

INTERNALIZED RACISM, ATTACHMENT INSECURITY, AND DEPRESSIVE
SYMPTOMS AMONG EMERGING ADULT BLACK MEN

by

AMINAH BRADLEY-PIKES

(Under the Direction of Steven Kogan)

ABSTRACT

Internalized racism, or the acceptance of negative societal messages about one's racial group, is a distinct sociocultural stressor that may undermine attachment processes and increase risk for depression among Black men. This longitudinal study tested a moderated mediation model linking internalized racism to depressive symptoms via attachment insecurity, with parental and romantic partner support as moderators. Data were drawn from the African American Men's Health Project, which followed 504 rural Black men (ages 19–22 at baseline) across three waves. Path analyses indicated that internalized racism predicted both elevated attachment insecurity and depressive symptoms, independent of racial discrimination. Parental support moderated the association between internalized racism and attachment insecurity such that the indirect effect from internalized racism to depression through attachment insecurity was significant only among men with low parental support. Romantic support did not moderate the model. Findings underscore internalized racism as an independent risk factor for depression and highlight the role of parental support during emerging adulthood.

INDEX WORDS: Internalized racism, Depression, Adult-attachment processes, Black men

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DEDICATION

To the earlier version of myself who believed perfection was the only way forward — thank you for walking far enough for growth to take over. Writing this thesis has humbled, strengthened, and taught me to honor progress over perfection.

To my family. And to my grandmother — my calm, my encouragement, and my reminder of who I truly am.

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I extend my appreciation to my support system at my alma mater, and to Dr. Antoinette Landor, whose work and leadership continue to inspire me to pursue multidimensional scholarship and meaningful research. Finally, I acknowledge the individuals whose participation and contributions made this study possible. Their experiences, perspectives, and data formed the foundation of this project and are recognized with deep respect.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	V
CHAPTER 1	1
INTRODUCTION	1
CHAPTER 2	8
DEPRESSIVE SYMPTOMS AMONG BLACK MEN	8
Internalized Racism, Adult Attachment, and Depressive Symptoms	10
CHAPTER 3	13
METHODS	13
Participants and Procedures	13
Measures	14
Data Analysis	17
CHAPTER 4	19
RESULTS	19
CHAPTER 5	23
DISCUSSION.....	23
Implications.....	24
REFERENCES	27

CHAPTER 1

INTRODUCTION

Racism exerts a profound and lasting psychological toll on Black Americans, contributing to elevated emotional distress and increased vulnerability to mental health difficulties (Graham et al., 2015; Willis, et al., 2021). Defined as a system of power and privilege rooted in the historical subjugation of a racial group perceived as inferior by a dominant group (David et al., 2019; Harrell, 2000), racism operates across structural, interpersonal, and internalized levels. A large body of research has documented associations between exposure to racial discrimination and negative mental health outcomes, including elevated depressive symptoms and disruptions in interpersonal functioning (Ward & Mengesha, 2013; Lavner et al., 2018; Pieterse et al., 2012). These risks are particularly acute for young Black men navigating the transition to adulthood, a developmental period characterized by increased relational demands, continuing identity development, and increased direct encounters with systemic inequities (Kogan et al., 2022; Hope et al., 2015). Although the effects of racial discrimination on mental health have been widely studied, less attention has been paid to the impact of internalized racism—the process by which individuals may adopt and integrate society’s negative beliefs and stereotypes about their racial group into their self-concept (James, 2022; Pyke, 2010).

Internalized racism has been linked to depressive symptoms in prior research; however, the psychological mechanisms through which this form of racism influences mental health remain poorly understood. Theoretical frameworks suggest that racism, particularly when

internalized, can erode core relational and emotional processes (James, 2022; Tajfel & Turner, 1986), leading to mistrust, emotional dysregulation, and difficulty forming supportive bonds with others. Limited empirical work has investigated how such relational disruptions unfold, particularly within the context of adult attachment.

Attachment theory and social identity theory offer complementary perspectives on these dynamics. According to social identity theory (Tajfel & Turner, 1986), individuals derive self-esteem and emotional security from positive identification with their social group. When Black men internalize racist messages that devalue their group, their sense of belonging and self-worth is undermined, fostering self-doubt and negative self-evaluations that mirror the working models central to attachment theory. From an attachment perspective (Bowlby, 1982; Mikulincer & Shaver, 2019), these internalized negative beliefs can generalize beyond group identity, shaping expectations of rejection and distrust in close relationships. In this way, internalized racism may contribute directly to attachment insecurity, manifesting as anxiety, avoidance, or difficulty relying on others for support. Internalized racism erodes both self-esteem and the perceived reliability of close relationships (Sanders et al., 2024). Over time, this insecure attachment orientation may hinder emotion regulation and increase vulnerability to depressive symptoms (Metts et al., 2024).

These frameworks also help explain the moderating roles of parental and romantic partner support. Attachment theory emphasizes that secure and responsive relationships promote exploration, self-worth, and effective stress regulation (Ainsworth, 1989; Mikulincer & Shaver, 2019). Parental support, even during emerging adulthood, can reinforce these working models by affirming worth and reliability in close bonds which counteract devaluation that internalized racism influences (Lei et al., 2021). Similarly, romantic partner support represents a key

attachment bond in adulthood that can buffer against psychological distress (Lei et al., 2021).

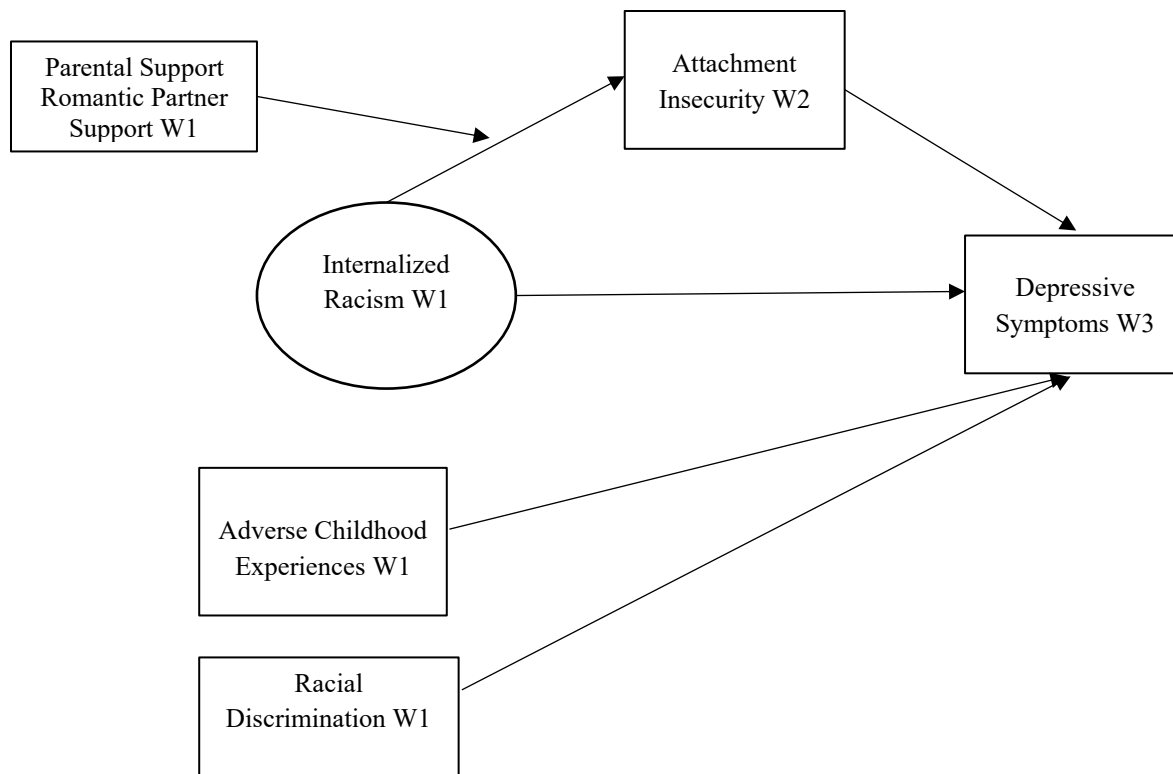
From a social identity perspective, affirming, supportive relationships may also restore a sense of belonging and value when group-based self-esteem is threatened by racism. Thus, when partners provide consistent emotional support, they may weaken the pathway from internalized racism to attachment insecurity by offering validation and acceptance that contradict racist self-beliefs. Conversely, in the absence of such support, internalized racism may have stronger negative effects on relational and emotional functioning. Together, these perspectives suggest that supportive parental and romantic relationships serve as protective factors that can interrupt the internalized racism to depression pathway, while low support in either domain may exacerbate vulnerability to mental health difficulties.

Attachment theory emphasizes how individuals form, maintain, and seek comfort in close relationships, while social identity theory underscores the psychological significance of group belonging and identity-based self-worth. Attachment theory suggests that supportive current relationships can buffer the emotional impact of racial stressors by providing security and enhancing emotion regulation capacities (Crow et al., 2021; Donnelly, Robinson, & Umberson, 2019). Romantic partner support has been found to mitigate mental health consequences of racial discrimination. One study found that among Black men, elevated partner support and relationship satisfaction buffered the negative effect of racial discrimination on mental health outcomes (Shrout et al., 2024). Additionally, Black adolescents exposed to neighborhood racism experienced elevated attachment insecurity but did not show corresponding increases in depressive symptoms. This finding suggests that attachment processes within supportive relationships may moderate risk trajectories (Stern et al., 2021).

Guided by these frameworks, the present study investigates the pathways linking internalized racism to depressive symptoms among young Black men. Specifically, we examine whether attachment insecurity mediates the relations between internalized racism and depressive symptoms and whether this indirect effect varies based on levels of parental and romantic partner support. This model addresses a critical gap in the literature by identifying how internalized racism may shape vulnerability to depression via attachment insecurity, while also considering the buffering role of supportive parenting and partner relationships. By focusing on a life stage when identity-related experiences and intimate relationships are especially salient, this work advances our understanding of the socioemotional mechanisms through which internalized racism affects mental health.

Figure 1 presents study hypothesis. It was hypothesized that internalized racism would be positively associated with depressive symptoms and with greater attachment insecurity, and that attachment insecurity would, in turn, be associated with higher depressive symptoms. Thus, attachment insecurity was expected to mediate the association between internalized racism and depressive symptoms. Parental support was expected to moderate the first stage of the indirect pathway, such that this association would be weaker at higher levels of parental support. Romantic partner support was also hypothesized to moderate the first stage of the indirect pathway in a similar pattern, such that the indirect effect would emerge under conditions of low romantic support. Relevant covariates were accounted for including age, prior depressive symptoms, racial discrimination, adverse childhood experiences, and school/work status.

Figure 1



Methods

Hypothesis were tested with data from the African American Men's Health Project, a longitudinal study of health, relationships, and psychosocial functioning among young Black men residing in rural Georgia. The sample consisted of 504 self-identified Black men aged 19 to 22 at baseline ($M = 20.29$, $SD = 1.10$). Participants were recruited through respondent-driven sampling (RDS) from 11 contiguous counties classified by the U.S. Census Bureau as non-urban and characterized by elevated health disparities. Data were collected via private, audio-computer-assisted self-interviews administered by trained Black research staff. Participants received \$100 for each completed wave. All study procedures were approved by the University of Georgia Institutional Review Board. Data collection occurred across three waves. Time 2 assessments occurred approximately 18 months after baseline ($M = 21.85$ years), and Time 3 assessments occurred approximately 19.68 months after Time 2 ($M = 23.12$ years). Retention rates were high (84% at Time 2; 81% at Time 3). Study hypotheses will be tested using path analysis with bootstrapped estimates of indirect effects.

Summary

Although internalized racism has been associated with depressive symptoms, little is known about attachment related processes that mediate this link, particularly among Black men navigating emerging adulthood. The present study addresses these gaps by testing a longitudinal indirect effect model. I hypothesize that internalized racism will predict elevated depressive symptoms both directly and indirectly through increased attachment insecurity. The indirect effect will vary depending on levels of parental support and romantic relationship support; the link between internalized racism and attachment insecurity will be weaker when support is inflated. This study contributes to the literature by (1) testing a developmental model of

internalized racism and depression, (2) foregrounding attachment insecurity as a mechanism of risk, and (3) situating this pathway within a critical developmental window for identity consolidation and relational functioning.

CHAPTER 2

DEPRESSIVE SYMPTOMS AMONG BLACK MEN

Emerging adulthood, defined as the ages between 18 and 25, is a developmental period characterized by identity exploration, increased autonomy, and heightened vulnerability to psychological distress (Arnett et al., 2014). For Black men, this transition often unfolds within the context of structural inequities, economic constraints, and racialized social experiences that compound emotional and developmental stressors (Estrada-Martínez et al., 2012; Kogan et al., 2020). Several studies have documented elevated depressive symptoms among Black men during this life stage, yet they remain among the least likely to receive mental health services (Lindsey et al., 2010; Ward & Mengesha, 2013; King et al., 2022).

Recent longitudinal and cross-sectional studies highlight the salience of socioeconomic stressors, such as educational attainment, employment, and financial instability, as key predictors of depressive symptoms during emerging adulthood. For example, Hudson and colleagues (2011) found that employment and income instability were particularly strong predictors of depression among Black men. These socioeconomic stressors are compounded by racialized experiences. Racial discrimination has been consistently associated with increased depressive symptoms among Black Americans (Pieterse et al., 2012), with evidence suggesting it disrupts psychological functioning, elicits negative affect, and undermines self-worth and belonging (Smith-Bynum et al., 2014).

While external discrimination has been extensively studied, emerging research suggests that internalized forms of racial stress may exert a distinct and insidious impact on mental health.

Internalized racism, defined as the process by which individuals absorb and adopt negative societal beliefs about their racial group, represents a covert yet chronic psychological threat (David et al., 2019; Seaton et al., 2022). Compared to racial discrimination, internalized racism is invisible and deeply embedded in self-perception, potentially making its effects more enduring. Despite its theorized impact, the mechanisms linking internalized racism to depressive symptoms remain underexplored. The present study extends existing research by testing internalized racism as a predictor of depressive symptoms and investigating adult attachment insecurity as a potential mediating mechanism among Black men in emerging adulthood.

Internalized Racism and Depression

Emerging research suggests that internalized racism may be a critical area of study for understanding vulnerability to depressive symptoms among Black men. Internalized racism refers to the acceptance and integration of negative societal beliefs and stereotypes about one's racial group. Among Black Americans, internalized racism has been identified as a significant correlate of psychological distress, including increased depressive symptoms (Willis et al., 2021). Empirical studies have consistently shown that internalized racism is associated with increased depressive symptoms among Black Americans (Gale et al., 2020; James, 2022). Numerous studies have found that racial discrimination is associated with increased levels of internalized racism, suggesting that exposure to chronic racial stress may reinforce the internal acceptance of racially oppressive ideologies (Williams, 2018).

Internalized racism is conceptualized as a sociocultural stressor rather than a stable psychological trait because it reflects the internalization of negative societal messages about one's racial group, acquired through repeated exposure to structural inequality, cultural devaluation, and racial exclusion (David et al., 2019; James, 2022). It is not an inherent feature

of personality, but rather a dynamic, context-driven consequence of living within a racially stratified society. Importantly, controlling for experiences of racial discrimination is critical when examining the effects of internalized racism, as it allows researchers to distinguish the unique psychological toll of internalized beliefs from the direct impact of external discriminatory experiences—clarifying how absorbed societal narratives independently contribute to distress and diminished well-being.

Internalized Racism, Adult Attachment, and Depressive Symptoms

Empirical research investigating internalized racism and adult attachment is limited; however, social identity theory (Tajfel & Turner, 1986) offers a framework for understanding this association. According to social identity theory, individuals derive self-worth and belonging from identification with social groups. When members of marginalized groups internalize societal devaluation, these beliefs erode internal working models which is a core component of secure attachment. Internalized racism can distort internal working models of self and others, fostering expectations of rejection, conditional acceptance, and emotional unavailability within close relationships.

A recent systematic review of 32 studies examining multidimensional racial stressors in Black American romantic or family dynamics provides a robust empirical foundation for the relational implications of racism (Rice et al., 2023). The review finds that across diverse operationalizations of racism, racial discrimination is consistently linked to compromised relational functioning, marked by diminished trust, and weakened relational security. These findings reveal that racism does not act only at the individual level but permeates interpersonal dynamics, gradually degrading relational expectations and security. Although studies have recognized how racism-related stress undermines interpersonal relationships, research has yet to

systematically investigate the effect of internalized racism on adult attachment. These findings align with attachment theory, which emphasizes that a stable sense of self-worth and trust in others are central to maintaining secure attachment bonds. When internal working models are shaped by internalized racism, it can lead to fostering distrust, and greater anxiety in close relationships (Lavner et al., 2018; Ong et al., 2022).

Few studies have examined internalized racism as a predictor of internal working models such as adult attachment. Most research on race-related stressors has focused on discrimination, linking it to reduced relationship quality, increased conflict, and diminished emotional support (Rice et al., 2023). Guided by social identity and attachment perspectives, the present study extends this work by testing whether internalized racism indirectly influences depressive symptoms through increased attachment insecurity. Emerging adulthood may represent a particularly sensitive developmental period for these dynamics, as identity formation and close relationships are central to psychological well-being. Insecure attachment has been consistently associated with depressive symptoms, impaired emotional regulation, and poorer mental health outcomes (Wei et al., 2005; Zheng et al., 2020). For young adults, romantic and familial relationships serve as key contexts for both identity consolidation and emotional regulation. Thus, internalized racism may compromise these developmental tasks by undermining secure relationships. The present study further explores whether supportive parental and romantic relationships can buffer these effects, as prior work suggests that such support fosters resilience and emotional stability in the face of racial stressors (Lei et al., 2021; Overall et al., 2022).

Taken together, this conceptual framework advances understanding of how internalized racism may shape attachment processes and mental health during emerging adulthood. Drawing on social identity theory and attachment perspectives, internalized racism can be understood as a

sociocultural stressor that undermines trust, belonging, and security. These disruptions extend through one's capacity to sustain intimacy within close relationships. By positioning attachment insecurity as a developmental mechanism linking internalized racism to depressive symptoms, this framework situates racism within a relational and developmental context. The present study connects social identity and attachment frameworks to illustrate how sociocultural contexts are interrelated with relational development to influence psychological well-being.

CHAPTER 3

METHODS

Participants and Procedures

Study hypotheses were tested using data from the African American Men's Health Project, a longitudinal study of health, relationships, and psychosocial functioning among young Black men residing in rural Georgia. Participants were 504 self-identified Black men aged 19 to 22 at baseline ($M = 20.29$, $SD = 1.10$). Eligibility criteria included: (a) self-identification as African American or Black, and reside in the county. Data was collected across three waves. Time 2 assessments occurred approximately 18 months after baseline ($M = 21.85$ years), and Time 3 assessments occurred approximately 19.68 months after Time 2 ($M = 23.12$ years). Retention rates were high (84% at Time 2; 81% at Time 3).

Recruitment

Participants were recruited through respondent-driven sampling (RDS) from 11 geographically contiguous counties in central Georgia. These counties were selected based on U.S. Census Bureau criteria identifying them as non-urban and meeting rural density thresholds ($\geq 50\%$ rural population). The targeted counties were also characterized by elevated health disparities and a high proportion of African American residents ($\geq 25\%$). Initial "seed" participants were identified by community liaisons affiliated with the research center, selected based on their social connectedness and likelihood of successful peer recruitment. Each seed participant received three referral coupons to distribute to eligible peers. Individuals who received a referral were screened via telephone and scheduled for an interview if eligible.

Participants received \$100 for completing each wave of data collection and were compensated for referring eligible peers (\$20 per referral).

Procedures

Data were collected via private, audio-computer-assisted self-interviews administered by trained African American research staff. To enhance accessibility, interviews were conducted in participants' homes or at a local site of their choosing (e.g., public libraries or community centers). Interviews lasted between 45 and 90 minutes. Informed consent was obtained from all participants prior to participation. All procedures were approved by the University of Georgia Institutional Review Board and conducted under a federal Certificate of Confidentiality issued by the National Institute on Drug Abuse.

Measures

Internalized Racism. Internalized racism was assessed with a 6-item scale originally used with adolescents (Reck et al., 2024). Participants responded to items such as "I wish my skin were lighter," "Blacks have bad hair," and "I often regret that I am Black" using a scale ranging from 0 (*strongly disagree*) to 4 (*strongly agree*) ($\alpha = .75$). Due to the scale not being used previously with adults, a Confirmatory Factor Analysis was conducted. The resulting factor scores were used in subsequent analyses (see Table 1).

Attachment Insecurity. Attachment insecurity was assessed with an abbreviated form of the Experiences in Close Relationships Scale (Wei, Russell, Mallinckrodt, & Vogel, 2007) used in past research with Black men (Metts et al., 2024; Brown et al., 2017). Although the original measure was designed to yield separate Anxious and Avoidant attachment scores, exploratory factor analysis in past studies revealed a single "insecure attachment style" factor that included

both anxious and avoidant items. The 6-item scale included items such as "I often worry that my partner will not want to stay with me" and "I try to avoid getting too close to my romantic partners." Participants responded on a 4-point scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). The resulting scale demonstrated acceptable internal consistency ($\alpha = .73$).

Depressive Symptoms. Depressive symptoms were assessed using a 10-item version (Björgvinsson et al., 2013) of the Center for Epidemiological Studies–Depression (CES-D) scale (Radloff, L. S., 1977). Participants indicated how frequently they experienced symptoms in the past week on a 4-point scale ranging from 1 (*rarely or none of the time*) to 4 (*all of the time*). Example items included "I felt depressed" and "I was bothered by things that usually don't bother me." ($\alpha = .83$).

Parental Support. Support provided from participants' parent was assessed with a 6-item subscale of the Network Relationships Inventory ("How often do they help you figure out or fix things?" and "How often do you turn to them for support with personal problems?" (Furman & Buhrmester, 1985). Responses ranged from 0 (*never*) to 3 (*very often*), and the total score was summed with a higher score indicating higher levels of support ($\alpha = .94$).

Romantic Relationship Support. Support from participants' romantic relationship was assessed with a 4-item subscale of the Network Relationships Inventory ("How often do they help you when you need to get something done?" and "How often do you depend on them to cheer you up when you are feeling down or upset?" (Furman & Buhrmester, 1985). Responses ranged from 0 (*never*) to 3 (*very often*), and the total score was summed with a higher score indicating higher levels of support ($\alpha = .80$).

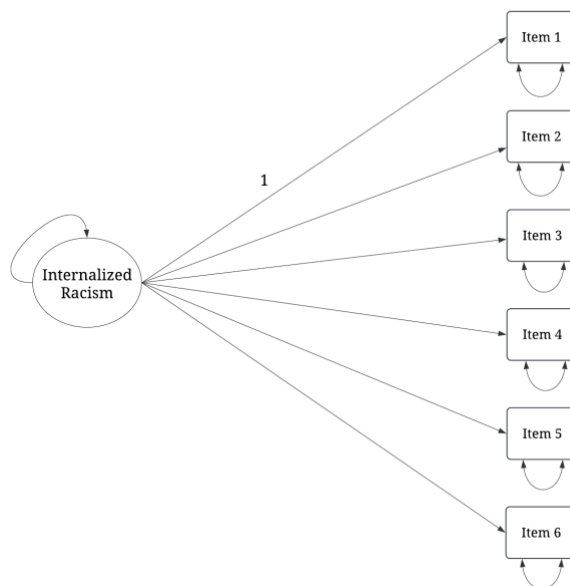
Demographic Characteristics and Control Variables. Age at baseline was assessed as a continuous variable. Participants reported their current educational status (in school/training or not), and employment status (working full or part time versus not working). This information was recoded to form a binary item as 0 or 1. Control variables included experiences of racial discrimination and adverse childhood experiences. Racial discrimination was assessed at T1 using a 9-item adaptation of the Schedule of Racist Events (Landrine and Klonoff, 1996; Harrell, 2000). Participants reported the frequency of experiences such as being ignored or treated disrespectfully due to race over the past six months, rated from 0 (*never*) to 3 (*frequently*). Responses were summed to create a total discrimination score ($\alpha = .84$). Adverse childhood experiences were assessed at baseline using the 10-item Adverse Childhood Experiences (ACE) questionnaire (Felitti et al., 1998). Participants reported the presence or absence of adversities, including experiences of abuse, neglect, and witnessing violence towards one's caregiver, occurring before the age of 16. Scores were summed, with higher scores indicating greater childhood adversity ($\alpha = .81$).

ACEs were included as a covariate to strengthen the rigor of the analysis and reduce potential confounding. Early exposure to adversity is consistently linked to long-term disruptions in attachment security, heightened depressive symptoms, and increased vulnerability to psychopathology in adulthood (Cavanaugh & Nelson, 2022; Chapman et al., 2004). Controlling for ACEs therefore allowed for a more precise test of whether internalized racism was uniquely associated with attachment insecurity and depressive symptoms beyond the influence of early adverse experiences.

Data Analysis

Path analysis in Mplus 8.0 (Muthén & Muthén, 2020) was used to test the hypothesized moderated mediation model. The model examined whether attachment problems at Time 2 (T2) mediated the association between internalized racism at Time 1 (T1) and depressive symptoms at Time 3, and whether this indirect effect was moderated by parental support at T1. Specifically, we tested whether parental support moderated the path from internalized racism to attachment problems. A second model examined whether this indirect effect was moderated by romantic partner support at T1. All interaction variables were grand-mean centered prior to analysis. The model included covariates for participant age, employment/school status, adverse childhood experiences, racial discrimination, baseline depressive symptoms, and baseline depressive symptoms (all measured at T1).

Full Information Maximum Likelihood (FIML) estimation was used to account for missing data. Indirect effects and conditional indirect effects were evaluated using bias-corrected bootstrap confidence intervals based on 5,000 resamples. Model fit was assessed using multiple indices, including the Root Mean Square Error of Approximation (RMSEA), Comparative Fit Index (CFI), Tucker–Lewis Index (TLI), and the Standardized Root Mean Square Residual (SRMR), with $RMSEA < .06$, CFI and $TLI > .90$, and $SRMR < .08$ considered indicative of good model fit (Hu & Bentler, 1999). A confirmatory factor analysis (CFA) was conducted to evaluate the measurement model for internalized racism. The model specified a single latent factor with all items loading freely. To reduce model complexity and maintain parsimony in subsequent analyses, factor scores from this CFA were saved and used as the observed variable for internalized racism (IRW1) in the mediation and moderated mediation models (see Figure 2, Table 1).

**Table 1**

Confirmatory Factor Analysis Factor Loadings for the Internalized Racism Scale

Item	Unstandardized factor loadings (SE)	95% CI	Standardized factor loadings	R ²
1	1.00 (0.00)	–	0.69	0.47
2	0.67 (0.09)	[0.49, 0.82]	0.49	0.24
3	0.82 (0.12)	[0.59, 1.01]	0.42	0.18
4	0.85 (0.10)	[0.64, 1.05]	0.59	0.35
5	0.50 (0.08)	[0.35, 0.62]	0.42	0.18
6	0.72 (0.08)	[0.57, 0.84]	0.54	0.30

Note. CI = confidence interval; SE = standard error; R² = proportion of variance explained.

All loadings were statistically significant at $p < .001$.

CHAPTER 4

RESULTS

Means, standard deviations, and bivariate correlations for all study variables are presented in Table 2. Parental support averaged 11.58 (SD = 5.19), and romantic relationship support averaged 6.96 (SD = 2.98). Covariates included age (M = 20.26, SD = 1.08), school/employment status (M = 0.71, SD = 0.45; 1 = enrolled or employed), racial discrimination (M = 7.70, SD = 5.39), and adverse childhood experiences (M = 2.82, SD = 2.97). A confirmatory factor analysis (CFA) was conducted to evaluate the measurement model for internalized racism. The hypothesized single-factor model fit is as follows, $\chi^2(7) = 10.08$, $p = .184$, RMSEA = .03 (90% CI [0.00, 0.07]), CFI = .99, TLI = .99, SRMR = .02. Standardized factor loadings ranged from .42 to .69 presented in Table 1 (all $ps < .001$).

Table 2
Means, Standard Deviations, and Correlations Among Study Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	M	SD
1. Internalized Racism, T1	—											0	0.43
2. Attachment Insecurity, T2	.18**	—										13.96	3.75
3. Depression, T3	.16**	.28**	—									15.54	9.01
4. Parental Support, T1	-.09	-.05	-.10*	—								11.58	5.19
5. Romantic Support, T1	-.19**	-.19**	-.21**	.26**	—							6.96	2.98
6. Attachment Insecurity, T1	.20**	.30**	.24**	-.11*	-.21**	—						14.31	3.55
7. Depression, T2	.08	.31**	.45**	-.01	-.05*	.17**	—					4.04	4.03
8. Age, T1	-.05	-.02	.03	-.16**	-.03	.02	.07	—				20.26	1.08
9. School/Employment Status, T1	-.04	-.07	-.16**	.16**	.09	-.04	.02	-.17**	—			0.71	0.45
10. Racial Discrimination, T1	.03	.14*	.18**	-.07	-.06	.16**	.18**	.08	-.03	—		7.7	5.39
11. Adverse Childhood Experiences, T1	.11*	.26**	.25**	-.26**	-.08†	.25**	.25**	.07	-.06	.25**	—	2.82	2.97

Note. * Correlation is significant at the .05 level (2-tailed). ** Correlation is significant at the .01 level (2-tailed).

Baseline Mediation Model

We tested a mediation model in which internalized racism at T1 predicted attachment insecurity at T2, which in turn predicted depressive symptoms at T3. The model fit the data as follows: $\chi^2(18) = 33.27$, $p = .016$, RMSEA = .041, 90% CI [.018, .063], CFI = .921, TLI = .916, SRMR = .036. Internalized racism predicted increased attachment insecurity ($\beta = .107$, $p = .010$), and attachment insecurity predicted increased depressive symptoms ($\beta = .117$, $p = .015$). The indirect effect of internalized racism on depressive symptoms through attachment insecurity was not statistically significant.

Moderation 1

A moderated mediation model was tested in which parental support at T1 moderated the pathway between internalized racism and attachment insecurity. The model fit the data as follows: $\chi^2(14) = 25.65$, $p = .029$, RMSEA = .041, 90% CI [.013, .066], CFI = .939, TLI = .917, SRMR = .031. The interaction between internalized racism and parental support was significant ($\beta = -.086$, $p = .034$) (See Figure 3). Conditional indirect effects indicated that the mediation pathway from internalized racism to depressive symptoms via attachment insecurity was significant at low parental support (-1 SD; $b = 0.344$, $p = .043$), but not at mean or high levels of parental support. Results did not indicate a buffering effect of parental support; instead, low support amplified the risk of depressive symptoms through attachment insecurity. The model explained 10.4% of the variance in attachment insecurity and 27.7% of the variance in depressive symptoms.

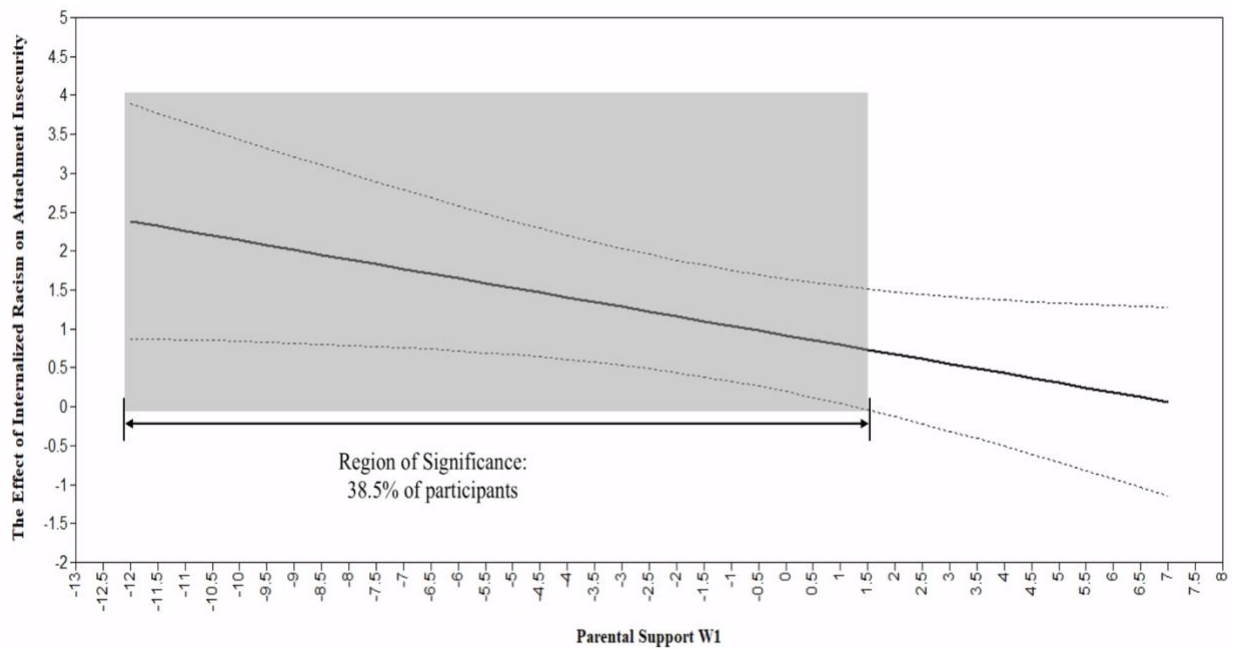
Moderation 2

Finally, we tested a moderated mediation model in which romantic relationship support at T1 moderated the pathway between internalized racism and attachment insecurity. The model fit the data as follows: $\chi^2(26) = 55.75, p < .001$, RMSEA = .056, 90% CI [.036, .077], CFI = .79, TLI = .85, SRMR = .061. The interaction between internalized racism and romantic relationship support was nonsignificant ($\beta = .022, p = ns$). Conditional indirect effects were nonsignificant across all levels of romantic relationship support ($\beta = 0.016, p = ns$). (See Table 3 for full model results).

Table 3
Standardized Path Coefficients for Moderation Models

Path	Model	β (SE)	p-value
Internalized Racism → Attachment Insecurity	Parent Support	0.106 (0.043)	.013
Internalized Racism → Attachment Insecurity	Romantic Support	0.122 (0.054)	.022
Attachment Insecurity → Depression	Parent Support	0.136 (0.049)	.005
Attachment Insecurity → Depression	Romantic Support	0.129 (0.057)	.024
Direct Pathways			
Internalized Racism → Depression (direct)	Parent Support	0.105 (0.053)	.048
Internalized Racism → Depression (direct)	Romantic Support	0.137 (0.064)	.033
Indirect Pathways			
Indirect Effect (via Attachment Insecurity)	Parent Support	0.014 (0.008)	.060
Indirect Effect (via Attachment Insecurity)	Romantic Support	0.016 (0.010)	.099

Note. β = standardized beta; SE = standard error



CHAPTER 5

DISCUSSION

The present study examined whether attachment insecurity functions as a mediator linking internalized racism to depressive symptoms, and whether this indirect pathway varies by levels of parental and romantic partner support. Findings partially supported the hypotheses and clarify how internalized racism shapes both internal working models and mental health among Black men in emerging adulthood. Internalized racism was positively associated with depressive symptoms, independent of racial discrimination. This direct effect underscores internalized racism as a distinct sociocultural risk factor and extends prior work by showing that internalized racist beliefs carry psychological consequences beyond exposure to discriminatory events. Findings from the present study are consistent with an accumulating set of studies that have examined depression among Black American young adults (Collins-Anderson et al., 2022; Goodwill et al., 2019; Yelton et al., 2022).

Internalized racism also predicted greater attachment insecurity. These findings advances current literature by demonstrating that internalized racism may erode internal working models which are the core beliefs individuals hold about their own worthiness of care and the reliability of others. These relational expectations are central in attachment theory, and results suggest that when racist messages are internalized, they may become embedded within attachment processes, fostering mistrust, fear of rejection, or emotional withdrawal in close relationships. Attachment insecurity was associated with higher depressive symptoms, aligning with extensive evidence that insecure attachment can increase vulnerability to depression. Thus, attachment processes

remain relevant for understanding mental health in emerging adulthood among Black men. The indirect effect of internalized racism on depressive symptoms through attachment insecurity showed a trend level pathway. Given the strong conceptual rationale and observed effect size, attachment insecurity may still represent a meaningful mechanism linking internalized racism to depression. Methodological factors, such as reliance on a unidimensional measure of attachment that may not fully capture the nuanced patterns of anxiety and avoidance, could help explain the borderline significance. Future research using multidimensional or latent representations of attachment could provide a more precise estimate of this mediating process.

A key contribution of this study was identifying parental support as a moderator the association between internalized racism and attachment insecurity. the association between internalized racism and attachment insecurity was stronger at low levels of parental support and . Even as young men transition to adulthood, the absence of parental support may exacerbate the impact of internalized racism on attachment insecurity and subsequent depressive symptoms.

Moreover, the rural context of this sample is notable, as geographic isolation can simultaneously intensify exposure to racialized stressors and restrict access to culturally responsive mental health resources (Probst et al., 2004). Together, these findings are consistent with theories emphasizing parental relationships in shaping attachment- related processes across the life course and highlight the need to consider both familial and contextual factors when addressing the developmental consequences of internalized racism.

Implications

Clinically, these results highlight the importance of addressing internalized racism as an antecedent of depression in therapeutic contexts. Interventions should focus not only on the

individual mental health consequences of internalized racism but also its impact on internal working models for men, particularly those without parental support. Specifically, therapists working with young Black men should consider how racism-related stress becomes embedded in attachment-related processes, potentially undermining both romantic and familial bonds. Internalized racism should be addressed in therapy, as it not only promotes depressive symptoms but also affects how individuals perceive and engage in close relationships. Our findings underscore that relationships remain critical for young men even after entering adulthood. Interventions that encourage ongoing parental support into emerging adulthood may therefore strengthen resilience while facing sociocultural stressors.

Overall, these findings add to a growing literature documenting the developmental significance of internalized racism and the ways in which adult attachment is critical for understanding the emergence of depression. The near-significant indirect pathway through attachment insecurity suggests a theoretically meaningful mechanism whereby internalized racism may become embedded within internal working models, influencing how individuals perceive their own worth and the reliability of close others. Interventions that integrate racial identity work with attachment-informed therapy may therefore support both emotional well-being and healthier relational expectations. Future studies should move beyond a sole focus on racial discrimination and examine the unique impact of internalized racism on mental health outcomes.

In conclusion, this study suggests that internalized racism compromises both individual well-being and internal working models during emerging adulthood. Attachment insecurity represents an underexplored outcome of internalized racism, and parental support emerged as a key protective factor. These results reinforce the importance of addressing race-related stress,

adult attachment, and close relationship support in efforts to promote resilience among young Black men.

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