What Is Internalized Oppression, and So What?

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Alarge proportion of non-European women—approximately 77% in Nigeria, 59% in Togo, 50% in the Philippines, 45% in Hong Kong, 41% in Malaysia, 37% in Taiwan, 28% in Korea, and 27% in Senegal—use skin-whitening products (see Mercury Policy Project, 2010). The World Health Organization (WHO, 2011) considers this a worldwide health concern, focusing primarily on physical health consequences. The WHO linked skin-whitening products, especially those with dangerous amounts of mercury, to scarring, skin rashes, and kidney failure, as well as to psychological disorders such as anxiety and depression. Consequently, the WHO called for policy changes to control the amount of mercury in these products. Although these are troubling health concerns, and although the policies were necessary, framing the problem this way is limited and problematic. This limited conceptualization hides the fact that an important contributor to the problem is oppression and internalized oppression, phenomena women, men, and children throughout the world experience.

Conceptualizing the phenomenon as a "mercury problem" calls for a simplified solution to eliminate mercury from skin-whitening products. It is implied that desiring to look more White is acceptable as long as it is done without mercury or other substances that may negatively affect health. By keeping oppression out of the conversation, it makes it appear as though the problem and the blame belong completely to the individuals (e.g., they are not satisfied with self, and they are consuming harmful chemicals). Alternatively, if we frame the problem as oppression, then we

necessarily must look for factors outside of the individual—historical and contemporary sociopolitical factors—that may influence the use of such products. Furthermore, it will become clear that the problem is more than just racial oppression, but also cultural oppression and its other forms (e.g., sexism, heterosexism). Hence, the problem will be viewed as more than just a desire to have lighter skin but a desire and preference for Western culture and worldview. By framing the problem as internalized oppression, it will become clear that the problem also involves a devaluation or inferiorization of one's self and one's group. It will also become clear that the health implications go far beyond just physical health, to also include mental health. Thus, by conceptualizing the problem more broadly and more accurately as internalized oppression and *not* mercury exposure, it becomes clear that this is an even larger worldwide health concern. It is not just a "mercury problem," and it is not just a concern among peoples who happen to have darker skin. It is about oppression and internalized oppression, and it is a concern for many oppressed, marginalized, and devalued groups throughout the world.

The omission of oppression and internalized oppression when conceptualizing peoples' experiences, as relayed in the example above, is not a new or unique occurrence. In the field of psychology, as in many other scientific disciplines, there has been a long-standing bias to look for factors within individuals to explain phenomena (e.g., biological or physiological factors; Keller, 2005). Acknowledging that factors outside individuals—such as neighborhoods, organizations, and institutions—play important roles in various phenomena raises the possibility that social change may be necessary to adequately and appropriately address these problems (e.g., Albee, 1986). Conceptualizing the problem more broadly and more accurately may indicate that those in power may need to change their values and ways of doing things. However, as is the case for many of us, it is easier to blame individuals for problems and to make them change than it is to change ourselves (Ryan, 1971), or to change the institutions we are parts of and their deeply seeded values and conventions that permeate our environment and, thus, ourselves. In other words, if we limit the conceptualization of a problem to show that very few people experience it, combined with our tendency to overvalue intra-individual explanations, then it is easier to conclude that the problem resides within individuals.

Just because it is simpler to ignore larger sociopolitical factors when conceptualizing phenomena, however, does not mean that it is the most beneficial—especially to those who are experiencing the phenomena. When it comes to non-Western, non-White, nonmale, and nonheterosexual people, who collectively compose the majority of our world, oppression is perhaps the most important sociopolitical factor that influences the entire range of their psychological experiences (David, 2013). Indeed, oppression in one form or another continues to exist in both interpersonal and

institutional levels (Jones, 1997). Because of its pervasiveness, oppression can also become internalized—the hidden injury of oppression that is often ignored or minimized (Pyke, 2010). To this end, this chapter will discuss oppression in its many forms, followed by how internalized oppression is perhaps the most insidious consequence of oppression, and a brief overview of internalized oppression as experienced by various groups. Classic and more contemporary conceptualizations of internalized oppression will be presented, and first-person narratives from the authors will be inserted in select parts to serve as examples of the concepts discussed. We will end the chapter with a partial list of the characteristics of internalized oppression—"partial" because there is plenty still to be learned about this phenomenon. Along with the other chapters in this book, it is our intention to offer a more complete conceptualization of the psychological experiences of various groups, a conceptualization that incorporates historical and contemporary sociopolitical factors, so that the field can better understand and ultimately serve the majority of people in our highly diverse world.

OPPRESSION AND ITS MANY FORMS

Oppression occurs when one group has more access to power and privilege than another group, and when that power and privilege is used to maintain the status quo (i.e., domination of one group over another). Thus, oppression is both a state and a process, with the state of oppression being unequal group access to power and privilege, and the process of oppression being the ways in which inequality between groups is maintained (Prilleltensky & Laurier, 1996). Oppression, therefore, results in the differentiation of people into groups (e.g., dominant/dominated, powerful/powerless, superior/inferior, oppressor/oppressed), and group membership determines the degree to which an individual has power or the opportunity and ability to access resources. Differentiating people into groups can be done in many ways (e.g., race, sex, sexual orientation, abilities) and, thus, oppression based on group membership also comes in various forms (e.g., racism, sexism, heterosexism, ableism).

Oppressors, or those who are dominant or in power, use their access to power and privilege to impose their worldviews on the oppressed and justify and enforce the social, political, and systematic denial of resources to the oppressed. Indeed, oppression can take the form of imposition and deprivation. According to Hanna, Talley, and Guindon (2000), oppression by imposition or force is "the act of imposing on . . . others . . . a label, role experience, or set of living conditions that is unwanted, needlessly painful, and detracts from physical or psychological well-being . . . [such as] demeaning hard labor, degrading job roles, ridicule, and negative media

images and messages that foster and maintain distorted beliefs" (p. 431). On the other hand, oppression by deprivation "involves depriving people of desired jobs, an education, healthcare, or living conditions necessary for physical and mental well-being . . . [such as] food, clothing, shelter, love, respect, social support, or self-dignity" (Sue, 2010, p. 7). In the case of heterosexism, for example, heterosexuals hold power and privilege over nonheterosexuals (i.e., heterosexuals are more likely to be in positions of power), and that position is used to maintain power and privilege (e.g., imposing a certain belief about acceptable expressions of love and partnership, while refusing to support anti-discrimination policies and laws, which would make it more likely for nonheterosexuals to make themselves visible and attempt to secure positions of power). This justification is often based on the supposed superiority of one group over another. Again, in the case of heterosexism, heterosexuals deny access to resources based on the argument that nonheterosexuals are abnormal, deviant, pathological, and are abominations—inferiorizing labels and perceptions imposed onto them by the dominant group.

Oppression can also occur at the institutional or systemic levels, such as with laws, policies, and "normative" practices that marginalize and inferiorize groups of people (Jones, 1997). Institutionalized oppression can be seen through laws (e.g., voter identification laws), policies (e.g., requiring food stamp recipients to announce in front of other customers how they are paying), physical environments (e.g., having diaper changing stations only in the women's restrooms), and social norms and conventions (e.g., the standard use of "he" as the default pronoun for neutral or unidentified gender). Another example of institutional oppression includes universities frequently having buildings dedicated to White, heterosexual men, subtly conveying to People of Color, nonheterosexuals, and women that it is not typical for people like them to succeed in this particular setting. In addition to institutional oppression, oppression also occurs at the interpersonal level between individuals (e.g., a White person clutches a purse when a Person of Color walks by), between groups (e.g., able-bodied individuals refer to dysfunctional, deviant, and substandard things as "retarded"), and within groups (e.g., American-born Asians refer to newly arrived immigrants as "FOB"—fresh off the boat).

In addition to oppression being present in multiple levels, oppression may also be overt or subtle, with contemporary forms of oppression being not as blatant as oppression of the past (Sue et al., 2007). Given that oppression today is not as overt or obvious as before, it is necessary to understand how more modern and subtle forms of oppression affect the psychological experiences of oppressed groups (Dovidio, Gaertner, Kawakami, & Hodson, 2002; Pierce, Carew, Pierce-Gonzalez, & Willis, 1978; Sears, 1988; Sue et al., 2007; Thompson & Neville, 1999). The contemporary reality of oppression is particularly precarious for oppressed individuals because

modern forms of oppression occur at a subtle, often unconscious level (such as the examples provided in the previous paragraph). Sue and colleagues (2007) outlined a taxonomy of microaggressions—subtle, everyday communications of discrimination and prejudice. According to their conceptualization, microaggressions often occur outside of the conscious awareness of the victim. Consequently, victims of microaggressions experience "attributional ambiguity," which is the absence of a clearly identifiable source of oppression and discrimination (Sue et al., 2007). In other words, because microaggressions are perpetrated and experienced subtly and often unconsciously, the victim often questions the reality of oppression. Thus, victims of microaggressions frequently blame themselves for being "overly sensitive" or "crazy" and dismiss the behavior of the perpetrators. Nevertheless, microaggressions produce equally distressing psychological consequences as overt oppression and discrimination, perhaps even more so, because of the lack of a distinguishable target to which one can direct anger (Sue, 2010). When one is denied an opportunity to confront the source of oppression, the anger is directed inwardly at those who remind the oppressed individual of him- or herself. In this way, microaggressions contribute to internalized oppression and work to perpetuate oppression.

Annie, a lesbian, shares some of her experiences with microaggressions:

> Recently, I was engaged in a conversation with a colleague about an upcoming event. My colleague, whom I respect and value, said, "I'm not even sure if I want to go. The whole thing sounds pretty gay to me." I immediately felt exposed, self-conscious, and confused. Here was my colleague, my friend, equating a fundamental piece of my identity with something that was undesirable, and doing so in a dismissive, frivolous way. I walked away from the conversation knowing intellectually that my colleague did not mean that the way it sounded, but ever since then, I have questioned the extent to which she actually accepts me for who I am—really accepts me. It feels lonely.

Annie went on to share a microaggressive act against her as a woman:

> Last year, I was teaching Community Psychology. In the spirit of the subject, I met with each of my students individually to assess their level of comfort with the material and how I could help them meet their goals. One of my students, a White, heterosexual male asked me during his meeting if I was a doctoral student. I confirmed that I indeed was. His response was to inform me that another one of his instructors that semester was also a doctoral student (who also happens to be female). He followed by stating, "You girls are doing a great job." In that small statement, my student informed me that the fact that I was about 15 years older than him did not

matter, nor did the fact that I have two Master's degrees. To him, I was an insignificant *girl*, who, on some level, needed his approval to feel good about myself. I did not feel good about myself. I felt ashamed.

E.J., a Filipino American man, shared one of his experiences that touches on various forms of oppression, taken from his journal while attending graduate school in the Midwest:

I was waiting at the bus stop one day with other people. There was me, a Filipino dude whose loved ones are all away. In addition to the discrimination I face for being an immigrant, colored man in this society, I'm a guy who misses people daily. There was a young Black man, who is probably aware of all the racism that he and other Black men face. It is probably something that is constantly on his mind. He was probably thinking, "I wonder what kind of racism I will face today. Will it be in my job, in the grocery store, in the school, or by some random people in the streets? Will I be accused of something I did not do today? Will people be suspicious of me and follow me around like a criminal as I go shopping?" There was an elderly Black woman, who is probably old enough to remember and personally experience racial segregation. She probably has a long list of racist experiences, both explicit and implicit ones. There was a very old White woman, who uses a cane to help her stand and walk around. Although she probably never experienced racism in her life, she probably experienced discrimination of some sort, especially now with her old age. Also, she was probably old enough to have experienced blatant sex discrimination, like when women were simply regarded as inferior to men. The thought of death has probably passed through her mind. Then there was a White man, probably in his mid-thirties. Out of the five people in the bus stop, he was the one who represented the privileged group. Out of all of us, I thought that he was probably the one with the fewest problems . . . until he talked.

At first, he was just mumbling, then his speech became much clearer, until he began somewhat yelling. He said, "Jesus, can you give me a jet with the speed of a Mach-3?" Then, he looked at me and the Black man and said, "You see, if you want something, you need to ask Jesus. Like, Jesus, can you give me a Mercedes? Can you give me a Trailblazer? Or what about, Jesus, can you please stop the war on Iraq?" "Ask Jesus, not your bogus God." Then he got distracted by the cars passing by us, as he said "People with cars suck." A few more minutes went by, and his topic changed. He looked at me and the Black man and asked, "What are you guys thinking about?" Then he began answering his own question. "Are you thinking about leaving this town? I have been stuck in this town for 10 years. It's like there's a fence around this town that keeps

me from leaving. This town sucks!" He continued by saying, "Are you guys thinking about girls? Girls in this town are easy." He looked at me and asked, "Are you thinking about taking more jobs away from me?" He looked at the Black man and asked, "Are you thinking about making more money? Legally, I hope." A BMW passed by and he said, "There's another rich man." He kept saying this to all the cars that passed by, until he saw another BMW and said, "There's another rich man . . . oh wait, he's a drug dealer . . . it's easy to detect a drug dealer . . . it's like it's written right there on the license plate." As this BMW was passing by us, I noticed that the driver of the car was a Black man.

This White man, who talks to himself. A White man who is probably struggling to make ends meet. A White man who probably has more problems than me, the Black man, the Black woman, and the elderly White woman. A White man who I thought had more important things in his life to deal with, yet he still had time and found time to be racist, sexist, and whatever else. With all the problems he had to deal with, all the things that are bothering his heart and his mind, he still found space for prejudice and bigotry.

It is clear that many forms of oppression remain highly ubiquitous, they can be overt or subtle, and they can operate in institutional, interpersonal, and internalized levels. Relative to the other types of oppression, however, internalized oppression has not been as extensively studied (Pyke, 2010), a disturbing reality given that overcoming internalized oppression is a prerequisite for overcoming oppression (Itzen, 1985). Therefore, we will now turn to a discussion of internalized oppression, beginning with Fanon's (1965) classic framework on colonialism. Although Fanon's model focuses on the oppression of racial or ethnic groups, it should be noted that this framework may also be applied to the oppression of women (e.g., Comas-Diaz, 2010), sexual minorities (e.g., Hawley, 2001), and people with disabilities (e.g., Kumari Campbell, 2008; see Part IV for chapters specifically on these groups), which may result in specific forms of internalized oppression such as internalized sexism, internalized heterosexism, and internalized ableism. Indeed, as Poupart (2003) stated, "as many expressions of internalized oppression exist as experiences of oppression" (p. 90).

COLONIALISM, OPPRESSION, AND INTERNALIZED OPPRESSION

Fanon's (1965) four-phase colonial model is the classic framework for understanding oppression and internalized oppression. The first phase of colonialism is the forced entry of a foreign group into a territory to exploit its natural resources, including its inhabitants (e.g., slaves, cheap labor). The second phase is when the colonizer imposes its culture, disintegrates

the indigenous culture, and recreates the indigenous culture as defined by the colonizer. This transformation of the indigenous culture differentiates the colonizer's supposedly more civilized ways of life and the colonized people's supposedly inferior or savage ways. Once the society has clearly contrasted the colonizer and the colonized, the third phase begins, as the colonized are portrayed as wild, savage, and uncivilized peoples who the colonizer has to nobly monitor, tame, and civilize. Thus, the third phase essentially conveys that tyranny and domination, and hence oppression, are necessary. The completion of the first three phases leads to the fourth phase—the establishment of a society where the political, social, and economic institutions are designed to benefit and maintain the superiority of the colonizer while simultaneously subjugating the colonized. The fourth phase can be clearly seen in established institutions (e.g., churches, boarding schools) in colonized lands that reward those who assimilate into the colonizers' ways, while punishing those who do not. Thus, colonialism is a specific form of oppression (see Part II for chapters specifically on indigenous groups with histories of colonization).

Based on Fanon's (1965) model, it is clear that "there is enormous social, psychological, and infrastructural work in producing the colonized person" (Okazaki, David, & Abelman, 2007, p. 96). Extending this conclusion based on the discussion of the various forms of oppression in the previous section, there is plenty of work necessary to create the oppressed person. So, how does such an oppressive context influence oppressed individuals? Postcolonial scholars (e.g., Fanon, 1965; Freire, 1970; Memmi, 1965) argue that internalized oppression, or specifically, internalized colonialism, is the major psychological effect of colonialism. Fanon argued that the sustained denigration and injustice that the colonized are subjected to often lead to self-doubt, identity confusion, and feelings of inferiority among the colonized. Memmi added that the colonized may eventually believe the inferiority of one's indigenous identity. Freire further contended that because of the inferiority attached to their indigenous identities, the colonized might develop a desire to rid oneself of such identities and to emulate the colonizer because their ways are seen as superior. Further, the colonized may eventually feel a sense of gratitude and indebtedness toward the colonizer for civilizing and enlightening the colonized (Rimonte, 1997).

Based on postcolonial theory, experiencing oppression over lifetimes and generations can lead individuals to internalize the messages of inferiority they receive about their group membership. In fact, internalizing the alleged inferiority and undesirability of one's social group can begin at a very young age (Clark & Clark, 1947). Over time, internalized oppression can become an unconscious, involuntary (Batts, 1983; David & Okazaki, 2010) response to oppression in which members of oppressed groups internalize the negative stereotypes (Amaro & Raj, 2000; Bailey, Chung,

Williams, Singh, & Terrell, 2011; Brown, 1986; Hill, 1999; David & Okazaki, 2006a; Pheterson, 1986; Rosenwasser, 2002) and expectations (Brown, 1986) of their group based on messages they have received from the oppressor. Internalized oppression may even lead to active self-fulfilling prophecies as oppressed individuals begin to act out negative stereotypes (Thomas, Speight, & Witherspoon, 2005). Using Lipsky's (1987) definition, internalized oppression is the "turning upon ourselves, upon our families, and upon our own people the distress patterns that result from the . . . oppression of the (dominant) society" (p. 6).

Not only is internalized oppression the result of oppression and exploitation (Brown, 1986; Itzin, 1985; Moreau, 1990; Padilla, 2001; Prilleltensky & Laurier, 1996; Ramos-Diaz, 1985), it also perpetuates oppression (Duran & Duran, 1995; Hill, 1999). Thus, as previously alluded to, internalized oppression is a component of oppression, whereby oppressors maintain domination over the oppressed. Duran and Duran (1995) argued that internalized oppression operates on an individual as well as a group level to maintain power structures that benefit the oppressors. Individuals, for example, having internalized hatred, develop unhealthy relationships with drugs and alcohol, while communities redirect anger toward the oppressor at those who remind the oppressed of him- or herself through domestic violence, homicide, and sexual assault (Duran & Duran, 1995; Poupart, 2003). Another example is the case of internalized homophobia, where nonheterosexuals are subjected to distorted images of sexuality (Brown, 1986), inferiorizing and dehumanizing labels (e.g., "abomination"), and the denial of power and privilege (e.g., the former Don't Ask/Don't Tell policy, marriage). These messages and experiences are incorporated into one's understanding of oneself based on membership to an "inferior" group. As a result, nonheterosexuals may try to outwit the oppressive system by "passing" as a heterosexual (Perez, 2005) or self-concealment (Hill, 1999; Pheterson, 1986), but to do so means a denial of one's authentic identity. Consistent with this, Neville, Coleman, Falconer, and Holmes (2005) found a negative relationship between internalized oppression and the degree to which individuals endorse the existence of racism. That is, the more oppressed an individual is, the more denial the individual has about his or her own reality as an oppressed person, effectively fragmenting the individual's experience of him- or herself and the world.

Internalized oppression also leads to intragroup fragmentation (Pyke & Dang, 2003). It prevents group members from connecting with one another (Gainor, 1992; Kanuha, 1990) and causes intragroup conflict (Norrington-Sands, 2002; Pyke & Dang, 2003). Oppressed group members may begin to discriminate against one another (David & Okazaki, 2006a; Itzin, 1985; Neallani, 1992) and choose to emulate and identify with oppressors (Hill, 1999; Lipsky, 1977; Padilla, 2001). This is not surprising, because in systems in which the oppressed is consistently, aggressively,

and systematically devalued and dehumanized, the oppressor becomes the model of acceptable humanity (Freire, 1970). To effectively emulate the oppressor, the oppressed must devalue his or her own group member- ship (Padilla, 2001) and reject his or her culture (Bailey et al., 2011; David & Okazaki, 2006a; Rosenwasser, 2005). Further, internalized oppres- sion reinforces oppression because it generates mistrust and criticism of emerging leaders (Lipsky, 1977; Padilla, 2004), creating unrealistic expec- tations for possible leaders and resulting in burnout and abandonment of a vision of liberation (Lipsky, 1977).

Finally, perhaps the most devastating collective consequence of inter- nalized oppression is intragroup (i.e., horizontal) violence (Amaro & Raj, 2000; Bailey et al., 2011; Freire, 1970; Lipsky, 1977; Padilla, 2001; Tappan, 2006). Fellow group members are viewed as inferior and as less of a threat than the dominant group, at whom the real anger is directed, so violence is sublimated or redirected to members of one's group (Artz, 1996). Additionally, the oppressed participates in his or her own oppression through self-destruction and violence toward self (Hill, 1999; Padilla, 2001), self-denigration (David & Okazaki, 2006a), substance abuse, and suicide (Duran & Duran, 1995). Furthermore, inter- nalized oppression may cause oppressed groups to victimize each other. A logical extension of horizontal violence is intergroup violence between oppressed groups. Similar to intragroup violence, anger toward the oppres- sor is redirected to those who are equally (or perhaps more) vulnerable. Consequently, we see a striking disunity between historically oppressed groups in this country. For example, anti-gay sentiment among People of Color is common (Greene, 2009; Ochs, 1996), and bi-directional tensions between African Americans and Asian Americans (e.g., African Americans resent- ing Asian American-owned businesses in historically Black neighborhoods, and Asian Americans resenting Affirmative Action; Tawa, Suyemoto, & Tauriac, 2013) speak to this intergroup conflict between oppressed groups. Even more insidious, however, is that internalized oppression results in the incorporation of negative stereotypes into cultural values and traditions (i.e., "that's just the way we are"; Lipsky, 1977, p. 5), so that oppression becomes a cultural norm and transmitted across generations.

Below, Annie shared some of her experiences that touch on various manifestations of internalized oppression, both as a woman and as a lesbian:

> I remember watching a TV show with my grandmother once. One of the characters was a female police detective. Her character was what I would describe as "no-nonsense" and strong. She did not let anyone push her around. At one point, my grandmother snarled at the TV and said, "I don't like when women act like that." "Like what," I asked. "Like men." I real- ized three things in that moment: (1) my grandmother had been taught to

devalue the part of her femininity that has the capacity for strength and power, (2) that is so very sad, and (3) there was only one, rigid and limited way be an acceptable female in my grandmother's eyes, and in the world. There was an invisible barrier between us, placed there by a society that only values passivity and submissiveness in women. She had learned to accept this contrived image of women, to strive for it, and to devalue members of her own feminine tribe who deviated from it. To this day, I have moments in my life when I hear my grandmother's voice in my mind, and I have a moment of insecurity about my own femininity, followed by a longer moment of sadness. I wonder, if she was still alive, if she would understand and appreciate the woman I have become. I wonder if I understand and appreciate the woman I have become.

I consider myself to be a proud lesbian woman. I am actively involved in the LGBT [lesbian, gay, bisexual, transgender] community, and I support gender equality personally and publically. However, I still experience a twinge of discomfort when I am associated with the LGBT community or my gender. For example, I "googled" myself a few years ago. One of the first links to appear said, "GAY PRIDE" and had my name listed as a contributor to an LGBT conference. My immediate reaction was panic and to think, "Who has seen this? What will they think!" Even though I consistently and actively engage and embrace my community, I have moments of dread and shame that the world will actually realize I am gay, and in the moments when I am being completely honest with myself, I understand that there is a part of me that does not want to the world to know, because then they won't like me . . . because according to them, it's not ok to be who I am. So, I suppose it is ironic that seeing my name linked to Gay PRIDE induced feelings of shame.

INTERNALIZED OPPRESSION AMONG VARIOUS GROUPS

Now that we have described internalized oppression, let us now turn to a brief overview of how common this phenomenon is among various groups, focusing on some oppressed groups in the United States. As previously discussed, the racial climate in the United States is consistent with oppression because "the opportunities [in the country] are not randomly [or equally] distributed across race . . . and social structures are not equally supportive for minorities" (Trickett, 1991, pp. 213–214; see Part III for chapters on specific racial groups). Again, such inequalities extend beyond race to also include sex, sexual orientation, people with disabilities, and other social groups. Thus, using Fanon's (1965) classic framework, the historical and contemporary oppression faced by dominated groups in the United States is one of *internal colonialism*. Although there is no recent forceful entry by a foreign group, internal colonialism is analogous to classic

colonialism in that the society is characterized by social inequalities, cultural or worldview imposition of the dominant group, disintegration or devaluation of oppressed groups' cultures or worldviews, and stereotypical recreation of oppressed groups' identities by the dominant group. In terms of its consequences, Rudkin (2003) stated that the oppression of American minority groups "leads to self-debasement, alienation, loss of cultural identity, dependency, and internally-directed hostility" (p. 290), similar to the effects of colonialism provided by postcolonial scholars (Fanon, 1965; Freire, 1970; Memmi, 1965).

Harrell's (1999) discussion of the psychological consequences of oppression among African Americans is an excellent example of the applicability of the classic colonial model in describing the experiences of oppressed American minority groups. In his analyses, Harrell used Fanon's (1965) term—Manichean—to argue that American society is one that is essentially based on incompatible opposites such as good versus evil, light versus dark, white versus black. In a Manichean society, anything of the dominated group, including language, physical traits, and cultural values and traditions, is ascribed with inferior, undesirable, or negative characteristics. Concurrently, anything of the dominant group is attached with superiority and desirability. Further, this society also involves the destruction and reinterpretation of the history and culture of the oppressed through the eyes of the dominant group. Consequently, a Manichean society creates conditions that lead African Americans to develop self-hatred and to behave in self-destructive ways. Internalized racism, a form of internalized oppression, among African Americans leads to identity confusion and to the development of an inferiorized identity (Thomas, 1971). The Black Identity Development Model proposed by Cross, Parham, and Helms (1991) also argued that internalized oppression may lead African Americans to highly value the dominant culture and simultaneously devalue their own, leading many African Americans to hold anti-Black sentiments or have Black self-hate (see Chapter 6 on African Americans).

Another oppressed group within the United States are Native Americans or American Indians, whose experiences involve both classical and internal colonialism. McBride (2002) argued that these historical and contemporary experiences of oppression led many Native Americans or American Indians to lose their cultural identity and spirituality. Duran and Duran (1995) and Brave Heart (1998) also argued that internalized oppression is passed on intergenerationally by continued oppression, lack of opportunities to critically and accurately understand history, and forced Americanization—contemporary forms of oppression that may be seen as internal colonialism (see Chapter 2 on Native Americans). Internalized oppression and its intergenerational transmission are also salient among Alaska Native Peoples, and are argued to contribute to the high rates of depression, suicide, domestic violence, and substance use among Alaska

Native Peoples today (Napoleon, 1996; see Chapter 3 on Alaska Native Peoples).

Internalized oppression is also salient among Hispanic or Latina/o Americans. Hall (1994) argued that colonization and oppression—both historically and contemporarily—lead many Hispanic or Latina/o Americans to believe that light skin is advantageous, attractive, and desirable. The internalization of such a skin-color ideal results in a desire to become as white as possible in order for social mobility or acceptance, leading many Hispanic or Latina/o Americans to use "beauty" creams and other products such as bleach in order to whiten their skin (Hall, 1994). Indeed, according to Hall, many Hispanic or Latina/o Americans "will value and internalize all aspects of the mainstream culture—including the idealizations of light skin color—at the expense of their [heritage] culture" (p. 310; see Chapter 5 on Latina/o Americans).

Among a specific Hispanic or Latina/o American ethnic group—Puerto Ricans—the effects of centuries of Spanish and American colonialism include (a) identity confusion, (b) feelings of shame regarding their ethnic and cultural identity, (c) feelings of inferiority about being Puerto Rican, (d) discriminating against less-Americanized individuals, and (e) not having national pride (Varas-Diaz & Serrano-Garcia, 2003). Similar experiences of internalized oppression have also been observed among the indigenous Chamorros in Guam, a United States colony just like Puerto Rico (Perez, 2005; see Chapter 4 on Pacific Islanders).

As previously discussed, internalized oppression also goes beyond racial oppression to also include oppression of women (i.e., internalized sexism; Bearman, Korobov, & Thorne, 2009), people with disabilities (i.e., internalized ableism; Kumari Campbell, 2008), and lesbian, gay, bisexual, and transgender individuals (LGBT; i.e., internalized heterosexism; Szymanski, Kashubeck-West, & Meyer, 2008). For example, in his minority stress model for lesbian, gay, and bisexual (LGB) individuals, Meyer (2003) argued that discrimination negatively influences LGB individuals' mental health. Perhaps the worst consequence of this form of discrimination is internalized homophobia—a specific form of internalized oppression in which LGB individuals eventually redirect negative homophobic societal attitudes toward themselves (e.g., I do not deserve equal rights). It is another form of self-hate due to experiences oppression (see Chapter 9 on LGBT individuals).

CONTEMPORARY CONCEPTUALIZATIONS OF INTERNALIZED OPPRESSION

Although internalized oppression is a common experience among various social groups, this phenomenon continues to be understudied and

underappreciated, and thus, largely unknown to the field of psychology. Perhaps one reason for this is that most of the literature on internalized oppression is framed using postcolonial theory, instead of theoretical frameworks that are more familiar with and, thus, more palatable to psychological professionals. Therefore, although based on and still consistent with postcolonial theories, a more contemporary conceptualization of internalized oppression has been proposed (David, 2009) using the principles and concepts of cognitive behavioral theory (CBT), a theory that is familiar to and popular with psychological professionals. In general, CBT considers five components to any phenomenon: (1) cognitions (thoughts); (2) moods or affects (emotions); (3) physiological reactions (e.g., increased heart rate); (4) behaviors; and (5) environment (Padesky & Greenburger, 1995). CBT posits that individuals' environmental contexts, such as how they were raised and what messages about the world, about themselves, and about others they constantly receive, can lead to the development of general patterns of thinking (mental schemas). These general patterns of thinking are highly influential in producing the automatic thoughts or cognitions that individuals have as they interact with the world. In turn, CBT argues that a person's thoughts or cognitions influence that person's mood, behavior, and physical sensations in response to his or her environmental context. Thoughts or cognitions that are distorted, inaccurate, or false may lead to unhealthy or maladaptive moods, behaviors, or physical sensations, whereas thoughts or cognitions that are accurate, true, or realistic contribute to healthy and adaptive moods, behaviors, and physical sensations (Beck, 1995).

Using CBT principles and concepts, internalized oppression may be conceptualized as a set of self-defeating cognitions, attitudes, and behaviors that were developed as one consistently experiences an oppressive environment. Further, internalized oppression may be conceptualized as a distorted view of one's self and of others that is a consequence of how one experiences his or her environment. One of the most basic tenets of CBT is that thoughts that occur most frequently and are most easily accessible in memory are the ones we tend to believe. Historically, oppressed groups have been, both in subtle and overt ways, consistently receiving the message that they are inferior to the dominant group. Eventually, members of oppressed groups may no longer need the dominant group to perpetuate such inferiorizing messages, because they begin inferiorizing themselves in overt and subtle (and automatic) ways (David, 2009).

Consistent with CBT, another way to conceptualize internalized oppression is to use the empirical literature on learning and cognition, memory, priming, spreading activation theory, and the dynamic constructivist approach to culture and cognition (Hong, Morris, Chiu, & Benet-Martinez, 2000). Based on this body of literature, members of oppressed groups may internalize the oppression they experience in such a deep way that it creates within them a knowledge system that is characterized by automatic

negative cognitions and perceptions of their social group. Using methods such as the word-completion task, implicit association test, and the lexical decision priming task among multiple samples of Filipino Americans (David & Okazaki, 2010; David, 2010)—the second largest Asian American ethnic group in the United States and a population for whom internalized oppression is highly salient—empirical evidence was found to support the notion that many (approximately 55%) members of this group have automatically associated undesirable, unpleasant, and negative thoughts with the Filipino culture, and desirable, pleasant, and positive thoughts with the American culture. These findings suggest that oppression has been internalized deeply enough by members of this group for a distorted cognitive system to be developed and automatically operate (see Chapter 7 on Asian Americans).

Thus, based on these series of studies (David, 2010; David & Okazaki, 2010)—the literature on learning and cognition, priming, spreading activation, the dynamic constructivist approach to culture and cognition, CBT, and internalized oppression among various groups—four conclusions may be made concerning the cognitive operation of internalized oppression. First, oppression may be deeply internalized by members of oppressed groups such that their cultural knowledge systems reflect internalized oppression. Second, internalized oppression is an individual differences variable in that not all members of oppressed groups experience it. Third, internalized oppression may be activated using priming techniques typically used in the areas of social cognition and memory. Lastly, oppression may be deeply internalized such that stimuli that are related to one's own group are automatically associated with ideas of unpleasantness or inferiority and stimuli that are related to the dominant group are automatically associated with ideas of pleasantness or superiority (David & Okazaki, 2010).

E.J. provides an example of how internalized oppression may automatically influence one's perceptions, attitudes, and behaviors outside of awareness or control:

> As much time as I've spent thinking deeply about internalized oppression, and as aware of it as I am, I am sure I still have it and my daily life is still affected by it, whether I am aware of it or not, and even if I don't want it to. For example, I still find myself laughing at FOB jokes until I remind myself of how wrong it is. I still have a tendency to feel embarrassed whenever I hear other Filipinos speak English with a thick Filipino accent. I still find myself ignoring the opinions of Filipinos who are not very Americanized. It is even very likely that my initial attraction to my wife, who I met when we were in 8th grade, was driven by my tendency to regard lighter skin as more beautiful. Today, I'm probably on the high end when it comes to having pride in my Filipino heritage, but there are still some times when I feel

embarrassed and ashamed of some aspects of it that, when I think about it more deeply, are just things that are different and there's nothing about them that should really embarrass or shame me. It's like my automatic responses to some Filipino things are negative, until I catch myself, think more, then reconsider.

SO WHAT? MENTAL HEALTH IMPLICATIONS OF INTERNALIZED OPPRESSION

Following the use of CBT to discuss internalized oppression in the previous section, and consistent with CBT's conceptualization of how psychological disorders develop (e.g., Beck, Rush, Emery, & Shaw, 1979), underlying automatic thoughts (e.g., "men are strong, women are weak") or behaviors (e.g., deferring to men to do heavy "manual" labor) are maladaptive general beliefs or mental schemas (e.g., "men are stronger than women") that have been developed from previous experiences (e.g., socialization that "manual" labor is for men and women are the "weaker" sex). Such thoughts and beliefs contribute to the creation of dysfunctional self-schemas (e.g., "I am a woman, so I am weak") that may lead to psychological distress and disorders (David, 2009; see Chapter 8 on Women). For historically and contemporarily oppressed groups, years of subjugation may have created a general belief that their social groups are inferior to the dominant group. Such a belief may underlie the automatic self-deprecating thoughts and behaviors that many members of oppressed groups display today. Such automatic negative cognitions, attitudes, and related behaviors are likely damaging to peoples' self-esteem and may contribute to the development of various forms of mental health concerns. Figure 1.1 is a representation of how internalized oppression may operate and lead to psychological distress and psychopathology using CBT concepts.

Acculturation and Ethnic Identity

Beyond a CBT explanation, the literature on ethnic minority psychology also provides other ways in which the mental health and psychological well-being of oppressed groups may be influenced by internalized oppression. One way is through acculturation—the extent to which an individual does or does not stay connected with one's heritage culture and the degree to which an individual connects or does not connect with another culture (David, 2006). Many factors can influence acculturation, including larger sociopolitical factors such as the economy, immigration status, and oppression. As they navigate through various sociopolitical factors, acculturating individuals may acculturate in four different ways: assimilation (high
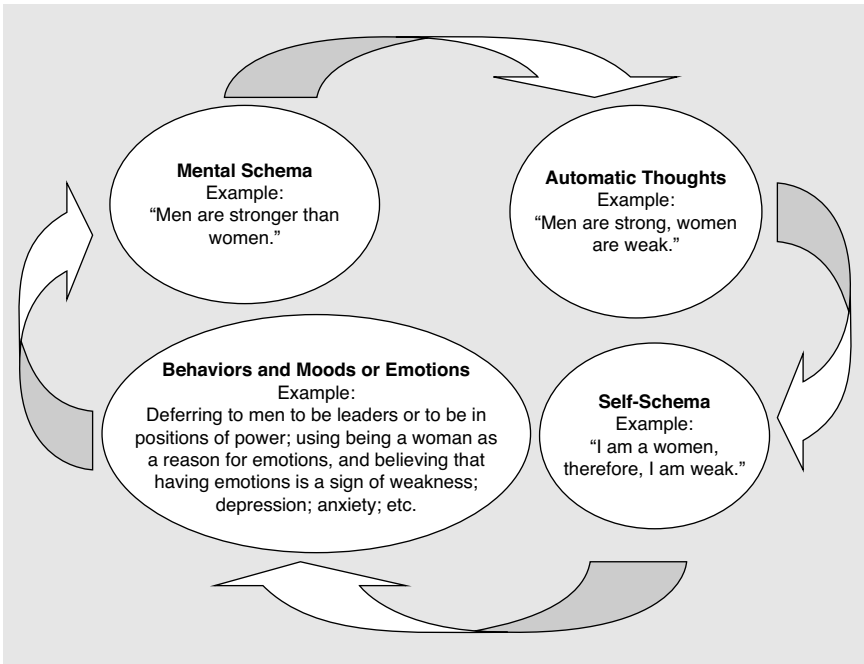
FIGURE 1.1 Conceptualizing internalized oppression using cognitive behavioral theory.

adherence to dominant culture and low adherence to heritage culture), integration (high adherence to both cultures), separation (low adherence to dominant culture and high adherence to heritage culture), and marginalization (low adherence to both cultures; Berry, 2003). Although there is no consensus as to which is the most beneficial (Rudmin, 2003), high levels of enculturation (i.e., the extent to which one adheres to one's heritage culture), either alone (i.e., separation) or in combination with dominant culture adherence (i.e., integration), often contribute to better well-being and mental health (e.g., David, Okazaki, & Saw, 2009; LaFromboise, Coleman, & Gerton, 1993; Tsai, Chentsova-Dutton, & Wong, 2002; Ying, 1995). Enculturation is theorized to lead toward the development of a positive ethnic identity—the extent to which members of an ethnic group positively value their heritage—which is associated with psychological well-being (e.g., Gong, Takeuchi, Agbayani-Siewart, & Tacata, 2003; Phinney, Chavira, & Williamson, 1992).

Among various oppressed racial groups, there is evidence suggesting that internalized oppression is related to lower levels of enculturation and higher levels of assimilation (e.g., David, 2008; David, 2010; David & Okazaki, 2006b; Walker, Wingate, Obasi, & Joiner, 2008). These studies also show that internalized oppression is related to lower levels of ethnic

identity development. The stress associated with cultural adaptation (i.e., acculturative stress, which includes racism; Berry, 2003) has been found to be associated with depression among African Americans (Walker et al., 2008). Furthermore, Walker and colleagues (2008) also found acculturative stress and ethnic identity moderate the link between depression and suicide, in that depressed African Americans who do not positively regard their heritage are more likely to think about suicide. Among Latinas/os, Codina and Montalvo (1994) also found that darker skin color and loss of Spanish culture were associated with higher levels of depression, suggesting that oppression and assimilation negatively affect Hispanic or Latino/a Americans' mental health through assimilation and low levels of ethnic identity.

Self-Esteem

Another way for internalized oppression to influence the mental health and psychological well-being of oppressed groups is through self-esteem. Most of our understanding of the self is focused on the personal aspect or personal self-esteem (i.e., how positively we evaluate our personal characteristics). Developing a positive collective self and having a positive collective self-esteem (i.e., how positively we evaluate the social groups to which we belong), however, is also vital for mental health (Crocker & Luhtanen, 1990; Crocker, Luhtanen, Blaine, & Broadnax, 1994; Tajfel & Turner, 1986). Indeed, our self-concept is composed of both a personal and a collective component and each can be associated with either positive (or pleasant) or negative (or unpleasant) attributes (Tajfel & Turner, 1986). The manner in which we associate positive or negative attributes to our personal characteristics (e.g., being tall, having blonde hair) and the characteristics of our social groups (e.g., "people with disabilities, like myself, are a burden") is influenced by our experiences and what we have been taught (see Chapter 10 on People With Disabilities). If personal self-esteem is the extent to which individuals evaluate their personal selves positively, collective self-esteem is the extent to which individuals evaluate positively the social groups to which they belong (Crocker & Luhtanen, 1990; Crocker et al., 1994). Thus, how positively we evaluate the characteristics of our social groups is an important contributor to our mental health. For historically and contemporarily oppressed groups, their experiences may have resulted into internalized oppression, which may negatively influence their collective self-esteem. Empirically, internalized oppression is related to lower levels of personal and collective self-esteem (e.g., Bailey, 2009; David & Okazaki, 2006b; David, 2008; David, 2010; Frame, 1999; Norrington-Sands, 2002). Not surprisingly, because of its influence on self-esteem, internalized oppression has also been linked to poor body image

(Bailey, et al., 2011; Lehman, 2009; Parmer, Arnold, Natt, & Janson, 2004) and eating disorders (Frame, 1999; Harris, 1997; Nakamura, 2006).

Depression

As discussed above, ethnic minority psychology literature suggests that constructs that are especially salient to minorities (e.g., enculturation, ethnic identity, collective self-esteem) are important contributors to their mental health, specifically depression (see solid variables and paths in Figure 1.2). Research also suggests that such constructs may be influenced by internalized oppression (e.g., David & Okazaki, 2006b; David, 2010; Walker et al., 2008). Further, studies also suggest that internalized oppression may be related to depression (Majied, 2003; Thomas et al., 2005; Ross, Doctor, Dimito, Kuehl, & Armstrong, 2007) and other negative emotions that are related to depression such as feelings of inferiority (Gainor, 1992; Pheterson, 1986; Prilleltensky & Laurier, 1996), resignation and powerlessness (Pheterson, 1986), learned helplessness (Prilleltensky & Laurier, 1996), shame (Rosenwasser, 2005), and humiliation (Rosenwasser, 2002). Interestingly, levels of depression have been shown to decrease when internalized oppression is a central focus of therapy (Ross et al., 2007),
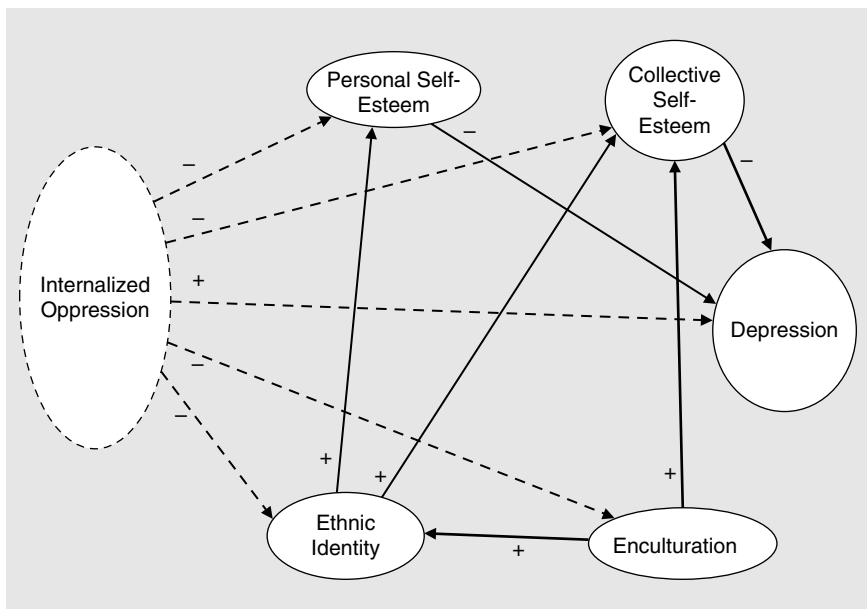
FIGURE 1.2 Internalized oppression and its mental health implications. *Source*: David (2008).

further suggesting that internalized oppression is an important factor to consider when conceptualizing depression as experienced by members of oppressed groups. Thus, internalized oppression may also be related to depression through enculturation, ethnic identity, and collective self-esteem (see dashed lines in Figure 1.2). Using structural equation modeling with data obtained from a Filipino American sample, a model of depression that included internalized oppression was tested versus a model that did not include it, and the results showed that the internalized oppression-model better captured depression, that the model accounted for a large percentage of the variance in depression, and that internalized oppression had a direct and significant effect on depression above and beyond the effects of the other important variables (David, 2008). Thus, internalized oppression can significantly contribute to the depression symptoms that many members of oppressed groups experience.

Other Mental and Behavioral Health Implications

Given internalized oppression's documented relationships with variables such as personal and collective self-esteem and depression symptoms, it is not surprising that internalized oppression may also be negatively related to other mental health concerns facing various oppressed groups, primarily because low self-esteem and depression typically go hand-in-hand or co-occur with other problem behaviors and conditions (e.g., Clark, Watson, & Reynolds, 1995; Owens, 2001). Indeed, as an example, it has been shown that internalized homophobia is related to negative mental health outcomes (Hatzenbuehler, 2009; Williamson, 2000), with recent research suggesting that experiences of oppression may lead oppressed individuals to experience maladaptive emotional and cognitive states such as rumination, emotional avoidance, negative self-schemas, and feelings of hopelessness in response to such experiences, all of which may increase the likelihood for oppressed individuals to develop clinically diagnosable disorders or for them to engage in high-risk behaviors (Hatzenbuehler, 2009). Furthermore, having low levels of enculturation and not positively identifying with one's social group can lead one to become avoided and, thus, marginalized, even by others who are important characters in the person's life (e.g., family, relatives, friends). Indeed, internalized oppression has been linked to isolation (Gainor, 1992; Pheterson, 1986; Rosenwasser, 2002, 2005). Not having a strong and positive social support system may lead to many high-risk and problematic behaviors such as alcohol and drug use, unprotected sex, delinquency, and school drop-outs (e.g., Kim & Goto, 2000; Pierce, Frone, Russell, Cooper, & Mudar, 2000; Solomon & Liefeld, 1998; Steptoe, Wardle, Pollard, Canaan, & Davies, 1996).

The psychological literature on various oppressed groups such as African Americans, Alaska Natives, and American Indians also suggest that internalized oppression is related to domestic violence and other violent crimes, substance use and abuse, school drop-out rates, and high-risk behaviors that may lead to sexually transmitted diseases and teen pregnancies (e.g., Duran & Duran, 1995; Frame, 1999; Harrell, 1999; McBride, 2002; Tatum, 1994). Tatum (1994) proposed that colonialism, or more specifically, internal colonialism/oppression, is another explanation for the high rates of crime and delinquency among African Americans. She argued that crime and delinquency may be seen as the self-destructive behavioral responses to a society wherein opportunities for social mobility are limited because of one's race. The internalization of such historical and contemporary forms of oppression is also argued to contribute to cultural isolation, vocational stresses, and problematic behaviors such as substance abuse and domestic violence among American Indians (McBride, 2002). Furthermore, using the colonial model and the theories of postcolonial scholars Fanon (1965), Freire (1970), and Memmi (1965), among others, Duran and Duran (1995), Brave Heart (1998), and McBride (2002) also argued that colonialism and contemporary forms of oppression that continue to send inferiorizing messages about American Indian and Alaska Native identity may contribute to the high rates of suicide, alcoholism, and domestic violence among America's First Peoples. Thus, although there are various factors that may contribute to such problematic and health-risk behaviors, and internalized oppression may also be one of such important factors that may contribute to the development of behavioral and mental health concerns. Combined with findings that internalized oppression keeps individuals from seeking help (Kanuha, 1990), suggesting that they are at greater risk for developing severe pathology (Bailey, 2009; Szymanski & Gupta, 2009; Szymanski & Kashubeck-West, 2008; Szymanski & Stewart, 2010), increased attention to this highly salient but severely understudied phenomenon is desperately needed.

Below is an example of how internalized oppression made Annie feel about herself, and how this affected her well-being and mental health:

> Sometimes I wish I did not know about internalized oppression. Because I do, I am forced to confront the artifacts of oppression in my own life, as well as the ways I perpetrate oppression on others. However, I am aware of internalized oppression, and I want to be a good steward of that knowledge, so I try to cultivate an intentional, focused practice of self-reflection. In the moments when I am aware enough to recognize the forces of internalized oppression in my life, I take a moment to survey my thoughts and feelings. What I find is not always pretty.
>
> I have learned that I have a quiet shame that lurks in the corners of my psyche. It colors and influences the way I interact with the world, form

relationships, and understand myself. It operates by causing me to second guess myself when I know I'm right; It makes me select a male name from the phonebook when I am looking for a doctor and feel immediately embarrassed when I realize what I am doing; It makes me resent other LBGT individuals who "talk about gay stuff all the time," which is something I recently found myself saying to my girlfriend. Before I go any further, I would like to note that internalized oppression is at work even as I write this, as I originally wrote the last sentence as: "something I recently found myself saying to a friend, conditioned to deny real pieces of myself." For me, these forces, this shame, it is a catch-22 because no matter how hard I try, I cannot be without shame. I am ashamed of my shame. I hate that there is a part of me that hates a part of me.

SUMMARY AND CONCLUSION

In addition to having a clearer understanding of internalized oppression, it should now also be evident why it is important to better understand and address internalized oppression. Although we present a great deal of information here, this chapter is by no means comprehensive. Instead, it is only a general overview of the wide range of oppressive experiences and even wider range of internalized oppression manifestations and consequences faced by various groups throughout the world. The rest of the chapters in this book provide more in-depth coverage and analyses of internalized oppression as experienced by specific groups, further illuminating and bringing to life the losses, pains, and struggles faced by these communities. As a summary of the literature discussed in this chapter, and as an accessible guide as the reader proceeds with the rest of the book and beyond, we present a partial list of the characteristics of internalized oppression in Table 1.1.

In closing, there is no doubt that internalized oppression is a salient experience among various groups throughout the world, and empirical evidence is emerging to suggest that internalized oppression has immense negative mental and behavioral health consequences. Thus, in our efforts to better serve the majority of the people in our world, we need to incorporate larger sociopolitical factors (i.e., oppression) and its consequences (i.e., internalized oppression) in our conceptualizations of their psychological experiences. This broader, more complete, and more accurate conceptualization of the psychological experiences of socially marginalized groups will necessitate a change in the manner in which the field develops, conducts, and implements its research and service activities. This chapter, along with the rest of the chapters in this book, hopes to help facilitate this change.

TABLE 1.1
A Partial List of the Characteristics of Internalized Oppression

- Internalized oppression is an uncritical devaluation of one's own group and valuation of another.
- The devaluation of one's own group may or may not occur simultaneously with the valuation of another group.
- It is commonly experienced by members of various oppressed groups.
- It is an individual differences variable in that some members of oppressed groups experience it while other members may not.
- It is an individual differences variable in that the severity of it may vary between individuals and between groups.
- It is an individual differences variable in that the manifestations and implications may vary between individuals and between groups.
- It may be passed on from generation to generation or from one person to the next through socialization and continued experiences of oppression.
- It can develop at a very young age and last a lifetime.
- It may exist and operate automatically, outside of awareness, intention, or control.
- It is both the result of oppression and a perpetuating force of oppression, in that it works to maintain power structures that benefit the dominant group disproportionately to the dominated group.
- It engages the oppressed in the work of their own oppression through intrapersonal and intragroup violence and destruction.
- It influences how people think and feel about themselves, as well as how people behave.
- It influences how people think and feel about, as well as behave toward, other members of their group and other oppressed groups.
- It influences how people think and feel about, as well as behave toward, the dominant group.
- It has serious consequences for behavioral and mental health.
- The devaluation of one's own group, and the valuation of another group, are results of learning and conditioning experiences; people are not born with internalized oppression—it is learned.
- Because internalized oppression is learned, it can be unlearned. People can learn to value their own group just as much as they value other groups.

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