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Examining associations between racism, internalized shame, and self-esteem among African Americans

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Abstract

Shame, originating from social threats to social bonds, self-esteem and/or social status, has been associated with poor mental and physical outcomes. Despite theoretical assumptions indicating shame as a prominent emotional response to social threats, limited research has examined the association between internalized shame and racism among African American populations. This exploratory study sought to investigate the relationship between racism, self-esteem, and internalized shame. College students who self-identified as African American or Black ($N = 203$) completed the Schedule of Racist Events and Internalized

internalized shame. Self-esteem and internalized shame demonstrated a significant negative association. Two hierarchical linear regression models were used to examine the effect of the frequency of racist events in the past year, over the lifetime, and self-esteem on internalized shame scores. Both unadjusted models for past year and lifetime experiences of racism significantly predicted internalized shame. Adding self-esteem significantly improved the regression models accounting for 36% and 63% of the model variance for internalized shame, respectively. Findings from this study warrant greater focus on the role of shame and self-esteem in understanding the impact of racism among African Americans.

Keywords:

racism shame self-esteem African Americans

PUBLIC INTEREST STATEMENT

This manuscript explores the association between racism, self-esteem and internalized shame among a sample of African Americans. Though the psychological ramifications of racism have been well documented among African Americans, there has been limited focus on the association of racist experiences and shame in this population. Shame is elicited by threats to social bonds, self-esteem, and/or social status. Moreover, previous studies have indicated that shame is associated with poor mental and physical health outcomes. African Americans may be vulnerable to shame experiences as racism threatens self-esteem and social status. This manuscript findings suggest that greater reports of racist events were associated with greater internalized shame. Thus, the current findings, exploratory in nature, warrant further examination of the processes by which racism may contribute to internalized shame in African American populations.

1 Introduction

Extant literature has evidenced the impact of racism on the quality of life for African Americans (Goosby et al., [2015](#); Sims et al., [2012](#)). African Americans experience racism and discrimination on multiple levels, including interpersonal (discriminatory interactions between individuals), institutional (discrimination in employment, housing, or health care), and cultural (widespread acceptance of stereotypes) (Harrell, [2000](#); Jones, [2000](#); Krieger, [1999](#)). The psychological ramifications of racism have been well documented. Carter ([2007](#)) suggests such ramifications are a consequence of psychological injuries or external violations and assaults that ensue when one is subject to racism related experiences. Racism related psychological injuries have been shown to increase stress, trauma, anxiety, fear, anger, depression while reducing overall quality of life for African Americans (Bynum et al., [2007](#); Carter & Reynolds, [2011](#); Forsyth & Carter, [2012](#); Landrine & Klonoff, [1996](#); Pittman, [2011](#); Utsey & Payne, [2000](#)).

Brondolo et al. ([2018](#)) have proposed a recent theoretical framework highlighting the social cognitive processes linking racial discrimination and health outcomes. This framework suggests that discrimination on all levels (e.g., communication, institutional policies and practices, and interpersonal practices) impact schemas, threat appraisal, and cognitive processes. Schemas are “mental structures composed of networks of linked thought, feelings, and attitudes” (Brondolo et al., [2018](#), p. 222) that influence individual interpretation and processing of new experiences. Individuals develop schemas about themselves, their peers, and the world via life and educational experiences. African Americans living in environments in which they perceive frequent racism may develop schemas that heighten perceptions of racism. These schemas may accompany the threat appraisal process, influencing how individuals evaluate circumstances that could be perceived as threats. Thus, schemas developed in social environments reflecting prevalent racism may influence the threat appraisal process, potentially amplifying threat perception (Brondolo et al., [2005](#); Outlaw, [1993](#)).

1.1. Shame and threats to the social bond

The role of shame in the social cognitive processes accompanying racial discrimination has

need for humans to be social (Lewis, [1971](#)). The concept of shame has been conceptualized and examined by several theorists (Kaufman, [1974](#); Lewis, [1971](#); Scheff, [2003](#); Tangney, Wagner, Gramzow et al., [1992](#)). Drawing from prior shame research, Scheff ([2003](#)) defined shame as a response to perceived threats to the social bond. Moreover, shame is theorized to serve three functions. First, shame is a key element of morality signaling of wrongdoing without words or thoughts. Shame, as a healthy function, promotes the development of the moral conscience which serves to monitor and adjust behavior (Wiechelt, [2007](#)). This form of healthy shame functions as a fleeting and temporary source of distress designed to adapt behaviors that may disrupt the social bond (Potter-Efron & Efron, [1993](#)). As shame also promotes awareness of mistreatment and indignities directed toward individuals, shame becomes unhealthy when these experiences are persistent and chronic (Wiechelt, [2007](#)).

Second, shame is elicited when social bonds are threatened. Kemeny et al. ([2004](#)) suggest shame is the emotional response to circumstances that threaten one's self-esteem, social status and/or acceptance. These threats occur in a variety of circumstances ranging from a performance before an evaluative audience to situations in which individuals are deemed unworthy of membership (e.g., clubs, teams, fraternal organizations) (Dickerson, Kemeny et al., [2004](#)). The negative impact of such threats to the social bond is often heightened when these experiences of shame are perceived as uncontrollable or associated with an unwanted identity (Dickerson, Gruenewald et al., [2004](#); Gruenewald et al., [2004](#)).

Third, it is posited that shame regulates both expression and awareness of all other emotions. This position is grounded in Lewis's ([1971](#)) systematic analysis of the prevalence of emotions within psychotherapy sessions. Lewis's analysis of psychotherapy transcripts discovered shame cues were more prevalent than other emotional cues such as anger, anxiety, and fear. Though these shame cues were identified, they were less likely to be perceived as shame by patients. Moreover, other emotions such as fear or anger were often preceded by shame, a phenomenon that has been observed by other researchers (Ferguson & Eyre, [2000](#); Hejdenberg & Andrews, [2011](#)). Taken together, these theoretical and empirical research findings suggest that shame, elicited by social bond threats, may mitigate feelings

Shame has also been associated with poor physical and mental health outcomes. For example, experiences of shame have demonstrated physiological consequences via increased pro-inflammatory activity and cortisol responses (Dickerson et al., [2004](#); Gruenewald et al., [2004](#)). Shame has also been shown to increase the risk of depression, addiction, suicide, and anxiety (Arditte et al., [2016](#); Bilevicius et al., [2018](#); Candea & Szentagotai-Tăta, [2018](#)). Moreover, shame indirectly influences mental health outcomes as greater shame has been associated with reduced perceived social support, difficulty establishing relationships, and loneliness (Chow & Cheng, [2010](#); Mereish & Poteat, [2015](#)). Thus, examining shame and racism can provide additional context for framing the social cognitive processes in which racial discrimination contributes to poor health outcomes among African Americans.

1.2. Racism and shame

Perceptions of racism threaten the social bond within African Americans communities and other racial/ethnic groups. African Americans have often been ascribed stigmatized identities, informed by racism, which promotes racial and gender expectations for African Americans. These negative racial and gender expectations provide the foundation and reinforcement of negative African American stereotypes, prompting social rejection and unacceptance (Brown, [2006](#); Fleming et al., [2012](#); Nuru-Jeter et al., [2009](#)). As a result, African Americans may experience recurrent shame as negative stereotypes and expectations are embedded in societal beliefs and disseminated via interpersonal interactions, mass media and institutional policies (Harris-Perry, [2011](#)).

Moreover, Watts-Jones ([2002](#)) refers to shame as an endless cycle of psychological injury for African Americans. She writes, “The shame associated with our African-ness, as a result of slavery and racism, and the shame of being shamed” (p. 593). Experiences of racism, infused within the constructs of American society, become components of African American identity. Examples of such permeations include “the talk” African American parents are compelled to give to prepare their sons for encounters with police, African American women’s struggle to restrain their emotions for fear of being portrayed as the “Angry Black Woman” and

unprofessional (Brunson & Weitzer, [2011](#); Ellis-Hervey et al., [2016](#); Jones & Norwood, [2017](#)). Shame is internalized when shame experiences become part of individual identity (Cook, [1988](#)). Thus, racism can provoke shame responses that are dominant, internalized, and pervasive for African Americans.

1.3. Racism, self esteem, and shame

Self-esteem serves as an individual's appraisal of their self-worth and is grounded in interpersonal experiences (Ford & Collins, [2010](#)). Prior research suggests self-esteem among African Americans may be greater than or equal to other racial/ethnic groups (Twenge & Crocker, [2002](#)). However, some studies propose that perceived racism reduces self-esteem in this population (Seaton et al., [2008](#); Szymanski & Gupta, [2009](#)) though this relationship has often been mitigated by factors such as racial/ethnic pride and racial socialization (Pieterse et al., [2012](#)).

Self-esteem may also influence individuals' interaction within their social environments influencing perceived threat appraisal (Chao et al., [2014](#)). Moreover, previous studies have shown that low self-esteem is associated with experiences of shame (Greene & Britton, [2013](#); Reilly et al., [2014](#)). For example, Gruenewald et al. ([2004](#)) found that the threats to the social self decreased self-esteem and elicited shame experiences. Moreover, the psychological mechanisms employed in shame coping (e.g., withdrawal, avoidance) have been negatively associated with self-esteem (Ellison & Partridge, [2012](#)). Thus, self-esteem may play an important role among African Americans who experience shame resulting from racism events.

1.4. Present study

To date, there is an absence of empirical studies that investigate the relationship between experiences of racism and shame in African American populations. Therefore this exploratory study posits that racism creates a social environment that heightens awareness of perceived threats to the social bond and reduces overall self-esteem. Thus, this study sought to test the following hypotheses: 1) frequent experiences of racism will be positively

will be negatively associated with self-esteem; and 3) frequent racist experiences and low self-esteem will predict greater internalized shame in a sample of African Americans.

2. Methods

2.1. Participants and procedures

Undergraduates who identified as African American or Black were recruited from a minority serving institution in Southern California. After approval by the Institutional Review Board for ethical research, a list of undergraduate degree-seeking students who identified as African American and/or Black and at least 18 years old was provided to the researcher by the institution. At the time of the study, 1,223 students self-identified as African American or Black. A random sample of 300 students was generated from the student list. The random sample number was based upon the total funding allocated for an anticipated target sample size of 250 participants. Potential participants were emailed a link to an online informed consent form and Qualtrics survey. Students were given 10 USD electronic gift cards once the online survey was completed. A total of 203 undergraduate students completed all responses to the survey. Participant demographic variables consisted of gender (e.g., male, female, transgender), ethnicity (e.g., African American, African, Afro-Latino), and undergraduate classification (e.g., freshman, sophomore). Similar to other studies among college students (Platt & Freyd, [2012](#)), participants were not asked age or date of birth as this may reduce confidentiality by differentiating nontraditional students by their age. However institutional data suggest that the average age of African American undergraduate degree-seeking students was 20 years old during the study.

The majority of participants self-identified as African American or Black (86.7%). Participants also identified as African (6.9%), Afro-Latino (4.9%), Biracial (18.2%) and Other (3.9%). Approximately 74% of the study population self-identified a female compared to 23% males, 1% transgender and .5% other. Undergraduate classification was equally distributed across participants. 1st year undergraduates accounted for 17.5%, 2nd year undergraduates, 20%, 3rd

year undergraduates, 26.3%, 4th year undergraduates 20%, 5th year undergraduates, 11.9%, and non-degree seekers, 4.1% (Table 1).

Table 1. Demographic Variables



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2.2. Measures

2.2.1. Schedule of Racist Events (SRE)

The SRE is an 18-item self-report inventory that assesses the frequency of racist discrimination in the past year and one’s entire life (Landrine & Klonoff, [1996](#)). Examples of questions asked on this instrument include “How many times have you been treated unfairly by teachers and professors because of race or ethnic group?” and “How many times have you been treated unfairly by strangers because of your race or ethnic group?” Participants reported frequency of racist events using a 6 point rating scale from 1 (this has never happened to you) to 6 (this has happened almost all of the time). Mean scores across items measuring the frequency of racist discrimination in the past year and one’s entire life were examined in this study. The SRE has demonstrated reliability in African American populations on the recent racist events ($\alpha = .95$) and lifetime racist events ($\alpha = .95$) (Landrine & Klonoff, [1996](#)).

2.2.2. Internalized Shame Scale (ISS)

The ISS is a 30 item self-report questionnaire that consists of two basic scales for shame and self-esteem. Twenty four shame related questions evaluate the extent shame becomes magnified and internalized (Cook, [1988](#)). These questions reflect feelings such as inferiority, worthlessness, and inadequacy to isolate an individual’s specific feelings of shame involved in a presenting problem. Examples of questions used on the ISS include “I feel like I am never quite good enough” and “I feel somehow left out” Participants reported their level of

scores of 50 or higher indicate frequent experiences of shame. Though the use of the ISS has been limited in studies among African American populations, it has shown evidence of internal consistency among college students with reliability coefficients of .95 for internalized shame (Cook, [1991](#)).

2.2.3. Self-esteem

Six questions on the ISS's self-esteem subscale were used to measure self-esteem in this study (1 = Never to 5 = Almost Always). Scores of 18 or higher on the self-esteem scale are indicative of higher self-esteem. Examples of self-esteem questions included, "All in all, I am inclined to feel that I am a success" and "I take a positive attitude toward myself. Previous studies have demonstrated reliability coefficients of .90 for self-esteem (Cook, [1991](#)).

2.3. Analytic strategy

All descriptive and subsequent analysis for this study was conducted using IBM SPSS v. 24. Pearson correlations were used to examine the association between the variables of interest in this study. Subsequently, hierarchal linear regression analysis was employed to test the impact of frequency of racist experiences and self-esteem on internalized shame in this sample. Preliminary analysis revealed that none of the demographic variables (ethnicity, gender, school classification) were associated with the main variables of interest. Therefore, these variables were not included as covariates in the regression models. Moreover, several variables violated statistical assumptions for linear regression (e.g., normality). Therefore, the regression models were produced using non-parametric, bias-corrected bootstrapping using 5,000 resamples to increase power and data interpretability (Wright & Herrington, [2011](#)).

The variables for the frequency of past year and lifetime racist events were highly correlated. Therefore, two hierarchal regression models were developed to examine past year and lifetime racist events separately. In the first step, the unadjusted frequency of racist events was examined. Self-esteem was added in the second step to determine the shared contribution of racism and self-esteem to internalized shame scores.

3. Results

The mean scores for Past Year ($M = 2.26$, $SD = .88$) and Entire life Racist Events ($M = 2.76$, $SD = .96$) suggest that this sample experienced moderate levels of racism in the past year and over the lifetime. The sample also reported moderate levels of internalized shame ($M = 37.13$, $SD = 22.02$). Collectively, this sample reportedly somewhat low self-esteem ($M = 13.27$, $SD = 3.91$). Supporting Hypothesis 1, the correlation coefficients indicate that the frequency of past year ($r = .18$, $p = .012$) and lifetime ($r = .27$, $p < .001$) racist events positively correlated with the internalized shame. Though self-esteem was negatively associated with internalized shame ($r = -.57$, $p < .001$), self-esteem was not significantly associated with past year ($r = .02$, $p = .76$) or lifetime racist events ($r = .01$, $p = .86$) partially supporting Hypothesis 2 (Table 2).

Table 2. Means, Standard Deviations, Correlations & Reliability of the Study Variables



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The study findings did yield support for Hypothesis 3 (See Table 3). The frequency of past year racist events significantly predicted internalized shame ($B = 4.41$, $p = .004$). Introducing self-esteem significantly improved the model ($\Delta R^2 = .33$, $p < .001$) as past year racist events and self-esteem explained 36.1% of the model variance. The frequency of lifetime racist events also predicted internalized shame ($B = 6.23$, $p < .001$). The inclusion of self-esteem also significantly improved this model ($\Delta R^2 = .36$, $p < .001$) collectively explaining 63% of the model variance. Given the contribution of self-esteem to the hierarchical regression models, post hoc analyses examined the indirect effect of self-esteem on the relationship between the frequency of racist events and internalized shame. These analyses did not reveal a significant indirect effect of self-esteem.

Table 3. Hierarchical Regression Models Examining Frequency of Past Year, Lifetime Racist Events, and Self-Esteem on Internalized Shame



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4. Discussion

This study sought to examine the relationship between racism and internalized shame among a sample of African Americans. The frequency of racist experiences predicted higher internalized shame scores supporting the first hypothesis that frequent experiences of racism will be positively associated with internalized shame. However, the correlation between the frequency of racist events and internalized shame was not strong. Theoretically, this is surprising as one may assume that frequent racist events may prompt greater experiences of shame. However, there may be several reasons for these findings. First, experiences of racism may promote both external shame and internal shame. Racism as an elicitor of shame highlights shame experiences that originate outside of the individual (i.e., external shame). External shame has been shown to promote psychological distress that stems from unmet needs for communal and favorable social spaces (Kim et al., [2011](#); Lewis, [1971](#)). Thus, measuring internalized shame alone may not capture the complete impact of racism on shame experiences among African Americans. Second, the internalized shame scale may not fully encompass the extent to which African Americans experience internalized shame regarding race and racism. For example, the ISS does not assess shame responses to experiences of racism, hairstyle and/or texture, or negative images of African Americans. To date, no such measurement exists potentially warranting the development of a culturally appropriate instrument to better assess this relationship. Third, other variables such as racial identity and racial pride, not assessed in this study, could buffer the negative

Self-esteem was negatively associated with internalized shame as predicted by the second study hypothesis. This is consistent with studies highlighting the relationship between negative self-esteem and shame (Gruenewald et al., [2004](#); Velotti et al., [2017](#)). However, it was surprising to find no association between racism and self-esteem. Previous research on this relationship has been mixed suggesting racism does not consistently contribute to lower self-esteem, as suggested by the study findings (Crocker & Quinn, [1998](#); Murrell, [1996](#)). Moreover, this sample reported somewhat low levels of self-esteem.

Lower self-esteem coupled with frequent experiences of racist events in the past year and over the lifetime significantly contributed to internalized shame scores in this sample which supported the third study hypothesis. More specifically, frequent experiences of racism over the lifetime and lower self-esteem contributed to over sixty percent of the variance predicting greater internalized shame, though self-esteem accounted for the majority of this variation. As previously noted, it is believed that racism would have a greater impact on shame if this study assessed aspects of external shame and incorporated a culturally tailored shame measurement that accounted for African American experiences of racism. However, other correlates of self-esteem (e.g., internalized racism and mood) should be examined in future studies due to the significant impact of self-esteem to internalized shame in this sample.

The study findings should be carefully considered in light of several limitations. First, the study population was sampled from a minority serving institution where African Americans were racial and numerical minorities. The experiences of African Americans may differ from those who never attended college, attend predominately White institutions and/or Historically Black College and Universities. This hinders the generalizability of this study to African Americans and other racial/ethnic groups outside of this context. This study also employed a cross-sectional research design using self-reported data. Not only is it difficult to ascertain the impact of recurring racist events on internalized shame over time, but the self-report data may also be limited by variations in individuals' honesty, racial identity/pride, stress, and mood. We also cannot discount the possible influence of age on the relationship between racist events and internalized shame. However, it should be noted that previous studies have

Klonoff, [1996](#); Perry et al., [2013](#)). To that end, future studies should consider age in a broader sample of African Americans to assess the impact of racist events, particularly over the lifetime.

5. Conclusion

Despite the study limitations, this study is one of the first to empirically investigate the associations between racism, self-esteem and internalized shame. This study observed a significant correlation between racist events and internalized shame suggesting further examination of shame in the social cognitive process that link racism to health outcomes. Though this study did not find a strong correlation between racism and internalized shame, future studies are encouraged to examine the impact of racism on externalized and culturally specific shame experiences for African Americans. Moreover, shame theorists have speculated that shame potentially serves as a master social emotion, regulating the expression of other emotions. These theoretical assumptions coupled with the current research findings warrant further examination of the social cognitive process by which racism, self-esteem, and shame contribute to mental and physical health among African American populations.

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Dr. Amber J. Johnson is an Assistant Professor in the Department of Health Science at California State University at Long Beach. She earned both her PhD and MPH in Community Health Education received her BA in Psychology. Her love for epidemiology also motivated her to pursue a Post-Bac Certificate in Epidemiology. Dr. Johnson's research focuses on the social epidemiology. Her research is guided by the weathering hypothesis, which posits that stress associated with racial inequities may cause health deterioration among African Americans as early as young adulthood, leading to racial disparities in health outcomes over the life span. Dr. Johnson has also had experience working with community-based participatory research projects, HIV prevention, CVD prevention education on the campus of Historically Black College and Universities, and community health assessment and outreach. Dr. Johnson enjoys creating an engaging and interactive learning environment that encourages students to become active learners in and out of the classroom.

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