mental wellness is not about avoiding negative emotions; it is about having the tools and resources to navigate them.

For example, if a person consistently struggles to cope and experiences overwhelming emotions or notices significant changes in their thinking or behaviour; reaching out to a therapist, counsellor, or doctor is a sign of strength and a key component of maintaining a good mental wellbeing.

So, mental wellness is an ongoing journey of self-awareness and growth through intentional actions that empower the individuals to live fulfilling and meaningful lives, even amidst life's inevitable ups and downs, and changing emotions.

Table-3. Components of mental wellness

COMPONENTS	DESCRIPTION
Emotional wellness	Continuously cultivating ability to identify, understand and effectively manage emotions in healthy ways and overcome adversity.
Psychological wellness	Continuously cultivating self-acceptance and self-esteem (having a positive and realistic view of oneself, including strengths and weaknesses); personal growth (willingness to learn, adapt, grow, and strive for self-improvement); and autonomy (a sense of independence and making choices that align with one's values).
Social wellness	Continuously cultivating healthy relationships (ability to form, maintain, and nurture meaningful connections with others); effective communication (the capacity to express thoughts and feelings clearly and listen actively to others); and social contribution (a sense of contributing positively to one's community or society).
Cognitive wellness	Continuously cultivating problem-solving and creative skills (ability to think logically, make sound decisions, effectively address life's challenges, and engage in innovative thinking).

So, it is normal to experience various types of emotional distress as we grow and mature. For example, it is common for youth to experience anxiety about school, or short periods of depression that are transient in nature. However, when the symptoms persist, it may be time to seek professional assistance. While most youth are physically, and emotionally healthy, racialised youth meet the criteria of an at-risk group for mental health disorders because of the constant exposure to the negative racial stereotypes and discriminatory, hateful, and racist narratives. The presence of these risk factors contributes

to mental health disorders which lead to the deterioration of the racialised youth mental health. Furthermore, this is exacerbated with racial disparity in accessing mental healthcare, services, and treatment; White peer pressure; and lack of professional and social support network. Racial disparities rooted in systemic racial inequities, racial injustices and systemic discrimination.

3.2. Racialised youth mental health

The mental health of racialised youth, or the racialised youth mental health is conceptualised as a state of mental wellbeing in which racialised youth can realise his or her own ability; can cope with normal stresses of life; can work productively and fruitfully; and is able to realise meaningful participation in society. So, strong emphasis is placed on the racial youth emotional, social, psychological, and cognitive developmental aspects such as having: *a positive sense of gender and racial identity; a sense of belonging, and a healthy sense of self-esteem; a positive self-acceptance; and the ability to manage thoughts, emotions, and adapt positively to the life's setbacks; and the adaptability and coping skills to feel and process changing emotions in more healthy manners; and the capacity to build and maintain positive social relationships; and the aptitude to learn, or acquire education which ultimately enable the racialised youth's meaningful participation in society.* And therefore, the racialised youth mental wellbeing, mental wellness and mental health are interdependent: *a good state of mental wellbeing determines the racialised youth's emotional, psychological and social functioning, which reflect the racialised youth's ability to thrive, adapt and lead a fulfilling life,* and while *a proactive mental wellness reduces risk factors for mental, emotional, behavioural and/or substance use disorders.* And therefore, a good state of mental wellbeing and a proactive mental wellness contribute to positive mental health outcomes among the racialised youth.

***Racialised youth mental health** goes beyond the general mental health concerns of adolescents and youth. In addition to general mental health concerns of adolescents and youth, the mental health of racialised youth is shaped by a unique and challenging interplay of social, cultural, gender norms and the profound impacts of systemic racial discrimination and racism, which are exacerbated by racial inequities. Hence, racialised youth mental health focuses on how experiences of racism, discrimination, and systemic racial inequities uniquely impact the mental wellbeing of youth from marginalised racial minority communities.*

***Racialised youth of African descent** face the unique and complex set of risk factors that impact their mental health. That is, while all the racialised youth's mental health is at risk across Europe, the Black youth experience disproportionate mental health risk factors due to convergence of various social stressors such as overt racism; systemic racism and discrimination; racial profiling; microaggressions; historical trauma; internalised racism. In addition, the Black youth face significant barriers to accessing quality mental healthcare, such as the lack of the culturally competent providers, mistrust of the healthcare system due to historical racial injustices and mental health stigma within the Black communities.*

And so, racialised youth of African descent often hold multiple marginalised identities, such as the racial and gender minority Black youth (*being Black and LGBTIQ+*). The intersectionality of these marginalised, minority identities often lead to the compounded experiences and unique mental health risk factors, which contribute to mental, emotional, behavioural and substance use disorders more prevalent among Black youth. *For instance, Black LGBTIQ youth face racial and homophobic discrimination but also racism, and sexism, which exacerbate risk factors for their mental health.* Hence, understanding mental health of Black youth requires acknowledging the profound impact of the social stressors that Black youth are exposed to.

Table-4. Impact of social stressors on Black youth mental health

SOCIAL STRESSORS	IMPACT DESCRIPTION
Racism	Experiences of racism, either overt or invisible racism (<i>microaggressions</i>) are an underlying source of risk factors for mental health of Black youth and LGBTIQ+ youth. Experiencing racial slurs, racial bullying, microaggressions, racial stereotypes, or racial prejudices can lead to various mental health problems.
Discrimination	Experiences of discrimination either racial or gender discrimination are an underlying source of risk factors for mental health of Black youth and LGBTIQ+ youth. Experiencing gender stereotypes, or homophobic discrimination and gender-based violence can lead to various mental health problems.
Racial trauma	Repeated exposure to racism can be deeply traumatising, manifesting in intrusive thoughts, hyper-vigilance and emotional distress. This race-based traumatic stress can be intergenerational, leading to various mental health problems.

Systemic racism	Black youth are disproportionately impacted by systems that perpetuate racial and gender inequalities. These include biases in accessing education, housing and employment, and in the justice system (<i>over-policing and criminalisation</i>), which can lead to various mental health problems.
Internalised racism	Black youth may internalise negative messages about their Blackness and thus, reject the celebration of Black culture, Black history, and Black Heritage; and internalising the bias related to their appearance, intelligence and ability that can lead to a negative sense of identity, a negative sense of belonging, low self-esteem, self-doubt, and a diminished sense of self-worth, which can lead to various mental health problems.
Acculturative stress	Black immigrant and refugee youth oftentimes experience psychological and emotional challenges of adapting to White cultural identity while trying to maintain aspects of their own Black cultural identity, which can manifest in various mental health problems.
Intergenerational trauma	The historical and contemporary trauma experienced by people of African descent due to racism, colonial-ism, slavery and other forms of oppression are transmitted to Black youth, which can contribute to various mental health problems.
Lack of representation	Severe shortage of Black mental health professionals makes it difficult for Black youth to find mental health providers with whom they feel understood and safe. This leads to mistrust in the mental healthcare system, and as a result, Black youth do not seek help and support for mental health problems.

And hence, addressing the mental health needs of racialised youth requires a multifaceted approach that acknowledges the profound impacts of the above social stressors on their mental health. And it demands commitment to providing the more culturally responsive, accessible and equitable mental healthcare and services, while recognising and strengthening the racialised youth’s inherent resilience. Thus, understanding these mental health needs and gaps, society can better support the mental wellbeing of Black youth. And therefore, promoting and preventing the racialised youth mental health requires a shift towards culturally responsive and equitable approaches.

Table-5. Responsive approaches for Black youth mental health

RESPONSIVE APPROACH	DESCRIPTION
Racial and cultural competence	<p>Cultural competence reflects the ability to under-stand, appreciate, and effectively interact with people of African descent. Racial competence reflects the skills and attitudes to understand and tackle the impact of race and racism. So, mental health providers and educators need capacity building training to understand their own racial biases and prejudices, the cultural backgrounds of the Black youth they serve, and how the impact of the above social stressors on the mental health of Black youth.</p> <p>This involves ongoing training activities:</p> <ul style="list-style-type: none">• <i>On the production and perpetuation of gendered racism, gendered racial discrimination and internalised racism and their effects on the social wellbeing of Black youth.</i>• <i>On the manifestation of gendered racism, gendered racial discrimination and internalised racism as risk factors for mental health and their effects on the mental wellbeing of Black youth.</i>
Human rights-based approach	<p>Considering widespread racial discrimination and racism experienced by Black youth in Europe, a human rights-based approach is essential to promote and prevent Black youth mental health and tackle the stigmatisation of Black youth mental health. This emphasises the need for services, policies, legislations, plans, strategies, and programmes to protect, promote and respect the rights of Black youth.</p> <p>This involves two principles:</p> <ul style="list-style-type: none">• Non-discrimination and equality: <i>Ensuring that mental health promotion and prevention interventions assess patterns of racial and gender inequality, racial and gender discrimination, racism, and internalised racism. To understand how those patterns impact the mental health and wellbeing of Black youth and Black LGBTIQA+ youth, which are exacerbated by limited access to mental healthcare and services.</i>• Meaningful, and inclusive participation: <i>Ensuring that the inclusion and participation of Black youth in mental health promotion and prevention interventions, is the first step to-wards addressing risk factors for mental, emotional, behavioural and substance use disorders more prevalent among Black youth and Black LGBTIQA+ youth.</i>

Community-based interventions

A major implementation issue within the contemporary mental health promotion and prevention interventions is balancing between delivering more evidence-based interventions and adapting interventions over time to meet Black youth mental health needs and gaps. To address this issue, community-based mental health interventions that integrate mental health promotion and education in trusted community settings (such as in schools, youth work, or youth centres) can improve accessibility and reduce stigma.

This involves four principles:

- **Tailored interventions:** evidence-based mental health prevention can be effective but must be adapted over time to incorporate positive cultural and racial socialisation, and the social stressors that impact the mental health of Black youth.
- **Youth-friendly mental health interventions:** a community-based intervention that relies on prevention screening to integrate the mental health needs, gaps and interests of Black youth and Black LGBTIQ+ youth. Prevention screening identifies risk factors that make Black youth and Black LGBTIQ+ youth more vulnerable to psychological or behavioural problems and then identifies the segments of Black youth and Black LGBTIQ+ youth that must receive unique preventive interventions.
- **Addressing racial trauma:** contemporary mental health promotion and prevention interventions must explicitly acknowledge and address the impact of racism, racial discrimination and internalised racism as both independent and compounding risk factors for the mental health of Black youth and Black LGBTIQ+ youth. This involves creating safe spaces for Black youth and Black LGBTIQ+ youth to discuss and process those risk factors and develop adaptive and coping skills.
- **Strengths-based perspectives:** contemporary mental health promotion and prevention interventions must explicitly focus on the resilience, strengths and protective factors within Black youth and Black LGBTIQ+ youth, rather than solely relying on the knowledge of White mental health providers and educators.

Systemic advocacy

Efforts to dismantle systemic racial discrimination and racism within the European mental health care and education systems are crucial and essential for long-term improvements in mental health equity.

This includes:

- *Increasing mental health workforce diversity: Actively recruiting and supporting mental health providers, educators and professionals from diverse racial and gender minorities, such as among Black people and Black LGBTIQ+ persons.*

Evidence shows that the largest group of racialised youth with both poor mental health and mental wellbeing are the Black youth with mental health problems. And thus, mental health promotion, prevention and education among Black youth are important for prevention and recovery from mental, emotional, behavioural and substance use disorders.

Among the Black youth, high levels of good mental health and wellbeing and proactive mental wellness are associated with a range of positive impacts such as positive academic outcomes; healthier lifestyles; reduced risk-taking behaviours (reduced alcohol, drugs, tobacco, and substance abuse); and reduced productivity of crimes, violence, antisocial behaviour.

And thus, determinants of Black youth mental health and wellbeing include not only the individual attributes such as their abilities to manage thoughts, emotions, behaviours, and interactions with others, but also the overall social, cultural, economic, political and the environmental factors such as national policies, social protection, living standards, working conditions and social supports. Therefore, depending on the local context, the marginalised Black youth are placed at greater risk factors for mental health problems due to their living conditions, stigma, and/or exclusion, exacerbated by the lack of access to quality mental health support and services.

Indeed, within most European societies, the mental health of Black youth, and Black lesbian, gay, bisexual, transgender, queer, or non-binary youth are concerns of many human rights violations.

3.3. Risk and protective factors for mental health

Racialised youth mental health is influenced by a complex interplay, a series of factors that can either increase their vulnerability to poor mental health and wellbeing (*risk factors*) or can enhance their resilience for good mental health and wellbeing (*protective factors*). As racialised youth grow, and go through the different developmental phases, there are contextual biological, psychological, environmental, or socioeconomic variables that can inevitably hinder (*risk factors*) or facilitate this process (*protective factors*). The presence or absence of a combination of protective or risk factors contribute to the racialised youth mental health outcomes and influence the course a mental health disorder might take if it develops. Hence, identifying protective and risk factors for mental health among racialised youth guide intervention strategies for mental health education, promotion and prevention.

Risk factors for mental health

Risk factors for mental health can be defined as the contextual variable factors of biological, psychological, environmental and socioeconomic nature that precede and are associated with increased vulnerability to poor mental health and wellbeing. So that is, a combination of mental health risk factors increases the racialised youths vulnerability to mental health disorders, which lead to poor mental health and wellbeing.

Table-6. Common risk factors for mental health

RISK FACTORS	DESCRIPTION
Biological and genetic factors	<p>Biological and genetic factors include:</p> <ul style="list-style-type: none">• Inherited traits: family history of mental illness can increase risks due genetic predisposition. A combination of genetic variations can contribute to vulnerability to mental health disorders.• Brain chemistry: imbalances in neurotransmitters (serotonin or dopa-mine) are linked to increased vulnerability to mental health disorders.• Brain injury: injuries to certain areas of the brain can contribute to and/or increase vulnerability to mental health disorders.• Chronic physical health conditions: medical conditions can increase risk for or vulnerability to mental health disorders.

Psychological factors	<p>Psychological factors include:</p> <ul style="list-style-type: none">• Trauma and abuse: childhood trauma (such as physical, emotional, or sexual abuse, neglect, witnessing domestic violence), is a significant risk factor for various mental health disorders.• Chronic stress: severe or long-term stress from various sources (such as work, relationships, financial problems, physical injury, illness) can contribute to poor mental wellbeing or exacerbate vulnerability to mental health disorders.• Poor coping skills: inability to cope effectively with daily problems or common life's stress can increase vulnerability to mental health disorders.• Low self-Esteem and social isolation: a negative self-image; lack of confidence; feeling detached from others; lacking a sense of belonging; lack of healthy relationships or lack of social support network can lead to feelings of loneliness and abandonment that can exacerbate vulnerability to various mental health disorders.• Peer pressure: the pressure to fit in or engage in unhealthy behaviours in adolescents, can contribute to risk-taking behaviours (such as substance, alcohol, tobacco or drug abuse) that increase vulnerability to mental health disorders.
Environmental factors	<p>Environmental factors include:</p> <ul style="list-style-type: none">• Poor living conditions: inadequate housing, unsafe neighbourhoods, or homelessness can lead to persistent stress that can contribute to poor mental wellbeing or increase vulnerability to mental health disorders.• Exposure to violence: being a victim of physical, sexual or gender violence contributes to poor mental wellbeing and increases vulnerability to mental health disorders.• Work environment: demand jobs; workplace harassment; high stress levels, burn-out, or a lack of support at work contribute to poor wellbeing and vulnerability to mental health disorders.• Social media use: excessive social media use in adolescents has been linked to increased feelings of inadequacy, body image issues, cyberbullying, or isolation that contribute to poor wellbeing and increase vulnerability to mental health disorders.

Socioeconomic factors	<p>Socioeconomic factors include:</p> <ul style="list-style-type: none">• Poverty and financial strain: financial insecurity, inability to meet basic needs, financial stress, or multiple jobs are significant risk factors that contribute to poor mental wellbeing and increase vulnerability to mental health disorders.• Limited access to healthcare: lack of access to and availability of mental health services can prevent individuals from seeking necessary help, leading to worsening mental wellbeing and increased vulnerability to mental health disorders.• Unemployment, Job loss: these lead to financial stress, loss of purpose, and social isolation, leading to worsening mental wellbeing, or increased vulnerability to mental health disorders.
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Protective factors for mental health

Protective factors for mental health can be defined as contextual variable factors of biological, psychological, environmental, or socioeconomic nature, at the individual, family, peer, community and/or society levels, that precede and are associated with an enhanced resilience for good mental health and wellbeing. That is, a combination of mental health protective factors reduces racialised youth vulnerability to mental illness, which lead to good mental health and wellbeing. Further, protective factors for mental health can also be the characteristics, attributes, and the resources that help racialised youth maintain good mental health and wellbeing, cope with stress, and reduce the impact of risk factors.

Table-7. Common protective factors for mental health

PROTECTIVE FACTORS	DESCRIPTION
Individual factors	<p>Individual factors include:</p> <ul style="list-style-type: none">• Resilience and coping skills: the ability to adapt to stressful events or manage negative emotions; maintaining a positive outlook on life and positive coping skills, and being adaptable.• Strong sense of self-worth: high self-esteem, a positive sense of belonging, intellectual development, and positive self-image.• Good physical health and healthy habits: A healthy diet; regular exercise; sufficient sleep; and avoiding harmful substances like excessive alcohol positively impact mental wellbeing.

Family and relational factors	<p>Family and relational factors include:</p> <ul style="list-style-type: none">• Strong social connections: positive, meaningful relationships increases a sense of belonging, and reduces the feelings of isolation, loneliness, or abandonment.• Healthy family relationships: positive experiences and support from family reduce childhood trauma (such as physical, emotional, or sexual abuse, neglect, witnessing domestic violence).• Positive peer relationships: healthy friendships and social networks that offer emotional support and a sense of belonging, increase clarity about expectations in peers' relationships and improve physical and psychological safety.
Socioeconomic factors	<p>Socioeconomic factors include:</p> <ul style="list-style-type: none">• Safe and stable housing: a secure and comfortable living environment reduces stress and provides a foundation for good mental health and wellbeing.• Financial security: being able to meet basic needs, stable employment, and adequate wage or stable incomes reduce stress and provide a sense of stability.• Civic and social engagement: being connected to and regularly involved with community groups increase opportunities for engagement within school and society. Engaging in work, leisure activities, or community groups that provide a sense of purpose and accomplishment.• Access to healthcare services: timely, accessible, affordable and appropriate mental health support and treatment.

3.3.1. Risk and protective factors for racialised youth mental health

In any given society in Europe, racialised youth navigate landscapes fraught with complex social stressors, which negatively impact their mental health and wellbeing, and increase their vulnerability to mental health disorders. And hence, identifying and analysing the unique risk and protective factors for those complex social stressors, is crucial for promoting and preventing the mental health of racialised youth.

Table-8. Risk factors for racialised youth mental health

MENTAL DISORDERS	DESCRIPTION
Racism	Experiences of overt and invisible racism, such as experiencing racial slurs, racial bullying, microaggressions, racial stereotypes, and racial prejudices contribute to poor mental wellbeing and increased vulnerability to mental health disorders (such as anxiety disorders, mood disorders, risk-taking behaviours, or substance use disorders).
Discrimination	Experiences of racial, sex and gender discrimination, such as experiencing sexism, homophobic discrimination, Xenophobia, or gender-based violence contribute to poor mental wellbeing and increased vulnerability to mental health disorders (such as anxiety disorders, mood disorders, risk-taking behaviours, or sub-stance use disorders).
Racial trauma	Repeated exposure to racism and racial discrimination, race-based traumatic stress, historical and contemporary oppression contribute to poor mental wellbeing and increased vulnerability to mental health disorders (such as anxiety disorders, mood disorders, risk-taking behaviours, or substance use disorders).
Systemic racism	Systemic racism and systems that perpetuate racial, and gender discrimination in accessing education, housing and employment, and in the justice system lead to limit access to resources, services and opportunities that contribute to poor mental wellbeing and increased vulnerability to mental health disorders (such as anxiety disorders, mood disorders, risk-taking behaviours, or substance use disorders).
Internalised racism	Internalisation of negative societal stereotypes about one's racial group, rejecting celebration of one's racial culture, history, and heritage, and internalising the bias related to one's appearance, intelligence and ability lead to self-doubt; shame; negative sense of identity and belonging; and low self-esteem that contribute to poor mental wellbeing and increased vulnerability to mental health disorders (such as anxiety disorders, mood disorders, risk-taking behaviours, substance use disorders, eating disorders, non-suicidal self-injury, or suicidal ideation).
Identity-related stress	Challenges of adapting to White culture while racialised youth try to maintain aspects of their own culture, lead to acculturative stress. So, developing a positive racial and cultural identity in such contexts is a source of stress and internal conflict that increase vulnerability to mental health disorders (such as anxiety disorders, mood disorders, risk-taking behaviours, sub-stance use disorders, eating disorders, non-suicidal self-injury, or suicidal ideation).

Intergenerational trauma	Historical and contemporary trauma experienced by people of African descent due to racism, colonialism, slavery and other forms of oppression are transmitted to racialised youth, and contribute to increased vulnerability to mental health problems (such as anxiety disorders, mood disorders, risk-taking behaviours, or substance use disorders, and difficulties with attachment and trust).
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While rates of some mental health conditions may be comparable to and/or even lower than white youth in some instances, the racialised youth often experience disproportionately higher burden than the white youth. Despite such significant complex risk factors, racialised youth and their communities possess numerous strengths and protective factors that foster resilience for both positive mental health and wellbeing, and this is where mental health education, promotion and prevention become so valuable.

Table-9. Protective factors for racialised youth mental health

MENTAL DISORDERS	DESCRIPTION
Individual factors	Individual factors include: <ul style="list-style-type: none">• Resilience: ability to adapt and bounce back from adversity, stress, or trauma, such as developing effective coping skills for and adaptability to racial discrimination, and racism.• Positive self-esteem, self-worth and self-concept: a sense of accomplishment (such as academic accomplishment boost self-esteem and provide a sense of hope) and developing a healthy belief in one's own value and capability, and a positive sense of what it means to be Black (such as an appreciation for Black history, culture and heritage) are a powerful buffer against negative societal messages, racial discrimination, microaggressions and racism.• Positive cultural and racial identity: a positive sense of cultural and racial identity and a strong cultural and racial identity connectedness are significant sources of resilience that counteracts the negative impacts of racial discrimination, microaggressions and racism.• Positive racial socialisation: a positive sense of Blackness and cultural pride (celebrating Black culture, history, and heritage) and preparation for bias (recognising and responding to racial discrimination, microaggressions, or racism in a healthy way).

Family and relational factors

- Family and relational factors include:
- **Positive racial socialisation:** explicit and implicit positive messages from family and community about the impact of race, how to cope with racism, and the beauty and strength of Black identity. Such as cultural pride reinforcement (encouraging Black youth to celebrate Black culture, history, and heritage) and preparation for Bias (teaching Black youth how to recognise and respond to racial discrimination, racism or microaggressions in a healthy way).
 - **Positive parent-youth interactions:** emotionally supportive parenting styles that foster trust, acceptance, and security are significant buffers against racial gaslighting, and contribute to positive racial socialisation and positive racial identity development.
 - **Positive cultural and racial identity:** when Black youth are educated about their history and heritage in a positive light, it instils in them a positive sense of cultural and racial identity, and a sense of pride and belonging that counteract the impacts of racial discrimination, microaggressions, and racism. Such as open conversations within families and Black communities that celebrate Black culture, history, heritage, and achievement.
 - **Positive peer relationships:** healthy friendships and social networks offer emotional support, a sense of belonging, and validation of Black experiences. Involvement in community groups and youth programmes with peers provide a sense of purpose, belonging and shared identity.
 - **Collective coping and resilience:** tendency within Black communities to band together and support one another (such as recognising and drawing strength from the historical resilience of the Black community in overcoming systemic racial discrimination, microaggressions) are a great way to empower Black youth.

Sociocultural factors

- Sociocultural factors include:
- **Socioeconomic security:** access to secure housing, education and stable employment that are free from racial bias and racial discrimination, and adequate income reduce chronic stress and provide equal opportunities and rights for meaningful social and civic engagement.
 - **School connectedness and inclusive school environment:** feeling safe, included and supported at school provide equal opportunities and rights for academic engagement and achievement.
 - **Storytelling and cultural expression:** art, music, dance, and storytelling are vital outlets for processing experiences of racial discrimination, microaggressions and racism and affirming Black identity, culture, history, and heritage.
 - **Activism and advocacy:** engaging in social and racial justice efforts empower Black youth and provide a sense of agency in systemic change, such as advocating for policies and practices that dismantle systemic racism and racial discrimination in education, housing, employment and justice.
 - **Access to quality mental healthcare:** affordable, and culturally competent mental health services, and efforts to de-stigmatise mental health within Black communities create spaces for open dialogue about mental health and help-seeking. This includes training for mental health professionals on the impacts of racism and cultural competence, addressing implicit biases, and ensuring equitable access, as well as developing and implementing interventions that are tailored to the cultural values and experiences of Black communities (including Black youth in mental health interventions planning).

The goal of mental health education, promotion and prevention are to raise awareness of the strengths and protective factors in racialised youth, reduce their exposure to risk factors while simultaneously strengthening protective factors at individual, family, community, and societal levels. And therefore, a holistic approach to mental health education, promotion and prevention in non-formal youth education and training can build resilience and foster environments where good mental health and wellbeing of racialised youth can flourish.

3.4. Mental health education, promotion and prevention

Mental health education, promotion and prevention have distinct outcomes, but they are interconnected approaches. They aimed at raising awareness of strengths and protective factors in racialised youth and building resilience against risk factors while simultaneously reducing the exposure to risk factors and strengthening protective factors at the individual, family, community and societal level. And therefore, mental health education, promotion and prevention foster positive mental health and wellbeing outcomes, prevent counteract the impacts of mental health problems and foster help-seeking and treatment behaviours. **Education** manifests itself in equipping racialised youth with the skills, and resources to understand, manage and maintain a good mental health and wellbeing. **Promotion** is characterised by its focus on good mental health and wellbeing rather than prevention of a mental disorder, although it also decreases the likelihood of a mental disorder. **Prevention** is distinct from treatment, but both have a goal of reducing the burden of mental, emotional, behavioural, and substance use disorders on the racialised youth positive development. Thus, the methods of prevention and promotion overlap as they both focus on changing the influences of the risk factors on the development of racialised youth to remain free of the cognitive, emotional and behavioural problems that could impair their functioning and development.

3.4.1. Mental health education

Mental health education equips racialised youth with the knowledge, skills, and the resources to understand, manage and maintain their mental health and wellbeing, while fostering a culture of openness and support around mental health problems. And thus, mental health educational interventions aim to dismantle mental health stigma, to encourage the early mental health intervention and empower racialised youth to seek help when needed. And the settings for mental health education range from school, youth work and social work to community centres and today's expanding digital landscape. Hence at its core, mental health education aims to normalise conversations around mental health among racialised youth and integrate mental health into their broader understanding of a healthy life.

This includes:

- **Increasing mental health literacy:** providing accurate, youth-friendly information about mental health conditions, their symptoms, causes and available treatments, while dispelling myths and misconceptions around mental health that contribute to mental health stigma.
- **Promoting emotional wellbeing:** teaching practical skills for managing stress, regulating emotions, building resilience and fostering healthy relationships.
- **Encouraging help-seeking behaviours:** creating safe and supportive environments where racialised youth feel comfortable seeking help without fear of judgment.
- **Early identification and intervention:** equipping racialised youth to recognise the early warning signs of mental health conditions in themselves or their peers, and connecting them with appropriate resources, support, or help.

Though mental health education becomes effective by cultivating resilience from a young age; and therefore, school and youth work environments are the primary focal points for mental health education. They both provide a unique opportunity to reach racialised youth during critical developmental years. That is, evidence-based mental health interventions in schools and in youth work can contribute to significant positive mental health outcomes among racialised youth, such as improved emotional regulation, reduced risk factors for mental health disorders, and better academic performance and outcomes. However, it would require school- and youth work-based mental health initiatives to integrate a more racial and cultural competence support system and offer universal interventions for all the racialised youth, targeted interventions for racialised youth at risk, and intensive support for racialised youth with identified mental health conditions.

For example, this would mean integrating mental health topics and the subjects related to racial discrimination, microaggressions, racism and internalised racism as significant risk factors for mental health among racialised youth.

However, across all the European countries, such a mental health education targeted at the racialised youth is totally lacking, both in the schools teaching curriculum and non-formal youth education and training.

3.4.2. Mental health promotion

Mental health promotion focuses on creating the conditions that support and enhance positive mental health and wellbeing of the racialised youth and their communities. It is about building the protective factors, fostering resilience and empowering the racialised youth to thrive amidst experiences of racial discrimination, microaggressions, racism, and/or internalised racism. So, promotion is typically universal, targeting the entire population. Mental health promotion creates environments where mental health and wellbeing of racialised youth is prioritised. In other words, mental health promotion is a process of enabling individuals to increase control over and improve their mental health and wellbeing. And this involves creating living conditions and environments that support mental health and wellbeing and allow people to adopt and maintain healthy lifestyles (WHO).

- **Creating supportive environments:** involves shaping physical and social spaces to be conducive to positive mental health and wellbeing. This can range from:

Schools (*fostering safe and inclusive schools that encourage positive school climate, anti-racism, and anti-racial bullying programmes, and creating opportunities for positive racial socialisation*);

Workplaces (*fostering a safe and inclusive work culture, anti-racism, and anti-discrimination policies, and offering mental health resources*); to

Communities (*fostering anti-racism and anti-discrimination policies in housing, employment, and education offerings, and creating inclusive recreation programmes and opportunities for social interaction*).

- **Empowering individuals and communities:** equipping racialised youth with the skills, resources and tools to navigate life's stress amidst the experiences of racial discrimination, microaggressions, racism, internalised racism is a cornerstone of mental health promotion. **This means strengthening mental health literacy** (*fostering emotional wellbeing, social wellbeing, psychological wellbeing, cognitive wellbeing, and physical wellbeing*) and (*fostering racial and cultural competence, a human rights-based approach, community-based interventions, and systemic advocacy in mental health promotion*) see **Table-5. Responsive approaches for Black youth mental health.**

3.4.3. Mental health prevention

Mental health prevention focuses on reducing incidence, prevalence and recurrence of mental health conditions. It aims to identify and address risk factors before mental health problems become severe or intervene early when initial signs of mental health problems appear. Mental health prevention encompasses different prevention approaches (*universal prevention, selective prevention and indicated prevention*) aimed at reducing the risk factors and enhancing protective factors among the racialised youth and within their communities at this three levels: **primary prevention** (*aims to prevent mental health problems from developing in the first place, to foster positive mental health and resilience*); **secondary prevention** (*focuses on early detection and intervention for the individuals who are beginning to show signs of a mental health condition or are at a heightened risk due to genetic, biological, or social factors*) and **tertiary prevention** (*targets individuals already diagnosed with a mental health condition*) at the different stages of the mental health spectrum intervention. Hence, by intervening early, and shifting the focus from solely treating the already established mental illnesses to fostering psychological resilience, mental health prevention is a pathway for healthier, more resilient racialised youth. Mental health prevention is a proactive, crucial process that safeguards our mental health and wellbeing and averts the onset of mental health conditions. Mental health prevention includes:

1. **Universal prevention:** interventions targeting the general population, or a group of individuals, such as Black students in a school, or Black employees in a company, that have not been identified based on individual risk. Universal prevention aims to enhance protective factors and reduce general risk factors.
 - *For example, community-based mental health awareness campaigns. School-based anti-racial bullying initiative. Youth work-based training for Black youth to foster emotional, social, psychological, cognitive, and physical wellbeing.*
2. **Selective prevention:** interventions targeting individuals at higher-than-average risk for developing a mental health condition but have not yet developed symptoms. The risk may be imminent, or it may be a lifetime risk. Individuals may be identified based on biological, psychological, or social risk factors that are known to be associated with the onset of a mental disorder.

- *For example: targeted stress reduction programmes for Black students transitioning to university. Providing support for Black youth with chronic illness. Early intervention programmes for Black youth in Black communities with high exposure to racial discrimination, racial profiling, police brutality, or racism.*

3. **Indicated prevention:** interventions targeting individuals at high-risk exhibiting early signs or sub-threshold symptoms of a mental health condition but do not yet meet the full diagnostic criteria. It aims to prevent the full onset of a disorder or reduce the severity of emerging symptoms.

- *For example, cognitive behavioural therapy for Black youth with mild anxiety or depression symptoms. Peer support programmes for Black youth experiencing social withdrawal.*

3.4.4. Mental health intervention spectrum

Public mental health efforts mean, implementing mental health education, promotion and prevention interventions aiming to strengthen the racial and gender minority youth's capacity to deal with, and overcome mental health effects of the social stressors (*such as discrimination, racial trauma, systemic racism, internalised racism, acculturative stress, and intergenerational trauma*), enhance alternatives to risk-taking behaviours, and build their resilience for managing, preventing, and transforming the effects of those social stressors. Such interventions require a multi-level approach to reach Black youth and Black LGBTIQ youth. *For example, the media-, school-, or community-based interventions.* The Black youth develop in the context of their family, school, community, media, the larger culture, and these contexts are the starting point to supporting good mental health and wellbeing, prevent risk factors for the mental health, normalise help-seeking and treatment behaviour, and prevent relapse. So, mental health intervention is a continuum, a spectrum:

- **Education:** equips racialised youth with the knowledge, skills, and resources to understand, manage and maintain their mental health and wellbeing, while fostering a culture of openness and support around mental health problems.
- **Promotion:** creates conditions that support and enhance good mental health and wellbeing. Building protective factors and fostering resilience and empowerment among racialised youth to thrive amidst experiences of racial discrimination, microaggressions,

racism, or internalised racism.

- **Prevention:** identifies and addresses risk factors before mental health problems can become severe or intervene early when initial signs of mental health problems appear. Encompasses different approaches aimed at reducing risk factors and enhancing protective factors among racialised youth and their communities.
- **Treatment:** addressing diagnosable mental health conditions to alleviate symptoms and promote recovery.
- **Relapse prevention:** strategies to sustain recovery and prevent the recurrence of symptoms.

3.5. Mental health stigmatisation

Mental health stigmatisation, pervasive societal negative attitudes, beliefs, and the stereotypes towards people with mental health conditions, leading to discrimination and/or avoidance of seeking help and care. Mental health stigmatisation exacerbates the invisible suffering of the racialised youth, by fostering a climate of shame, fear, and/or misunderstanding that prevents them from seeking and receiving the lifesaving help and the support they might need. Within racialised communities, such as the Black communities in Europe, mental health stigma is rooted in the religious and the cultural, traditions that manifest in various forms, from the overt acts of exclusion to subtle microaggressions, all of which contribute to the harmful environment that exacerbate vulnerability to, and risk factors for mental health among the racialised youth. Historically, in African like in European culture, mental illnesses were often misunderstood and attributed to supernatural causes, moral weakness, or demonic possession, leading to fear and ostracisation.

The current media's portrayal of mental illnesses often misdiagnoses and misrepresents mental health conditions, frequently linking them with violence and incorrectly stereotyping individuals with mental health conditions as dangerous, violent, and unpredictable, incompetent. They are blamed for their conditions, deemed weak (that they could snap out of it), making it difficult for them to admit their mental health struggles. According to WHO, more than half of youth with mental illness do not seek or receive help, care, or support for their mental health disorders. Often, youth avoid or delay seeking treatment due to concerns about being treated differently or fears of losing jobs and livelihood.

So, the impacts of mental health stigma, such as reluctance to seek help, social isolation, reduced self-esteem, internalised shame and/or self-blame, exacerbated by compounded discrimination in the education, employment, housing, and healthcare, are too common among Black youth. And because of associative stigma thus, mental health stigma not only directly affects the Black youth with mental health conditions, but also their loved ones who support them, such as their family, friends, and partners. And hence, mental health stigma is not a monolithic entity. It operates on multiple levels, yet they all have interconnected impact:

- **Public stigma:** refers to the negative attitudes and beliefs held by the general public towards individuals with mental illness. It is fuelled by mental health misinformation and disinformation, and stereotypes often perpetuated by social media, which lead to social avoidance, exclusion and discrimination in areas such as sport, education, employment and housing.
- **Internalised stigma:** refers to self-stigma that occurs when individuals with mental illness internalise the negative stereotypes and prejudice directed at them. It can lead to feelings of shame and worthlessness, low self-esteem, a diminished sense of self-efficacy, denial of struggling with mental illness, and reluctance to seek help, support, or treatment for fear of being judged or rejected. Effects of self-stigma significantly hinder recovery, as individuals with mental illness believe that they are to blame for their mental health condition.
- **Structural stigma:** This is embedded within laws, policies and the practices of institutions, such as healthcare, education, employment and housing systems, that intentionally or unintentionally create systemic barriers that limit access to care and opportunities for individuals with mental illness. It includes inadequate funding for mental health research and services compared to physical health, discriminatory insurance policies, and a lack of mental health education in schools, community interventions, and workplaces.
- **Associative stigma:** This extends to family members, friends, or the caregivers of individuals with mental illness, who may also experience prejudice and discrimination due to their connection with the individuals with mental illness.

Mental health stigma creates far more complex compounded discrimination for the racialised youth whose mental health outcomes are largely associated with adverse experiences of racism, racial discrimination, microaggressions and internalised racism. So, stigma around mental illness, especially within and among racialised communities can be a major barrier accessing mental health services. For instance, in some African and Asian cultures, seeking professional help for mental illness may be counter to cultural values of the strong family, emotional restraint and avoiding shame. Among the racialised communities, including the African and/or the Asian communities, distrust of the mental healthcare system can also be a major barrier to seeking help. So, in all these contexts, mental health stigma and discrimination can contribute to the worsening symptoms and reduced likelihood of receiving treatment. Indeed, self-stigma leads to negative effects on recovery for the Black youth and the Black LGBTIQA+ youth with diagnosable mental illnesses. Overall, harmful effects can include:

- **Reluctance to seek help:** more fear of judgment and compounded discrimination is the primary reason why most Black youth and Black LGBTIQA+ youth with a mental health condition delay or avoid seeking treatment, leading to worsening conditions and prolonged suffering.
- **Social isolation and exclusion:** compounded stigma leads to Black youth and Black LGBTIQA+ youth with a mental health condition being shunned by friends, family, and their communities, resulting in loneliness and a lack of social support, which are crucial for recovery.
- **Reduced self-esteem:** internalised stigma erodes self-worth among the Black youth and Black LGBTIQA+ youth with a mental health condition and can lead to feelings of hopelessness and despair, hindering recovery efforts.
- **Discrimination:** Black youth and Black LGBTIQA+ youth with a mental health condition face compounded discrimination in various aspects of life, such as in:
 - **Employment:** difficulty finding or keeping a job.
 - **Housing:** challenges securing safe and stable housing.
 - **Healthcare:** Receiving poorer quality of care or having their concerns dismissed.
 - **Education:** Facing barriers to academic success.

CHAPTER-4

Psychological legacy of internalised racism



4.1. Racialised trauma, a risk factor for internalised racism

Allegory on racialised trauma

*“Close your eyes. Think back to your childhood and try to remember the first time you suffered an injury from a fall. You may have been frightened and felt intense pain, depending on your tolerance and the severity of the wound. Yet, perhaps with a band-aid and time, you were able to heal and recover from your injury without lasting harm or scars to your physical or mental health. Now, imagine if you fall and scrape your knee while riding a bike every day. Falling on a knee that was already tender because it had not had time to heal. Each new fall would certainly intensify the pain and wound. The more you fall, you might be worried and anxious while riding your bike and start to blame yourself for not being a better bike rider or to believe that you are powerless to stop yourself from falling. When your physical wounds do get to heal, they might leave thick scars or unseen internal damages to the bones or cartilage in your knee that would affect you into your adulthood. Just as falling off your bike may leave scars on your knees, experiences with racism may also leave scars to the physical and mental wellbeing. Such scars, known as **racialised trauma**, occur as a result of repeated exposure to, or encounter with racism, racial prejudice, and racial discrimination that lead to stress similar to those experienced with other forms of trauma and adversity.”*

Extensions to allegory on racialised trauma

The one thing to come to terms with before extending on this allegory is the nature of racism. There are a lot of debates around the nature of racism, who can be a racist and whether or not racism still exists in European societies deemed to be more progressive, like in *Norway, Denmark, Finland, Sweden, Switzerland, Austria*. In settling these debates, as presented in the manual “**Gendered Racism Manifestation**”, it is hence crucial to note the differences between **racism** and its often-related terms such as **racial prejudices** and/or **racial discrimination**. **Racial prejudice** refers to the negative thoughts and feelings about an individual due to the negative race-based stereotypes. *Examples of racial prejudice include beliefs that Black people are inferior, particularly when compared to White people, in terms of intelligence and*

morality. While **racial discrimination** refers to the unequal treatment based on race. *Examples of racial discrimination include being denied equal access to education, housing, or employment, being refused service in the health system, having qualifications questioned, and/or being treated as if one does not belong just because of being a Black person*. Whereas **racism** refers to the transformation of both racial prejudice and racial discrimination into the systems of oppression through the use of power, laws, courts, policies directed at racially marginalised, racialised individuals. Hence, the systemic nature of racism is what differentiates this construct from racial prejudice and discrimination, since racism is backed by the legal authority and institutional control of those at the top of the racial hierarchy, while both racial prejudice and discrimination are or can be committed by any members of any racial group against their members or members of other group (DiAngelo, 2018).

Therefore, it is the cumulative, ever-present psychological distress caused by the systemic nature of racism that makes racism so detrimental to the mental health of Black people. That is, racism, even when it is experienced indirectly often leads to poor mental health and wellbeing, which contribute to racialised trauma. And so, extending on the above allegory, an important question arises, *what is racialised trauma?* **Racialised trauma** refers to the mental and emotional harms caused by the repeated encounters with racism, racial biases, racial hostility, racial discrimination or racial harassment (Carter, 2007). The contemporary ways in which Black youth are exposed to racialised trauma include small, and everyday slights such as microaggressions, racial slurs, denied opportunities, racial profiling and/or police brutality. And these encounters, or these **race-based incidents** may occur directly or indirectly (*such as watching a video of police brutality committed against Black people*). However, whether directly or indirectly, race-based incidents have negative psychological effects on the Black people and oftentimes they leave them feeling wounded. That is, Black people are left with the psychological scars, marks of pain that are caused by race-based incidents (Carter et al., 2020).

While most Black people might be able to move forward, each new instance of racial bias, racial discrimination, and racism leads to additional wounds, additional scars to mental health and wellbeing. And after exhaustion from repeated experiences of racial bias, racial discrimination, racism most Black people start to question their own self-worth and values, wondering, *“What is wrong with them?”* And/or *“Why are they being treated like this?”* And

most Black people might additionally experience emotional reactions such as feelings of hopelessness, anger, shame, humiliation, outright frustration and behavioural reactions such as avoidance of the situations in which they anticipate being the target of race-based incidents. And because racialised trauma is a result of accumulated effects over time, most Black people might not even be aware that their reactions are in response to their encounters with race-based incidents (Janeé M. S., & Charmeka S. N., 2023).

Racialised trauma has a real and lasting impact on how the Black people see themselves, others, and the world. We are raised in a society that constantly floods us with negative messages and stereotypes about the Black people, the Black culture, the Black body. These messages come from all around us, from the TV shows that depict Black people as unintelligent, criminals, prone to violence and drugs, or sexually promiscuous, to the underrepresentation of Black people in positions of leadership, and power and the lack of justice for Black people in judicial system. And because of such a flood of negative messaging, it is difficult to be Black in Europe and escape being affected by racialised trauma to some extent throughout the course of life. Like other forms of trauma, racialised trauma leads not only to mental and emotional distress, but also to changes in social and cultural life. **Trauma** is defined as an emotional response to a frightening event, such as anxiety, panic, shock, guilt, shame, hopelessness, sadness, anger. Individuals with trauma fear for their own safety or often become hypervigilant for new or repeated threats to their safety.

For example, a woman who is subjected to intimate partner violence might feel shame about her situation, causing her to withdraw from her family and/or friends. She might have nightmares about the abuse she suffers, leading to difficulties sleeping, irritability or poor concentration. If she was somehow able to escape her situation (her abuser), she might nevertheless continue to have upsetting memories or nightmares, be easily startled, and avoid people or places that remind her of the suffered abuse and continue to fear for her life and safety.

In a similar way, the Black people who are discriminated against or harassed because of their Blackness may also experience such a trauma due to fears for their safety. And they may avoid certain places to reduce the possibility of being physically or verbally attacked by the White people. And to further

protect themselves from more harm, they might also make other adjustments such as changing the way they dress, or distancing themselves from other Black people, and/or giving up various interests or hobbies (Nadal, 2018). These experiences are likewise associated with the trauma symptoms such as anxiety, depression, hypervigilance or physical complaints. One unique aspect of trauma among Black youth is the trauma associated with prolonged exposure to racial oppression. It is because Black people have been subjected to historical, intragenerational and vicarious trauma. **Historical trauma** refers to psychological distress experienced by Black people over time and across generations (Mohatt et al., 2014). **Intragenerational trauma** refers to the pain transmitted across generations due to events that occur within Black people family, such as having a family member who was a victim of police brutality (Bryant-Davis et al., 2017). **Vicarious trauma** occurs as the result of learning about or witnessing racism, racial prejudice, or discrimination targeted at other Black people, such as witnessing other Black people being bullied or experiencing police brutality.

Healing from racialised trauma is possible, our brain does hold within it the power to heal and cope. For instance, mindfulness, and breathing exercises can help to be present in the here and the now rather than focused on the future (Wolkin, 2016). They also reduce stress by making the body feel more relaxed. That is, by learning new ways of thinking and coping it is possible to overcome the wounds of racialised trauma. Yet, with the current incidents of social injustice, police brutality, and reminders that Black people do not matter, combined with centuries of misdeeds leading to violence, poverty, mass incarceration, the fragmented families, and health, education, housing, and employment disparities in the Black community, it is difficult to start the journey on the path of healing and recovery. That is, while the human body and mind are designed to manage stress, too much prolonged stress and repeated exposure can become toxic for the mind and the body. And the short-cut is often to take the prolonged stress inward and put on defences to cover up racialised trauma.

For example, when we suffer a physical injury, we often wear a bandage or perhaps put on clothes so that the wound is not visible to others. Like the Black people who experience repeated exposure to racial bias, racial discrimination, and racism, they might try to cover up or hide the hurt of racialised trauma to make it less visible or less detectable.

And these cover-ups often take the form of overcompensating, suppressing feelings, or isolation from the source of the hurt of racialised trauma, instead of dealing with racialised trauma itself. And as the hurt of racialised trauma is internalised, so racialised trauma leads to internalised racism that profoundly damages the Black people’s sense of self-worth and identity; from feelings of inferiority and self-doubt to the rejection of the Black culture, the Black history and the Black heritage.

4.2. Internalised racism, a risk factor for mental health

Internalised racism is a significant, but yet the most overlooked risk factor for mental health among the Black people. Internalised racism, the unconscious absorption of the negative societal messages and stereotypes about one’s race, is increasingly recognised by researchers and mental health educators as one of the significant risk factors for a range of mental health disorders among the Black people, *such as anxiety disorders, mood disorders, substance use disorders, eating disorders, risk-taking behaviours, self-hatred, non-suicidal self-injury, suicidal ideation or sleep disturbance* (Steven M. S., Tiffany R. W., April T. B., Claudia G.A., Kiera R., Reniece M., & Paigean J., 2024). While it manifests individually, internalised racism is rooted in racialised trauma that can often lead to self-hatred and low sense of self-worth, however, this is different from similar concepts such as low self-esteem because internalised racism leads to the ideas or behaviours that reinforce racial oppression (Bivens, 2005). And therefore, the victims of internalised racism can feel overwhelmed by feelings of self-hatred and alienation since they do perceive themselves as powerless to initiate change from within and in their environments, which allows racial oppression to go unchallenged. And therefore, internalised racism is one of the manifestations of racial oppression the most encountered in cognitive behavioural therapy (Janeé M. S., 2024; Janeé M. S., & Charmeka S. N., 2023). And so, addressing internalised racism often involves cognitive behavioural therapy that focuses on both the cultural and historical contexts; challenging negative beliefs; and on fostering a positive racial identity, a sense of self-acceptance and a positive racial socialisation.

Hence, from a cognitive behavioural therapy perspective, internalised racism is associated with core beliefs of inferiority, inadequacy and powerlessness, personal blame in Black people. Following a longitudinal conceptualisation

of cognitions, these core beliefs often result in maladaptive rules for living and are frequently associated with avoidance or numbing coping strategies to compensate for the perceived deficits reflected in each core belief (Janeé M. S., 2024; Janeé M. S., & Charmeka S. N., 2023). The present literature notes a shift in how internalised racism is understood, specifically, shifting focus from solely measuring internalised racism through negative stereotypical messaging endorsed, projected by White society to measuring and analysing how internalised racism is the significant risk factor that contribute to poor mental health and wellbeing, and increased vulnerability to a host of mental health disorders among black people.

Table 10. Mental health disorders associated with internalised racism

MENTAL DISORDERS	DESCRIPTIONS
Anxiety disorders	<p>Anxiety disorders include excessive and uncontrollable worry, strong fears around everyday situations, unwanted thoughts, or fears around a past scary event among the victims of internalised racism. Include:</p> <ul style="list-style-type: none">• Generalised Anxiety Disorder (GAD): Persistent and excessive worry about various aspects of life.• Panic Disorder: Sudden, intense episodes of fear (panic attacks).• Social Anxiety Disorder: Intense fear of social situations (Social Phobia). Irrational fear of specific events or situations (agoraphobia, or claustrophobia).• Post-Traumatic Stress Disorder (PTSD): Develops after experiencing or witnessing a traumatic event.
Eating disorders	<p>Eating disorders are associated with severe disturbances in eating behaviours, related thoughts and emotions among the victims of internalised racism. They are not merely about food, they often serve as a way for a victim to cope with internalised racism, and in some cases, eating disorders can be life-threatening. Include:</p> <ul style="list-style-type: none">• Anorexia Nervosa (AN): often called anorexia, is characterised by an intense fear of gaining weight, a distorted body image and severe restriction of food intake, leading to significant weight loss.• Bulimia Nervosa (BN): often called bulimia, is characterised by maintaining normal weight or being overweight, which can make the condition less obvious to others. However, the internal struggle and the health consequences are just as severe as for anorexia.

Mood disorders	<p>Mood disorders affect the emotional state of the victims of internalised racism, leading to prolonged periods of extreme sadness, anger, irritation. And symptoms are persistent for a considerable time and severely impair daily functioning. Include:</p> <ul style="list-style-type: none">• Depressive Disorder: <i>depression characterised by persistent sadness, loss of interest or pleasure, and a range of associated emotional, cognitive, physical, and behavioural symptoms.</i>
Risk-taking behaviours	<p>Risk-taking behaviour is a response for coping with internalised racism; leading the victim to engage in unhealthy actions or activities (<i>such as tobacco, alcohol or drug abuse; unprotected sex, or engaging in sexual activity under the influence of drugs or alcohol</i>). Risk-taking behaviour often leads to injuries, diseases, social problems, or poor mental and physical wellbeing. Risk-taking behaviours are the main cause of mental, emotional, behavioural, and substance use disorders.</p>
Substance use disorders	<p>Substance Use Disorders (SUDs) are characterised by the problematic use of alcohol or drugs among the victims of internalised racism, leading to significant impairment or distress. Substance Use Disorders involve a cluster of cognitive, behavioural and physiological symptoms indicating maladaptive patterns of alcohol or drugs abuse despite social, physical and mental health related problems.</p>
Non-suicidal self-injury	<p>Non-suicidal self-injury (NSSI) manifests in self-harm among victims of internalised racism without the intent to die. Self-harm is often a coping mechanism for intense emotional pain and overwhelming feelings associated with internalised racism. However, self-harm can increase suicide risk. Even if the initial intent was not suicide, self-harm can become more severe over time, and the victim of internalised racism may eventually act on suicidal thoughts or accidentally cause fatal injury.</p>
Suicidal ideation	<p>Suicidal ideation among the victims of internalised racism is characterised by thoughts about ending their life. These thoughts range in intensity and specificity:</p> <ul style="list-style-type: none">• Passive suicidal ideation: <i>victims wish they were dead or thinking about death without a plan or intent to act.</i>• Active suicidal ideation: <i>the victims have specific thoughts about how to die, with varying degrees of intent and planning.</i>• Suicidal plans: <i>the victims develop a detailed method and specific intent to carry out a suicide attempt.</i>

4.3. Faces of the victims of internalised racism

A victim of internalised racism is a racialised individual who internalises the hatred narratives, discriminatory stereotypes, and racial prejudices that come at them from society.

We have three faces of victims:

1. **Direct victims:** they are racialised individuals who are suffering from direct effects of internalised racism. They are the racialised individuals who unconsciously internalise the racial prejudices, hatred narratives and discriminatory stereotypes. They are racialised individuals who are discriminated against, marginalised, but consciously or unconsciously adopt a set of attitudes, behaviours, structures and ideologies that conforms to White norms. They are racialised individuals who reject the celebration of their own culture, history and heritage and conform to the White cultural values.
2. **Indirect victims:** they are racialised individuals linked to direct victims in such a way that they too suffer because of that connection. They are the racialised individuals who explicitly gaslight and/or condemn other racialised individuals in their group, such as further marginalisation and subordination of Black women and Black LGBTIQ+ person within their own Black communities. They are White people who claim superiority over racialised individuals (*victims of their own dehumanisation*). And since trauma can be handed down, children of direct victims tend to unconsciously absorb and retain the pains, grief and the hurts of what their parents suffer. And so, they may display deep racialised trauma, which they carry into adulthood.
3. **Collective victims:** most brutal race-based events, such as experiencing police brutality during anti-racism protests, matches, demonstrations, severely hurt and harm the racialised individuals as physical violence is used as a weapon by the police. In such cases, racialised individuals are targeted because of their race, or the colour of their skin, and the resulting racialised trauma can collectively be internalised.

A survivor of internalised racism is a racialised individual, who at some point in their life, had internalised hatred narratives, discriminatory stereotypes or racial prejudices but later develops or learns how to develop a framework for dealing with internalised racism. Thus, the survivor of internalised racism chooses to accept their own reality of being submerged in the victimhood of internalised racism and decides to take on the fight one day at a time to overcome internalised racism. But because internalised racism has no visible perpetrators, it is therefore difficult for its victims to take actions without being provided with the tools, and the resources to develop interpersonal, communication, and emotional intelligence skills.

Table 11. Internalised racism self-assessment

SELF-ASSESSMENT QUESTIONS	YES / NO
1. I have been physically assaulted because of my race.	
2. I have been verbally assaulted because of my race.	
3. I have been denied access to services, resources, and/or opportunities because of my race.	
4. I have been racially profiled by the police, store or airport security, or public transport ticket inspectors.	
5. My school and/or work environment is hostile due to race-related issues.	
6. I have been mistreated on the basis of racial stereotypes or racial prejudices through microaggressions.	
7. I have seen Black or other people of colour mistreated because of their race.	
8. I panic when I see the police. I often feel anxious, worried, and guarded when I am around White people.	
9. I feel hopeless and isolate myself from people of my race. I no longer feel connected to my culture, and history.	
10. I experience a negative mood connected to race-based issues (such as anger, anxiety, depression, or loneliness).	

4.4. Uncovering a victim’s internalised racism

Both uncovering and recognising the impact of internalised racism on one’s mental health can be difficult for a variety of reasons. The first, and perhaps the main difficulty is often the understanding the relationship between racism and mental health. *For instance, many Black people have never been made aware of the psychological toll that racism has on them* (Robert T. C. 2007). But Black people are by experience aware that their reactions to racism most often include feeling disrespected, angry, insulted, disrespected, frustrated, outraged, hurt, and shocked. Further, Black people are by experience aware that in the aftermath of a racist incident, their reactions to it, include feeling irritated, sad, rejected, humiliated, inferior, helpless, confused, embarrassed, isolated, betrayed, nervous. So, psychologically, the internalisation of these emotions leads to increased anxiety, hypervigilance, avoidance or numbing, and guilt or shame (Carter & Forsyth, 2010). That is, because of racism, Black people lead lives full of worries, with a constant sense of being on guard, and suppressing, denying or internalising their feelings about racism, and/or feel conflicted about not speaking out against racism. Thus, dealing with these thoughts and these feelings repeatedly and over a prolonged period of time can eventually result in long-term worsening of moods, self-concept, and relationships with others. Another difficulty in recognising the impact of racism on mental health has to do with general attitudes and cultural norms around mental health within Black communities.

For example, many Black women are negatively affected by *the strong Black woman myth*. This myth depicts *the Black women* as having ever ending strength, responsibility and self-sacrifice. And so, many Black women suffer with mental health struggles in silence, due to external and self-imposed pressures to suppress their fear and weakness, resist being vulnerable, and succeed despite the limited resources (Abrams et al., 2014). When thinking about racism and mental health, while Black women may feel comfortable speaking out against the injustice of racism, they may feel less comfortable acknowledging the psychological toll that racism has on their lives and their sense of self. Similarly, many Black men are also subjected to gendered racial norms that make it difficult for them to express their feelings and emotions of hurt, shame, and alienation often associated with racism (Payne, 2012). And so, Black men may also deny or fail to admit the psychological toll that

racism has on their lives and sense of self.

TASK 1. Uncovering my internalised racism

MEET JOSHUA

Joshua is a 30-year-old Black man who recently lost his job as a plant supervisor due to low ratings on back-to-back performance evaluations. Since that time, Joshua has experienced an overwhelming sense of anger and frustration and has made little effort to find new employment. Joshua was the only Black person in a position of leadership at the plant. Initially, he believed he would do well as a plant supervisor; however, he started worrying and second guessing himself shortly after getting the job. Some of Joshua’s anxiety was caused by his awareness that he was held to a higher standard of performance than his White peers. Other White supervisors at the plant did the bare minimum and were never criticised, but Joshua had to go above and beyond to prove his worth. Now that he has lost his job, Joshua has become unsure about his ability to be a supervisor and has started to wonder if he should keep working in this field. Joshua is too worried since his family depends solely on his income.

REFLECTION QUESTIONS

- 1. What feelings do you notice within you as you think about the Jashua’s experience?
- 2. Does Jashua’s experience change the way you see yourself, other Black people and society you live in?
- 3. What other feelings do you think Joshua might have experienced besides anger, frustration and worry?
- 4. How can Joshua’s experience be compared to situations you have experienced in your own life?

Racism can create deep, and lasting psychological wounds and scars. Treating these wounds is painful, requiring a lot of time, emotional investment, and support. Because these wounds are too deep, many Black people prefer to avoid dealing with this pain, focusing instead on protecting themselves from the feelings of hurt caused by their encounters with racism. In fact, rather than dealing with their feelings and emotions directly, research shows that many Black people respond to racism-related stress passively, such as isolating themselves from others and/or becoming emotionally numb (Polanco-Roman et al., 2016). While these strategies may offer some relief in the shorter term, passive coping often leads to internalisation of racism, which is characterised by traumatic stress such as depression, social anxiety, guilt, hypervigilance,

or dissociation. Active coping, on the other hand, can help the Black people manage the emotional and psychological pain of internalised racism. Some active coping strategies include taking action against internalised racism, seeking support from the family and friends, and learning how internalised racism operates. However, the first step is simply acknowledging or creating space to deal with the psychological wounds, the scars, and the pain one is experiencing. Doing so allows one to intentionally engage in the thinking and practices that promote healing for the mind, body and soul.

TASK 2. Uncovering my internalised racism

MEET KYRA

Kyra is a very attractive Black woman who was often told “**You are pretty for a dark-skinned girl**” by friends and family while growing up. Although meant as a compliment, Kyra interpreted this statement to mean that she would never be as pretty as a White woman or a Black woman with lighter skin colour, a belief she initially developed during childhood. As an adult, this belief continues to be reinforced through the cues from her environment. For example, by the dating preferences of the most desirable prospects in her dating pool and by women who are considered most attractive in the entertainment industry. When faced with these cues, Kyra realises differences in skin colour between herself and the women who are considered most beautiful and she feels inferior, ugly, unattractive when she compares herself to them. As a result, Kyra engages in behaviour such as staying out of the sun to avoid becoming darker and develops a preference for White partners or partners with lighter skin colour, hoping that her children will be born with lighter skin colour and therefore more beautiful, more attractive, which not only continues the cycle of colourism among Black people, but also reinforces her feelings of self-hatred and distorted self-image related to her skin colour.

REFLECTION QUESTIONS

- 1. How do you feel emotionally as you read Kyra’s story? What kind of emotions does Kyra’s experience evoke in you?
- 2. Does Kyra’s experience change the way you see yourself, other Black people and the society you live in?
- 3. Kyra internalised her negative stereotypes and prejudices about being back. Would you internalise such stereotypes and prejudices or would you deal with them?
- 4. Did you have an experience of internalised racism? What emotions did you feel in your experience? What emotions do you feel now as you remember your experience?

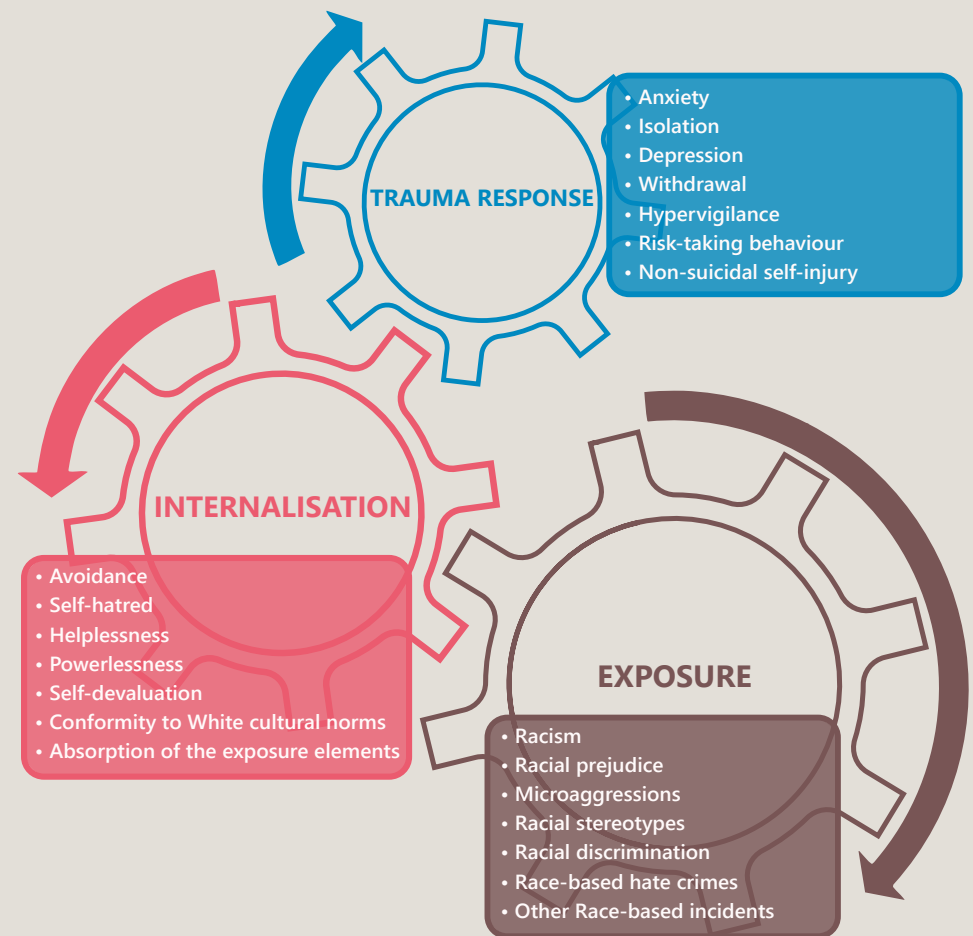
4.5. Disrupting the cycle of internalised racism

So far, it can be stated that one of the saddest manifestations of a prolonged exposure to racism occurs when the Black people end up internalising racism by endorsing the racial stereotypes, by rejecting the celebration of the Black culture, Black history, Black heritage and by adopting White cultural values and standards as the norm. So, beyond the feelings of self-devaluation, one of the reasons why internalised racism is so harmful to social, mental and emotional wellbeing is that it leads to support of the status quo by causing the Black people to alter their appearance and their behaviour to meet White cultural norms, which gives validity to the idea that White ways of being are superior. Other reasons include accommodating the needs and emotions of the White people by avoiding racial discourse or anything that would be perceived as threatening to White people; **feeling helpless or powerless** to change their situation of internalised racism, and therefore never trying; and looking down on other Black people; denying that racism exists. However, it must be noted that this is not intended to blame the victims of internalised racism, rather this is to highlight that the victims often feel helplessness and powerlessness to take action. Internalised racism is not a result of a character defect, flaw; weakness; ignorance or shortcoming on the victim's part (Pyke, 2010). Instead, internalised racism is the result of experiencing the frequent invalidation, minimisation, and discrimination of White supremacy.

However, internalised racism is not simply the result of prolonged exposure to racism and White supremacy, internalised racism is the fruit of systemic racial oppression with the life cycle of its own. That is, there is a racial, social and cultural system within European societies that undermines the culture, history, heritage and integrity of Black people and forces them to fear their own Black cultural values and differences. Thus, viewing internalised racism as the cycle of exposure that often results in the trauma response, allows us to distinguish it from human wounds such as low self-esteem to which all people are vulnerable. In the trauma response cycle shown here, it outlines how the constant exposure to race-based incidents, Black people develop conscious and unconscious acceptance of the racial hierarchy in which White people are consistently deemed as superior to Black people. And thus, this leads to symptoms of trauma, which are reinforced and worsened through the continued exposures. Therefore, like any other trauma, recovering from

internalised racism is possible, our body and mind hold the power to cope with and heal from internalised racism. However, before embarking on the journey of recovery, the victim must first develop the capacity to disrupt the cycle of internalised racism by learning new ways of thinking and coping.

Figure 1. The cycle of internalised racism



4.5.1. Disrupting the cycle: Self-esteem

Self-esteem refers to how individuals view their self-worth. The individuals with a healthy self-esteem have greater confidence, perseverance, problem-solving abilities and body positivity. Therefore, they experience more positive life outcomes and overall positive psychological wellbeing. For Black people, healthy self-esteem furthermore serves as a protective factor in coping with the prolonged exposure to racism and racialised trauma resulting from racist incidents. Hence, high self-esteem helps buffer against internalised racism. While the Black people who deal with internalised racism may feel inferior to the White people, self-esteem is developed based on how the Black people

relate to their own Black communities, but not in comparison to the White people. And this holds true for Black people who tend to support each other by validating each other's experiences, emotions, thoughts and feelings. And indeed, this is the type of social support that helps to protect against the effects of internalised racism that might otherwise result in low self-esteem (Hughes & Demo, 1989; Eugene 1995; Patterson, 2004).

4.5.2. Disrupting the cycle: Resilience

Resilience is highly interconnected with positive racial socialisation, positive racial identity, and social support. Hence, having pride in Black history and Black cultural heritage, maintaining a positive outlook, and having a more firm support system, all go a long way toward counteracting internalised racism without succumbing to the psychological stress internalised racism entails (Brown, 2008). Resilience can be developed across three levels:

1. **At the individual level**, a victim of internalised racism can build resilience by learning cognitive strategies such as learning to see themselves as capable rather than as helpless or hopeless victims or engaging in cognitive behaviour therapy. And focusing on self-efficacy and self-regulation. Victims who are self-efficacy and self-regulated are better able to manage their emotions and find healthy ways to cope by avoiding maladaptive regulation strategies such as overeating, or alcohol, tobacco and drug abuse.
2. **At the family level**, a victim of internalised racism can build resilience by identifying the people they can rely on for support. This is the resource of social support that helps the victims to feel calmer in difficult moments, and contributes to positive racial socialisation, and positive racial identity development.
3. **At the community level**, a victim of internalised racism can build strength and resilience by engaging with and participating in community-based interventions that support and affirm their Blackness. This is very powerful since spending time engaged in activities that focus on Black empowerment or serving others fosters the Black cultural strengths and increases feelings of personal control and a sense of belonging.

4.5.3. Disrupting the cycle: Empowerment

In the Black people's context, internalised racism is oftentimes experienced as a sense of disempowerment. And disempowerment in its simplest form refers to limitations to the individual's ability to exert control over their life. In our contemporary time, disempowerment includes racial inequalities in education, housing and employment, the biased justice systems, and racial disparities in accessing health services, which all have negative impacts on the Black people's psychological wellbeing. Thus, the victims of internalised racism experience empowerment when they gain an understanding of the impact such racial oppression has on their own lives and become willing to challenge it. Empowerment is therefore a process through which the victim of internalised racism gain confidence in their ability to assert control over their own lives and take action to improve their situations.

Empowerment can occur at the different levels, and within several domains, such as economic, political, psychological domain. And since we are dealing with internalised racialised trauma, our focus is therefore on psychological empowerment as a means to disrupt the cycle of internalised racism.

Psychological empowerment refers to: possession of a critical consciousness about the issues affecting us, and our community; comprehension of us, our sociopolitical context; and possession of the ability to identify and mobilise resources in our communities (Livingston et al., 2017).

A good example is the Harlem renaissance. During the Harlem renaissance, Black people began to develop and express a greater understanding of the detrimental impact White supremacy had on how they viewed themselves and each other. In Black art and literature, this understanding was expressed in books, music, fashion, theatre, poetry, photography and paintings: this is the activism that shaped "the Black is Beautiful movement."

These works of art are good representations of psychological empowerment because while they did not in themselves lead to reforms in the laws and the policies that limited personal choice and power for Black people, they paved the ground for inspiration and the courage that motivated those who were willing to fight for social change and racial justice.

CHAPTER-5

Counteracting internalised racism



5.1. Developing a critical consciousness

Black empowerment through psychological empowerment emphasises the commitment to initiating change within Black people's social environment. While the role of Black empowerment in social and racial justice is significant, Black people might not typically engage in the social change and racial justice actions until they have first gained a critical consciousness, an awareness of the ways in which they are/have been racially disempowered, oppressed and marginalised (Prilleltensky & Gonick, 1996). Therefore, critical consciousness is a foundational aspect of Black empowerment.

Critical consciousness refers to the capacity of the racialised individual to critically analyse their social and political conditions; the endorsement of racial and societal equality and actions to change perceived inequities. (Diemer et al., 2017). So, looking at this in the lens of our contemporary racial context in Europe, Black people are oppressed and discriminated against by virtue of their race and thus, they are unable to be as free and claim equal opportunities and rights as White people.

For instance, in contexts of internalised racism, Black people often accept this situation as fated, and as perhaps unalterable. As the victims of internalised racism, they might even fear freedom because it carries the risk and potential for conflicts with perceived White cultural norms. That is, as victims, they have a thirst of acceptance from White people and to fit into White scenes. So, they act, think, and behave in the manner that lessens the value of Black people, Black culture, and Black heritage. However, in this racialised context, White people are not free either. They too live in fear of freedom and destroy their humanity by their racist oppression and suppression of their fellow human beings, **The Black people**. So, critical consciousness consists of:

1. **Group identification:** the extent to which a Black person identifies with other Black people through shared experiences; has pride in Black culture, Black history, and Black heritage; and has feelings of a shared fate with other Black people as a group.
2. **Group consciousness:** the extent to which a Black person understands that racial groups have different levels of status and power in society.
3. **Self and collective efficacy:** the beliefs that a Black person is capable of effecting desired changes from within in their own life.

While the role of critical consciousness in overcoming internalised racism is significant, for the Black people who are victims of internalised racism, they cannot regain a critical consciousness until they are again re-exposed to a positive racial socialisation and regain a positive racial identity. And therefore, both a positive racial identity development and a positive racial socialisation are the foundational aspects of regaining critical consciousness. Beginning in childhood, Black children are exposed to different kinds of messages that influence the development of their own racial identity. These messages tend to assign a level of superiority to Eurocentric beauty and cultural norms, while portraying Black beauty, Black cultural norms as inferior. Further, the Black youth receive messages of inferiority when they hear racist languages at schools, and in their communities, and receive negative feedback about their own bodies and hair texture and styles from White peers. And hence, to recover from internalised racism, they must unlearn these behaviours.

5.2. Recovering from internalised racism

Allegory on recovering from internalised racism

“Kyra immigrated to Europe from Africa with her family when she was a young girl. And growing up in Europe as an attractive, beautiful young Black adolescent girl she was often told (You are pretty for a dark-skinned girl) by her White friends. Kyra interpreted these statements to mean that she would never be as pretty, and as beautiful as a White woman or Black woman with lighter skin colour; the belief she further develops and absorbs during her adolescence. As a young Black woman, negative stereotypical beliefs continue to be reinforced through various cues from her surrounding environment. For instance, by how beauty is portrayed on social media, by the dating preferences of the most desirable prospects in her dating pool and by those women who are considered the most attractive, beautiful in the entertainment industry. As she is constantly faced with such cues, Kyra normalises and internalises constructed race differences between herself and the women who are considered most beautiful and thus, feels inferior and ugly when she compares herself to them. As a result, Kyra engages in behaviours that adopt pro-White cultural norms and develops a preference for partners who are White and/or Black people with lighter skin. Hoping that her children would be born with the lighter skin colour and thus, more beautiful, which reinforces her feelings of self-hatred and inferiority related to her race. Eventually, through her interests in art, Kyra was able to connect with other Black women. And as their relationships evolved, Kyra became

open to telling her Black friends about her sense of inferiority. And they then explained racism to her, how to handle it and encouraged her to join *Black art and storytelling workshops* at their university. The conversations about race, and racism were topics of frequent discussion in workshops. These art and storytelling workshops protected the Black youth from a world that is quick to treat them as inferior, which impacted *Kyra* so much, realising that she was a victim of sinister racism.”

Extensions to allegory on recovering from internalised racism

Two important questions arise from this allegory: *How can Kyra, submerged in the victimhood of internalised racism recreate positive racial socialisation and re-cultivate positive racial identity?* And *How can Kyra, submerged in the victimhood of internalised racism recreate her Blackness and re-cultivate a Black consciousness?* One of the most popular models of the Black racial identity development was established by the psychologist William E. Cross, Jr. Cross' model, often referred to as **The Nigrescence model**, describes the process of embracing Blackness and developing Black consciousness. Cross believed that the Black people in the USA move through five developmental stages: from the stage where Black people have internalised racism and define themselves by White people cultural values and norms, to the stage where Black people are committed to the emancipation of themselves and their racial group. But it does not straightforwardly apply to our European context. Though the studies on internalised racism in Europe are seriously hampered by the lack of data, we must thus be more careful with how we use research conducted in the USA. Because the USA is such an extreme racialised social system, the shape, intensity of internalised racism, and its consequences for Black people's life-chances, health and racial identities should not blindly be adapted in the less extreme social contexts (Loveman, 1999; Wimmer, 2013). However, using this model, helps identify the emotions, thoughts and behaviours that Black people exhibit as they resolve negative feelings about being Black and develop positive views of themselves.

*William Cross is one of the leading theorists and researchers on Black identity development. Cross' work was influenced by the work of W. E. B. Du Bois on Black identity development in America in *The Souls of Black Folk* (1903). Cross began his work on Nigrescence: the process of becoming black in *The Negro-to-Black Conversion Experience* (1971). Cross proposed one of the first models of Black racial identity development in psychology. The Nigrescence*

model analysed the levels of awareness involved in converting from Negro to Black. Beginning with the publication of his initial Nigrescence model in 1971, followed by its revisions in 1991 and 2001, the Cross model evolved from a developmental stage model to a multidimensional attitudinal model.

Nigrescence describes the process of developing Black consciousness, which involves greater focus on positive Black racial identity development; positive racial socialisation; and a sensibility attuned to the Black people's culture, heritage and history. Thus, central to Nigrescence is an increased emphasis on the Black racial identity; an awareness of racial dynamics; and a pride and appreciation for Black culture and Black history, and experience of being Black (Blackness). It explains how the Black people engage in self-discovery, personal growth, and in the acquisition of knowledge about Black history and culture: the process of developing a Black consciousness. Education in Blackness encompasses the formation of new relationships and networks that foster Black consciousness and empowerment. And thus, education in Blackness plays a crucial role in shaping Black people's self-concept in the process of preventing and overcoming internalised racism.

And therefore, the contemporary European context we are working in, and for many reasons, the concept of **The Negro-to-Black Conversion Experience** does not apply. This is because our focus is on the racialised individuals of African descent who come to Europe as immigrants, migrants, refugees, or asylum seekers, as students, skilled workers, tourists, or through marriage or family reunifications. Racialised individuals of African descent who come into Europe already with a positive racial socialisation and a positive racial identity: *all proud of Pan-Africanism, their African cultures, heritage, stories, and histories*. And therefore, in the process of overcoming and recovering from internalised racism in our European context, some stages in the **Cross' Nigrescence Theory (Negro-to-Black Conversion Experience)** do not apply. While those that do apply, must be adapted to this context. And therefore, this brings us back to the above two questions that simply ask: **How can a victim overcome, and recover from internalised racism?** In chapter two of this manual, we explored the production of internalised racism and how the Black people end up submerged in the victimhood of internalised racism. Herein, we explore the three stages involved in recovering from internalised racism: **Pre-Encounter, Encounter and Emergence**.

5.2.1. Recreating positive racial socialisation

Pre-Encounter

The important question arising from our allegory: *How can Kyra, submerged in victimhood of internalised racism recreate a positive racial socialisation?* At the Pre-Encounter stage, a victim of internalised racism relearns about race, racism, and their own racial group and re-examines their racial identity. The victim of internalised racism re-acquires the attitudes, behaviours and beliefs related to their race and how their race shapes their racial identity, rights and opportunities in European societies. Hence, a positive racial socialisation is a significant protective factor for recovering from internalised racism.

Positive racial socialisation refers to messages and actions from agents of socialisation that create safe spaces for racialised individuals to learn about their race, how race is used, and the meaning race holds in the contexts of the multi-racial societies, which contribute to the development of both a positive social and mental wellbeing and a positive racial identity. Such messages can include statements that help the Black youth develop a positive sense of self-worth and transmitting messages that promote Blackness and Black cultural pride and awareness; that foster positive racial attitudes, diversity and social skills on how to navigate racialised societal structures.

For victims of internalised racism, the concept of racism is often characterised by racial gaslighting, when agents of socialisation suppress racist experiences of the victims. Hence, the process of accepting and affirming a Black racial identity is at the core of counteracting racial gaslighting. That is, the Pre-Encounter stage occurs when a social event or a series of social events leads to increased awareness of the meaning of being Black and triggers a change in the pre-encounter identities among the victims of internalised racism. For many Black people, these events take place within the contexts of personal experiences, education and activism (Neville & Cross, 2017). And hence, the main outcome of these events is a racial awakening. This awakening occurs due to a growing critical awareness of what it means to be Black in Europe. During Black art and storytelling workshops, Kyra encountered Black youth who helped her re-embrace her Blackness. At this basic level, the simple act of seeing all those Black youth coming together to celebrate their Blackness through art and storytelling, helped Kyra encounter a real Black experience. Beyond being an inspiration, the Black youth in those workshops also served as a source of wisdom and support, since they all frequently celebrated her

Blackness, and gave her advice on how to navigate racialised institutions.

Psychologically and physically, Kyra encountered her Blackness and a Black world as she soaked in the love she received from all the Black people around her. Hence, when agents of socialisation are effective in racially socialising the racialised individuals, they create the protective buffer and resilience against negative stereotypes, racial prejudices and racial bias from the marginalising, discriminatory and racist environments. For instance, the Black youth who are submerged in the victimhood of internalised racism are most likely to have had little, or no active positive racial socialisation. While the Black youth who have had a more proactive racial socialisation are associated with pride in their Blackness and their Black culture, history, and heritage.

That is, when the victims of internalised racism recreate or are re-exposed to a more proactive racial socialisation; they experience its psychological and social benefits such as resilience, healthy self-esteem, having a positive sense of belonging, and good mental health and wellbeing.

1. They focus on the positive aspects of their racial identity and heritage such as the **history, accomplishments, or cultural contributions of their racial group**.
2. They prioritise cultural socialisation since they are eager to learn about and celebrate their racial cultural heritage, traditions and values.
3. They participate and engage in non-formal education offerings and activism to **equip themselves with knowledge and skills to navigate and cope with negative stereotypes, racial discrimination and racism**.

5.2.2. Recultivating positive racial identity

Encounter

The important question arising from our allegory: *How can Kyra, submerged in victimhood of internalised racism re-cultivate her positive racial identity?* At the Encounter stage, the victim of internalised racism redevelops a more understanding and acceptance of their own racial group and regains both interests and pride in their own racial group's history, heritage and cultural values; influenced by personal experiences, and societal interactions. Hence, a positive racial identity development is also a significant protective factor for recovering from internalised racism.

Positive racial identity development refers to the process by which racialised individuals develop both positive attitudes and beliefs about their own racial group and embrace as well as celebrate their own racial heritage and cultural values. It leads to self-efficacy, an increased sense of belonging, the resilience against racism and racial discrimination and a healthy self-esteem. Therefore, it is crucial for the victim of internalised racism to redevelop a positive racial identity, fostered by acknowledging the existence of racism and discussing race and racism openly.

For victims of internalised racism, the concept of race is often characterised by negative salience. That is, victims of internalised racism have developed an assimilation identity, where their race has low importance or little personal significance, and an anti-Black identity, where victims have been miseducated and have internalised negative stereotypes about Black people to the point that they developed a sense of hatred for both themselves and Black people in general (Vandiver et al., 2001).

In our allegory for instance

When **Kyra** arrived in Europe with her family, for the first time in her life, she encountered racism through avenues such as TV shows, the news, schools and social media, which resulted in her desires to achieve the level of beauty she associated with White culture. She thus developed an assimilation identity, she was miseducated and internalised negative stereotypes about Black beauty. She thus adopted pro-White standards in terms of how beauty is defined, and beliefs that her personal efforts would guarantee her children passage into such White standards.

Hence, being Black did not start to have positive salience for **Kyra** until she began connecting with her new Black friends and started to join the Black art and storytelling workshops. This is where and when she was able to start re-cultivating her Black identity, to reclaim her Blackness. According to the Cross' Nigrescence model, the process of accepting and/or affirming a Black racial identity begins during adolescence for most Black youth and continues throughout adulthood (Vandiver et al., 2001). Prior to adolescence, children are in the pre-awareness state relative to their racial identity.

In adolescence, Black adolescents enter the stage of human development

where they begin to understand and define themselves with reference to the social groups outside of their families (Tatum, 2017). At the same time, they also begin to have the racial encounters that spark greater recognition of the common fate they share with other Black adolescents in general, which triggers an active examination of what it means to be Black. The combined effect of these milestones is illustrated in **Kyra's story** when she met her first Black friends. She was, for the first time, forced to reckon with the effects that racism has had in her life and why she isolated herself from Black cultural norms. For **Kyra**, such a reckoning propelled her beyond the absorptions of the White cultural norms and beliefs into a more active examination of what **it means to be Black in Europe**. Essentially, **Kyra** embarked on a journey, on a process of challenging and unlearning the Eurocentric worldview she was socialised into when she arrived in Europe.

5.2.3. Reclaiming Black consciousness

Emersion

The important question arising from our allegory: *How can Kyra, submerged in the victimhood of internalised racism recreate her Blackness and re-cultivate Black consciousness?* At the Emersion stage, the victims of internalised racism review their own Blackness with positivity and have a sense of comfort with and pride in themselves as racial beings. And this greater sense of comfort, pride and self-acceptance is thus accompanied by a shift from victimhood to self-efficacy attitudes that resulted in the psychological and social benefits of both positive racial socialisation and positive racial identity. And this shift in attitudes may be intersectional in nature. For instance, where being Black and having another marginalised identity, such as being a Black woman or a Black LGBTIQ+ person holds salience. Hence, this shift might also focus on accepting and valuing the experiences of other marginalised identities.

Emersion stage represents a period of life when the victim of internalised racism fully re-embraces their Blackness and hence, enthusiastically seeks to learn more about Black culture, Black history and Black heritage. Thus, crucially important aspects of emerging from internalised racism are an intense Black involvement characterised by a voracious consumption of Black art, literature, music, stories, history, and increased participation in Black organisations or institutions. A positive aspect of this intense Black involvement is both the recreation of the victim's Blackness and the re-cultivation of the victim's Black consciousness.

At Emersion stage however, the victims of internalised racism might also experience feelings of rage and self-blame as their eyes become open to the social and racial injustices that are perpetrated against Black people, and might lead to anti-White attitudes (Vandiver et al., 2001). While these attitudes may be negative toward the White people and White culture, they are the result of anger toward society for the oppression of the Black people, and anger toward themselves for having previously ignored and downplayed the role of race in their life. Hence, the victims are essentially transformed into more egalitarian ideals.

For Kyra, the more she continued to embrace her Blackness and the more dialogues she had with White youth during the Black art and storytelling workshops, the more she started to realise that some White people are allies. And therefore, this positive sense of Blackness led to an active sense of civic commitment to the concerns of Black people as a group. Such a civic commitment can include engaging in activism, such as advocating for changes in unjust policies, joining anti-racism protests, and/or talking about issues around race and racism. Thus, this continued focus on self-actualisation, led Kyra to the improved psychological functioning and self-concept: a greater control of intense emotions around race-based issues.

For Kyra, intense Black involvement began when she started joining the Black art and storytelling workshops. During these workshops, she encountered the Black youth who helped her to re-embrace her Blackness and frequently discussed about the importance of not only empowering themselves but also going into their own communities to empower other Black youth. Thus, these Black art and storytelling workshops created a safe space for Kyra to vent about her difficulties with racism and to feel a sense of connectedness with other Black youth.

So, psychologically, Kyra was affirmed by both Black and White peers for her darker skin and hair texture, which further contributed to a sense of confidence and of pride in her Black racial identity and encouraged her to embrace Black fashion and beauty aesthetics. While this might seem trivial in some regards, for Kyra, these parts of her life reflected her resilience against assimilation into White cultural norms and resilience for dismantling the anti-Black attitudes she had been indoctrinated into as an adolescent.

5.3. Life story, healing from internalised racism

At its core, internalised racism is a problem of narrative which imposes a single story. This **single story of inferiority** perpetuated by Eurocentrism rooted in colonial mentality, racist narratives and White supremacy, reduces people of African descent to a single, yet negative stereotype. To borrow from author Chimamanda Ngozi Adichie, her concept of *“the danger of a single story”* is central to understanding how narratives can heal internalised racism.

Healing from internalised racism, life stories emerge as a potent antidote to the insidious effects of internalised racism, which serves as a multifaceted and deeply human tool in both overcoming and healing from internalised racism. Life stories work from the inside out, allowing victims of internalised racism to both rewrite their personal scripts, and confront and/or dismantle the deeply absorbed racist stereotypes and beliefs, by replacing them with a story of strength, healing, self-reclamation, resilience and liberation.

The therapeutic power of life stories lies in its ability to introduce, and centre the lived, more complex, affirming narratives. Something illustrated in Kyra's story when she started to join The Black art and storytelling workshops. Kyra can heal from internalised racism by not only listening to life stories of other Black youth, but also by telling her life story, which contributes to:

- **Positive Black identity:** Kyra tells a life story that highlights her journey. From difficult moments when she felt helpless, powerless, anti-Black to when she embraced and celebrated Black cultural heritage, Black fashion, and Black beauty aesthetics.
- **Externalising the problem:** Telling her life story, Kyra externalises the absorbed racist stereotypes and beliefs. Instead of seeing herself as inherently flawed, hopeless, and powerless victim; she calls out internalised racism by its name, separating it from her Blackness.
- **Re-authoring the self:** Owning her life story, Kyra becomes the author of her own life. She consciously constructs an identity narrative that is not defined by White cultural norms, but by her own values rooted in Black cultural heritage, Black history, Black fashion, and Black beauty.
- **Shared experience and validation:** Hearing life stories of other Black youth was truly validating for Kyra. This sense of validation reduced shame and fostered solidarity, where she felt safe to share her story.

5.4. Activism, overcoming internalised racism

Activism serves as an enduring antidote to internalised racism, a form of civic engagement that fosters community engagement and participation. The benefits of activism is the sense of Belongingness and mattering it provides: the extent to which a victim of internalised racism feels personally accepted, respected and included, and feels supported by and significant to others in their social environment. That is, the increased sense of belongingness and mattering serves as a protective factor, as these constructs do result in more positive racial identity, self-determination, self-definition, self-acceptance, self-love, pride and connectedness (Janeé M. S., & Charmeka S. N., 2023).

Activism provides the victims of internalised racism with the opportunities to engage in direct social actions, such as non-formal education and training, community organising, protests, demonstrations, matches, and engaging in media advocacy campaigns. By using their life stories, the healing victims can facilitate the empowerment of other victims to dismantle racist stereotypes and beliefs and confront feelings of inferiority they have absorbed.

For **Kyra**, activism began when she fully embraced her Blackness, and started discussing the importance of not only empowering herself but also going into her community to empower other Black youth. Such Black empowerment was crucial in **Kyra** activism. By participating in *art and storytelling workshops*, **Kyra** gained a critical consciousness; the awareness of the ways in which she was racially disempowered, oppressed, miseducated and marginalised. **Kyra** learned how to use activism to foster critical consciousness in Black youth.

- **Shifting the narrative:** in her activism, **Kyra** hosts workshops on how internalised racism is not an isolated personal struggle but rather connected to systems of racism. A profoundly liberating realisation that shifts the problem from the self to the system. Narrative changes *from "What is wrong with me?" to "What is wrong with this system?"*
- **Collective self-esteem:** in her activism, **Kyra** explains how internalised racism thrives in isolation. When Black youth join activist spaces, they find a community that validates their experiences and affirms their worth. The *"Black is beautiful"* cultural movement, for example, was a form of activism that directly attacked the internalised ideology that Blackness was inferior.

5.5. Advocacy, decolonising mental health

Recovering, healing from, overcoming the psychological effects of internalised racism is a deeply personal journey of unlearning and externalising absorbed racist stereotypes, beliefs to reclaim identity and foster good a mental health and wellbeing. Throughout this manual, we call for and urge for a shift away from the one-size-fits-all model to one that is culturally attuned, historically conscious, rooted in community resilience. At its core, decolonising mental health confronts Eurocentric perspectives in mental healthcare and services that tend to overlooking the profound impact of systemic racial oppression, and historical trauma. And they fail to recognise and value the rich traditions of youth mental healthcare that have existed for centuries outside of Europe. Therefore, tackling the effects of internalised racism solely from a Eurocentric psychological perspective, the victims are limited to heal and take actions.

So, our efforts incorporate activism, photo-activism, theatre and storytelling techniques that seek to empower racialised youth to restore dialogue within themselves and to create safe spaces for them to rehearse. Where, through participatory workshops, the racialised youth are facilitated to tell their own life stories and act onto their characters to discover ways to become aware of and interact with their emotions. Moreover, our efforts aim to counteract mental health stigma to foster help-seeking behaviour in racialised youth:

- **Education and awareness:** providing accurate information on mental health illness, dispelling myths, and promoting mental health literacy to reduce misinformation and disinformation.
- **Contact and storytelling:** direct interactions among the racialised youth who have experienced mental illness and are open about their recovery effectively challenge stereotypes and foster resilience around mental health.
- **Media-, community-based interventions:** accurate media portrayal of mental illness, and initiatives that promote mental health, wellbeing and wellness prevent mental health stigma and offer support to racialised youth with mental health problems.
- **School-, workplace-based interventions:** creating supportive environments and cultural sensitivity initiatives that foster open conversations and providing mental health resources with tailored anti-mental health stigma messages.

Manual reference

be human



GOVERNMENT OF MALTA
MINISTRY FOR GOZO
AND PLANNING

Allegories on racism manifestation

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