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Racism's (Un)Worthiness Trap: The Mediating Roles of Self-Compassion and Self-Coldness in the Link Between Racism and Distress in African Americans

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Objectives: Racism is a key determinant of mental health for African Americans. Although research has started to uncover moderators and mediators of the racism-health link, additional research in this area is warranted. Constructs that have yet to be examined in this link are self-compassion and self-coldness—two distinct ways of relating to oneself during adversity. ***Method:*** Data from 133 African American college students were used to assess parallel mediation models in which the frequency and stress appraisal of racism were the predictor variables, psychological distress was the outcome variable, and dimensions of self-compassion and self-coldness were treated as mediators. ***Results:*** Neither frequency nor appraisal of racism were related to the three types of self-compassion (i.e., self-kindness, common humanity, and mindfulness); yet, both racism frequency and appraisal were related to the three types of self-coldness (i.e., self-judgment, isolation, and over-identification). However, only self-judgment emerged as a significant mediator in the links between both frequency and appraisal of racism and distress, respectively. ***Conclusions:*** Reducing self-coldness in the face of racism can be a promising, individual-level wellness strategy for African Americans.

Public Significance Statement

In this study, harsh self-judgment explained the association between racism and psychological distress in African Americans. Health practitioners should consider implementing culturally responsive compassion-based interventions to reduce self-coldness in the face of racism. This social justice wellness strategy can help balance both survival and well-being among African Americans.

Keywords: racism, psychological distress, self-compassion, self-coldness, African Americans

Although African Americans only make up about 13% of the U.S. population (U.S. Census Bureau, 2020), 16%–25% of African Americans have a diagnosable mental health disorder (Neufeld et al., 2008; Mental Health America, 2020). African Americans are also more likely to report feelings of sadness, hopelessness, and worthlessness compared to White adults (Centers for Disease Control & Prevention, 2019). Racism—power enacted by the dominant racial group to prejudicially treat those deemed inferior—has been linked to these adverse mental health outcomes in this population (Paradies et al., 2015); yet, there remains a dearth of research on the mediating and moderating factors that influence the racism-health link for African Americans (Williams, 2018). Self-compassion and self-coldness have emerged as key mechanisms implicated in well-being and psychopathology; however, it is unclear how these constructs impact mental health in the context of racism. We first briefly review the literature on racism and health. Then, we explicate the distinct theoretical and empirical basis for self-compassion and self-coldness—two ways of self-relating that may be important during racist encounters. Finally, we highlight how self-compassion and self-coldness may mediate the racism-mental health link in African Americans.

Racism and Health in African Americans

Racism has been conceptualized and measured to include overt discrimination (Contrada et al., 2001), subtle forms of racism (i.e., microaggressions; Torres-Harding et al., 2012), and race-related stressors that span individual, institutional, and cultural levels

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(Utsey & Ponterotto, 1996). In addition, experiences of racism consist of the frequency of racist events as well as the psychological impact of the race-based encounter (Carter et al., 2013, 2016). As such, previous research encourages measuring both the frequency and stress appraisal of racism, given that they both can yield distinct insights regarding health outcomes (Carter et al., 2016).

Biopsychosocial models of racism help to explain the pathways through which racism impacts health. According to these models, stressful racist encounters activate psychological and physiological stress responses that contribute to poor health (Clark et al., 1999). For African Americans, experiences of racism have contributed to psychological distress (Paradies et al., 2015), depression (Hudson et al., 2016), and suicide vulnerability (Walker et al., 2017). In addition, psychological responses that have been implicated in the link between racism exposure and mental health include, but are not limited to: social support (Brondolo et al., 2009), cognitive patterns (e.g., rumination; Thayer et al., 2017), and coping behaviors (e.g., mindfulness; Watson-Singleton et al., 2019). Yet, research is needed to shed light on how people relate to themselves during racist encounters and how this self-relating attenuates or exacerbates their distress.

Self-Compassion and Self-Coldness: Two Distinct Ways of Self-Relating

How individuals relate to themselves during difficult times greatly influences their mental health (Neff, 2003). Whether or not individuals relate to themselves, and their suffering and perceived inadequacies, with care and connection is referred to as self-compassion (Neff, 2003, 2018). The concept of self-compassion originated in Eastern spiritual traditions, and it is regarded as a fundamental tenet of Buddhism's Four Noble Truths. Yet, despite its longstanding history in the East, self-compassion is a fairly new construct in Western psychology, with mounting focus on its links to well-being and psychopathology (Neff, 2003, 2011, 2018).

Kristen Neff (2003) has developed one of the most widely used conceptualizations of self-compassion. According to Neff, self-compassion is a unitary construct that comprises three components: self-kindness, or one's ability to relate to shortcomings with care; common humanity, or one's recognition of suffering's universality; and mindfulness, or one's capacity to embrace unpleasant experiences without avoiding or being consumed by them. These components also juxtapose three dimensions that reflect the *absence* of self-compassion: self-judgment, or unkind self-evaluations; isolation, or feeling alone in one's suffering; and over-identification, or one's tendency to get lost in unpleasant thoughts and emotions. This conceptualization is reflected in Neff's Self-Compassion Scale (SCS), a one-factor measure with six subfacets—three that assess self-compassion (self-kindness, common humanity, and mindfulness) and three that assess its absence (self-judgment, isolation, and over-identification).

However, recent examination of the SCS factor structure has supported the presence of two theoretically distinct constructs: self-compassion, which comprises self-kindness, common humanity, and mindfulness, and *self-coldness*, which comprises self-judgment, isolation, and over-identification (Brenner et al., 2017). Scholars have argued that self-coldness is not simply the absence of self-compassion, but rather a theoretically and empirically unique construct that can exist even in the presence of self-compassion (Brenner et al., 2018; Gilbert et al., 2011). In keeping with existing attitude theories, positive and negative (self) evaluations fall onto distinct dimensions and, therefore, can coexist (Weiss & Cropanzano, 1996). For example, a person can be self-compassionate about a perceived inadequacy in one life domain (e.g., *I'm not a failure for messing up at work)* and self-cold toward another (e.g., *I'm a bad person for hurting a loved one's feelings*). These positive and negative ways of self-relating can also result in varied well-being or distress. For example, relating to oneself in a compassionate way correlates with increased emotional resilience and well-being (Brenner et al., 2018), whereas relating to oneself in a cold and hostile way correlates with increased gender role strain and distress (Booth et al., 2019; Brenner et al., 2018). Yet, how self-compassion and self-coldness differentially relate to well-being and distress warrants exploration across diverse groups and in the context of racism.

Racism, Self-Relating, and African Americans' Well-Being

It is unclear if the link between racist experiences and distress is explained by lower levels of self-compassion or higher levels of self-coldness, or both. It could be that the noxious and dehumanizing nature of racism elicits ways of self-relating that are unkind and self-critical—ergo uncompassionate and cold. One theoretical reason for this is that, according to the Theory of Social Mentalities, individuals' methods of self-relating are influenced by perceptions of safety or threat (Gilbert, 2000). When people feel safe, the safeness system is activated, which engenders thoughts, feelings, and behaviors that encourage positive and warm connections to self even in the midst of hardship (e.g., self-soothing, self-compassion; Gilbert, 2000, 2017; Gilbert et al., 2011; Hermanto & Zuroff, 2016). For example, a person may feel cared for while discussing a negative mishap with a trusted friend, increasing the likelihood of self-forgiveness. Contrastingly, when people feel threatened, the threat-defense system is provoked and negative thoughts, feelings, and behaviors are enacted to reduce the threat. This can manifest as increased vigilance and self-blame (Gilbert, 2000). For example, when a person believes that a boss is upset with them, they may self-criticize, looking for ways to change their behavior to remedy the problem. However, this can lead to cold and hostile self-relating, explaining why activation of the threat-defense system has been associated with self-coldness (Gilbert et al., 2011). Therefore, racism could undermine the safeness system and prompt the threat-defense system, resulting in lower levels of self-compassion and higher levels of self-coldness.

In addition, despite African Americans' remarkable capacity for resilience and adaptive coping (Utsey et al., 2007), increased exposure to racism weakens these internal resources (Chao et al., 2014). This state of depleted resources can decrease one's capacity for self-compassion and increase one's vulnerability to self-blame, self-scrutiny, and egocentric feelings of isolation. This aligns with work on racism and constructs theoretically adjacent to self-compassion and self-coldness. For one, racist encounters undermine self-esteem—one's positive evaluations of qualities and competencies (Chao et al., 2014; Schmitt et al., 2014). Thus, racism can threaten one's sense of worthiness and impede self-compassion. Two, discrimination has been associated with constructs related to self-coldness, such as self-blame (Blodorn

et al., 2016), perseverative cognition (Watson-Singleton et al., 2020), and rumination (Thayer et al., 2017).

Furthermore, investigating the potential mediating effects of self-compassion and self-coldness in the context of racism extends the existing work on significant moderators and mediators in the racism-health link. Rumination, which may relate to self-coldness and reflect an over-identification with thoughts about negative experiences, partially mediates the link between perceived discrimination and depressive symptoms in racially diverse samples (Borders & Liang, 2011) and moderates the association between race-related stress and depressive symptoms in African American emerging adults (Hill & Hoggard, 2018). In addition, high levels of impostor feelings, which could reflect a type of unkind self-evaluation, *moderate* the perceived discrimination-depression link and *mediate* the perceived discrimination-anxiety link in African American college students (Cokley et al., 2017). In addition, in African American men, personal growth initiative—a construct related to self-compassion—explains the relation between racial discrimination and depressive symptomatology, such that racial discrimination relates to low levels of personal growth initiative, which, in turn, relates to greater depressive symptomatology (Hoggard et al., 2019). Taken together, these findings support the notion that experiences of racism may weaken self-compassion and provoke self-coldness ultimately conferring risk for psychological distress.

The Present Study

Most African Americans report experiences of racism (Forrest-Bank & Jenson, 2015), and racism is a vital social determinant of health disparities (Harrell et al., 2011; Williams, 2018). Yet, there remains limited empirical investigation concerning how the frequency and stress of racism relate to individuals' psychological functioning (Carter et al., 2016). Self-compassion and self-coldness have been associated with psychological well-being, but they have not been considered as mechanisms in the racism-health link. To remedy this noteworthy gap in the literature, this study investigates if three types of self-compassion—self-kindness, common humanity, and mindfulness—as well as three types of self-coldness—self-judgment, isolation, and over-identification—mediate the link between experiences of racism (frequency and stress appraisal) and psychological distress among African American college students. We hypothesized that (a) racism would be positively associated with distress; (b) racism would be negatively related to self-compassion's three dimensions and positively associated with self-coldness' three dimension; and that (c) dimensions of self-compassion and self-coldness would mediate the link between racism and distress, such that this link would be explained by decreased self-compassion and increased self-coldness.

Method

Participants

From 2018 to 2020, participants were recruited from a Historically Black College in the Southeastern region of the United States. Recruitment occurred by emailing student listservs and posting flyers on campus. The sample originally had 157 African American undergraduates; however, 24 cases were deleted due to missing values, resulting in a sample size of 133. Mean age was 19.88 (SD = 1.54), and participants were men (41.7%), women (49.3%), and gender fluid (.7%). When asked about the gross household income in which they were raised, 11% of participants reported a family income of under $24,999; 18.4% between $25,000 and $49,999; 16.9% between $50,000 and $74,999; 11.8% between $75,000 and $99,999; 10.3% between $100,000 and $124,999; and 14.0% with $125,000 and more (11% did not report).

Procedure

The university's institutional review board approved this study. Participants were invited to a university computer-lab, and at the study's outset, a research assistant explained the study's goals (i.e., to investigate African American students' coping and well-being). Participants were then prompted to affirm their consent via a Qualtrics survey. After consenting, participants completed survey questionnaires in Qualtrics. The study took approximately 45 min to complete. Individuals who were recruited from the listserv received five extra credit points toward a course, whereas participants recruited via the campus community received $10.

Measures

Demographics

The authors developed the demographic questionnaire to obtain information about participants' age, race, ethnicity, gender, and socioeconomic status.

Experiences of Racism

We assessed the frequency and stressfulness of racist experiences that have occurred within the past year via the 16-item Racist Experiences Scale (Harrell et al., 1997). This scale includes items highlighting experiences of racism that are direct (e.g., "conflict between you and someone of a different race/ethnicity), chronic (e.g., "a racially hostile atmosphere at your job, school, or neighborhood), microstressors (e.g., "others expecting you to be like stereotypes of your racial/ethnic group"), vicarious (e.g., "witnessing discrimination or prejudice directed toward someone else"), and collective (e.g., "observing legislative processes or political activities that negatively affect people of your race/ethnicity"). The frequency of these items was rated on a scale of 0 (*never*) to 4 (*very often*) and the stressfulness of these items was rated on a scale of 0 (*no stress*) to 4 (*extremely*). Scores were summed with higher scores denoting either more frequency or stress appraisal of the racist experiences. In terms of the scale's validity, its convergent validity has been supported via significant correlations with other measures of racism (Utsey & Ponterotto, 1996). In addition, in a multiethnic college sample, internal consistency estimates were good (frequency: $\alpha = .86$; appraisal: $\alpha = .89$; Harrell et al., 1997), and this was also the case in the present study (frequency: $\alpha = .87$; appraisal: $\alpha = .89$).

Self-Compassion and Self-Coldness

Both self-compassion and self-coldness were assessed via the 12-item Self Compassion Scale-Short Form (Raes et al., 2011). This scale measures individuals' behaviors during feelings of inadequacy and suffering, and it includes six subscales (two items each), three of which assess self-compassion and three of which assess self-coldness.

The self-compassion subscale of Self-Kindness assessed individuals' ability to treat themselves in a gentle and understanding manner when confronted with hard times (e.g., "I try to be understanding and patient towards those aspects of my personality I don't like"). The second self-compassion subscale, Common Humanity, measured the extent to which individuals endorsed the universality of suffering and inadequacy (e.g., "I try to see my failings as part of the human condition"). Mindfulness, the third self-compassion subscale, evaluated one's capacity to observe present-moment thoughts, emotions, and sensations without avoiding or being caught up in them (e.g., " When something painful happens I try to take a balanced view of the situation"). In terms of self-coldness, the Self-Judgment subscale evaluated participants' harsh judgment toward themselves during times of failure (e.g., "I'm disapproving and judgmental about my own flaws and inadequacies"). The second self-coldness subscale, Isolation, measured the extent to which participants feel alone when they encounter difficult times and personal shortcomings ("When I fail at something that's important to me, I tend to feel alone in my failure"). The third subscale, Over-identification, assessed participants' tendency to be caught up in negative thoughts and emotions ("When I'm feeling down I tend to obsess and fixate on everything that's wrong"). All subscale items were rated on a scale from 1 (*almost never*) to 5 (*almost always*). Scores were summed and higher scores denoted more endorsement. This short form's factor structure was supported in a multiethnic college sample, and the short form exhibited a near-perfect correlation with the full SCS ($r \geq 0.97$), supporting its construct validity (Raes et al., 2011). In previous studies, the subscale internal consistency estimates have ranged from poor to adequate: Self-Kindness ($\alpha = .55$), Common Humanity ($\alpha = .62$), Mindfulness ($\alpha = .69$), Self-Judgement ($\alpha = .63$), Isolation ($\alpha = .68$), and Over-identification ($\alpha = .75$; Raes et al., 2011). In our present study, scores ranged from adequate to poor, respectively: Self-Kindness ($\alpha = .61$), Common Humanity ($\alpha = .42$), Mindfulness ($\alpha = .67$), Self-Judgement ($\alpha = .71$), Isolation ($\alpha = .55$), and Over-identification ($\alpha = .62$).

Psychological Distress

We measured psychological distress using the Hopkins Symptoms Checklist-21 (HSCL-21), the abbreviated 21-item version of the scale (Green et al., 1988). Used as a single-factor assessment of general distress (Green et al., 1988), this questionnaire includes items like, "Blaming yourself for things," which are rated from 1 (*not at all*) to 4 (*extremely*). Item scores were summed, and higher scores indicated more distress. The original HSCL has been validated in African American samples (Cepeda-Benito & Gleaves, 2000). In addition, clinical samples have scored higher on the HSCL-21 than nonclinical samples, and HSCL-21 scores have been found to decline over the course of psychotherapy, supporting the HSCL-21's validity as a measure of symptom distress (Deane et al., 1992). Moreover, its internal consistency has ranged from .86 to .90 with African Americans (Lesniak et al., 2006). The present study's internal consistency was .92.

Data Analytic Plan

All analyses were conducted using SPSS 24.0. Because 24 cases had missing values, we performed the Little's (1988) Missing Completely at Random analysis. It was not statistically significant, $X^2 = 22.65$, $p = .97$, indicating that data were missing completely at random. We omitted these cases, resulting in a total sample size of 133. Bivariate correlations were performed to establish initial relations among study variables.

In addition, given the relative gender balance in our sample, we performed an a priori power analysis using the G*Power program to assess if we had an adequate sample size to conduct exploratory independent sample *t* tests to examine if men and women differed on study variables. We input a specified power of .80 (power levels of .80 and higher are recommended), α level of .05, and an effect size of .50 (medium effect size for independent sample mean *t* tests). Since a minimum of $n = 128$ was needed to achieve adequate power, we pursued our exploratory interests in gender differences; the reasons for this were twofold. First, a recent review highlighted persisting limitations in the racial discrimination literature pertaining to gender differences and their unique influence on African Americans' mental health (Brownlow et al., 2019). We wanted to advance this research area by denoting if there were differences between African American men and women in the frequency of racism and the stress appraisal of racism. Second, men and women have exhibited differences in self-compassion, and this difference is most pronounced in ethnic minorities relative to whites (Yarnell et al., 2015). We aimed to extend this work by assessing differences in self-compassion and self-coldness in African Americans specifically.

Mediation analyses were conducted to explore the direct and indirect effects of the predictor (racism experiences) and mediators (self-compassion and self-coldness) on the outcome (psychological distress). Mediation analyses were performed using Model 4 of the SPSS PROCESS macro function (Hayes, 2013; Preacher & Hayes, 2008). For our mediation models, we used bias-corrected bootstrap estimates based on 10,000 resamples for each indirect pathway; this approach is recommended for determining significance of estimates even if normality assumptions are not satisfied (Hayes, 2013). In the first model, the frequency of racism experiences was entered as the independent variable, psychological distress was entered as the dependent variable, and the three dimensions of self-compassion (i.e., self-kindness, common humanity, and mindfulness) were entered as mediators. Similarly, in the second model, the stress appraisal of racism was entered as the independent variable, psychological distress was the dependent variable, and the three dimensions of self-compassion were mediators. In model three, the frequency of racism experiences served as the independent variable, psychological distress was the dependent variable, and the self-coldness dimensions (i.e., self-judgment, isolation, and over-identification) were mediators. Finally, in model four, the stress appraisal of racism was the independent variable, psychological distress was the dependent variable, and the mediators were the three self-coldness dimensions. In all models, the three dimensions of the mediator variables were simultaneously entered into each model (i.e., parallel mediation), given that the mediators were not conceptualized to cause each other (Hayes, 2013).

Results

Preliminary Findings

Descriptive statistics, including means, standard deviations, reliability estimates, and correlations, can be found in Table 1. Results

Table 1
Exploratory Factor Analysis Summary of Intercorrelations, Means, and Standard Deviations for Key Study Variables (N = 133)

Variable	*M*	*SD*	α	2	3	4	5	6	7	8	9
1. Racism experiences—frequency	23.01	12.29	.87	.86**	.05	.08	−.03	.30**	.21*	.21*	.13
2. Racism experiences—appraisal	22.78	13.84	.89	—	.02	.08	−.06	.26**	.25**	25**	.18*
3. Self-kindness	6.51	1.85	.61	—	—	.35**	.56**	−.26**	−.34**	−.20*	−.21*
4. Common humanity	6.35	1.92	.42	—	—	—	.32**	−.09	−.18*	−.14	−.09
5. Mindfulness	7.30	1.84	.67	—	—	—	—	−.31**	−.40**	−.25**	−.20*
6. Self-judgment	6.32	2.15	.71	—	—	—	—	—	.54**	.54**	.40**
7. Isolation	7.27	2.10	.55	—	—	—	—	—	—	.66**	.40**
8. Over-identification	7.34	2.03	.62	—	—	—	—	—	—	—	.40**
9. Psychological distress	45.68	12.86	.92	—	—	—	—	—	—	—	—

Note. Minimum value for racism experiences—frequency = 0; Maximum value for racism experiences—frequency = 60. Minimum value for racism experiences—stress appraisal = 0; Maximum value for racism experiences—stress appraisal = 60. Minimum value for all self-compassion subscales = 2; Maximum value for all self-compassion subscales = 10; Minimum value for all self-coldness subscales = 2; Maximum value for all self-coldness subscales = 10; Minimum value for psychological distress = 21; Maximum value for psychological distress = 80.
* $p < .05$. ** $p < .01$.

from our independent sample *t* tests examining gender differences on experiences of racism, self-compassion, self-coldness, and distress can be found in Table 2. Men and women did not differ on frequency of racism $t(129) = -1.91$, $p = .057$, but women appraised racism experiences as more stressful $t(128) = -3.14$, $p = .002$. In terms of self-compassion, men and women did not differ on self-kindness $t(129) = 1.06$, $p = .293$ or common humanity $t(129) = -.033$, $p = .998$, but men reported more mindfulness than women $t(129) = 3.01$, $p = .003$. For self-coldness, women and men did not differ on self-judgement $t(129) = -1.92$, $p = .057$, but women endorsed more isolation $t(129) = -3.36$, $p = .001$, and over-identification $t(129) = -3.66$, $p < .01$. Finally, women endorsed more psychological distress than men $t(129) = -2.48$, $p = .014$. Given this, gender was a covariate in the mediation analyses.

Mediation Findings

To investigate our hypothesis that self-compassion mediated the link between racism frequency and distress, model one tested if the three dimensions of self-compassion—self-kindness, common humanity, and mindfulness—mediated the relation between frequency of racism and psychological distress. Our hypothesis was not supported; none of the three self-compassion dimensions mediated the link between frequency of racism and psychological distress. In addition, no direct effects between racism frequency and self-compassion's dimensions were observed nor were there direct effects between the three dimensions of self-compassion and psychological distress (Figure 1). In model two, the same pattern of results emerged when we examined if self-compassion mediated the association between racism appraisal and distress. None of the self-compassion dimensions mediated the link between racism appraisal and distress, no direct effects between racism appraisal and the three dimensions of self-compassion were observed, and no direct effects between self-compassion and distress were found (Figure 2). Our third mediational hypothesis regarding self-coldness was partially supported. In this model, self-judgment, but not isolation or over-identification, emerged as a mediator between the frequency of racism and psychological distress, $B = .07$, $SE = .04$, 95% CI [.007–.143]; Figure 3. Similarly, self-judgment, $B = 1.34$, $SE = .598$, 95% CI [.157–2.522], $p = .027$, but not isolation or over-identification, was related to psychological distress. Yet, frequent experiences of racism were related to more self-coldness: self-judgment, $B = .050$, $SE = .015$, 95% CI [.021–.079], $p < .001$, isolation, $B = .032$, $SE = .015$, 95% CI [.003–.061], $p = .031$, and over-identification, $B = .031$, $SE = .014$, 95% CI [.004–.059], $p = .028$. In the fourth model, we tested if self-coldness mediated the appraisal–distress link. Similar to model three, self-judgment,

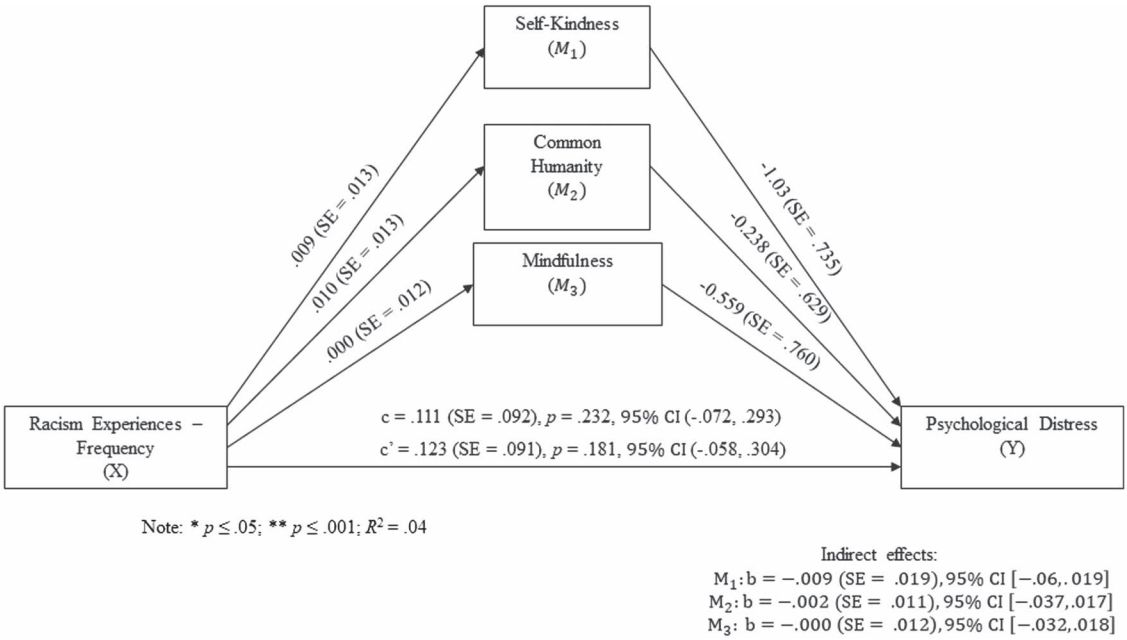
Table 2
Results of t-Test for Key Variables Across Men and Women

Variable	Men			Women			95% CI for mean difference	*t*	*df*
	M	*SD*	*n*	*M*	*SD*	*n*			
Racism experiences—frequency	20.89	12.87	64	25.00	11.64	67	[−8.36, .14]	−1.91	129
Racism experiences—appraisal	19.01	13.73	64	26.44	13.19	67	[−12.09, −2.75]	−3.14*	129
Self-kindness	6.67	1.88	64	6.33	1.85	67	[−.30, .98]	1.06	129
Community humanity	6.31	1.96	64	6.31	1.88	67	[−.67, .66]	.998	129
Mindfulness	7.78	1.64	64	6.84	1.94	67	[.32, 1.57]	3.01*	129
Self-judgment	5.98	2.15	64	6.70	2.12	67	[−1.45, .02]	−1.92	129
Isolation	6.71	2.04	64	7.90	1.96	67	[−1.88, −.49]	−3.36*	129
Over-identification	6.78	2.04	64	8.00	1.76	67	[−1.88, −.56]	−3.67**	129
Distress	43.02	12.10	64	48.51	13.15	67	[−9.87, −1.11]	−2.48*	129

* $p < .05$. ** $p < .01$.

Figure 1

Estimated Mediation Model for Racism Frequency, Distress, and Self-Compassion



but not isolation or over-identification, emerged as a mediator between the stress appraisal of racism and psychological distress, $B = .05$, $SE = .03$, 95% CI [.001–.113]. Self-judgment, $B = 1.23$, $SE = .587$, 95% CI [.068–2.39], $p = .038$, but not isolation or over-identification, was related to increased psychological distress. However, higher levels of racism stress appraisal were related to greater levels of self-judgment, $B = .039$, $SE = .014$, 95% CI [.013], $p = .004$, isolation, $B = .035$, $SE = .013$, 95% CI [.009–.061], $p = .009$, and over-identification, $B = .035$, $SE = .013$, 95% CI [.009–.059], $p = .007$; Figure 4.

Discussion

This current investigation is among the first to substantiate the sociocultural relevance of self-compassion and self-coldness in the context of racism for African Americans. Existing studies have

Figure 2

Estimated Mediation Model for Racism Appraisal, Distress, and Self-Compassion

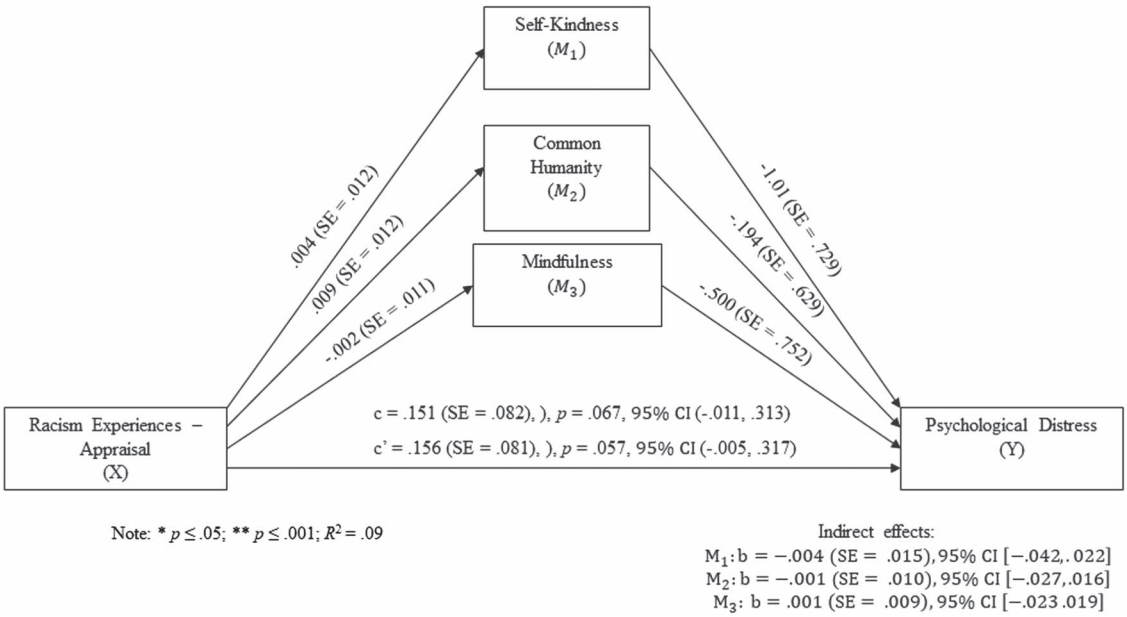
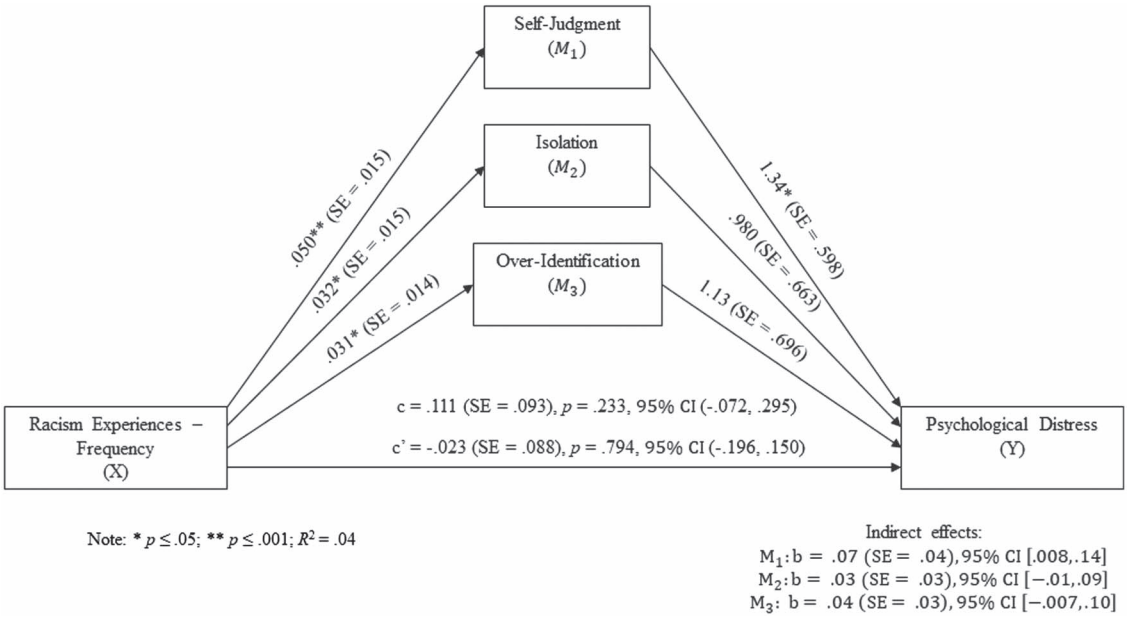


Figure 3

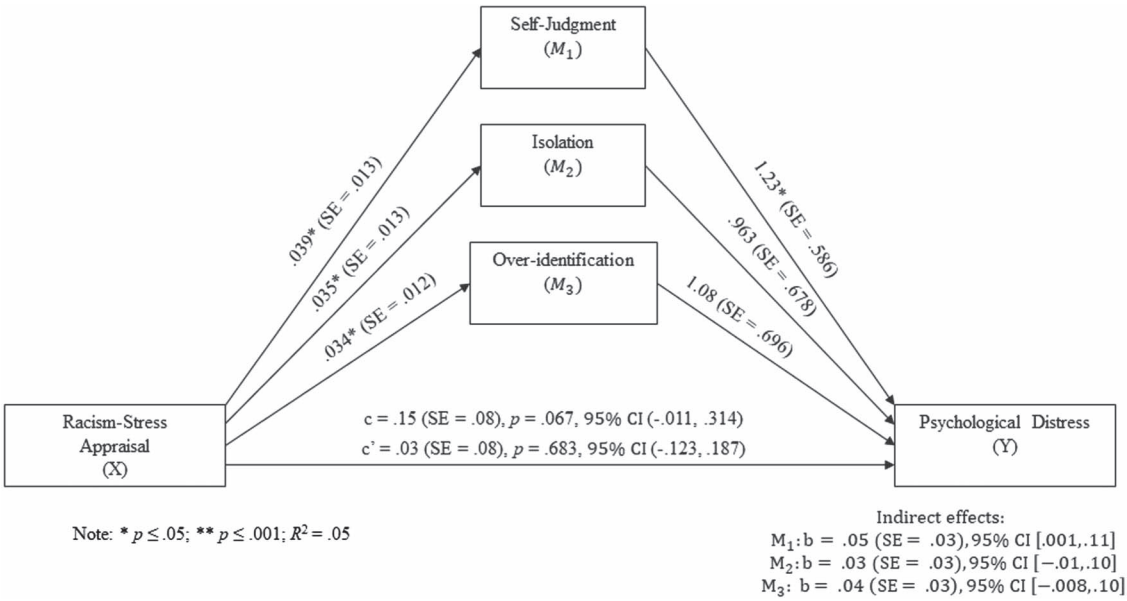
Estimated Mediation Model for Racism Frequency, Distress, and Self-Coldness



examined the role of self-compassion in symptomatology for African American clinical samples (Johnson et al., 2017; LoParo et al., 2018; Zhang, Dong, et al., 2019; Zhang et al., 2018; Zhang, Watson-Singleton, et al., 2019); however, to the best of our knowledge, this is the first study to examine the mediating role of self-compassion and self-coldness in the link between racism and distress for nonclinical African Americans. In the mediation models, although frequency and appraisal of racism were not related to the self-compassion dimensions, both frequency and appraisal were related to more self-judgment, isolation, and over-identification. There were no direct effects between dimensions of self-compassion and distress, but the self-coldness dimension of self-judgment was related to greater psychological distress in this sample. This study also put forth novel empirical support for the deleterious role of self-coldness in the context of racism by highlighting that self-judgment specifically mediated the link between experiences of racism (both frequency and stress appraisal) and distress. Moreover, although women endorsed more racism-based stress appraisal, self-coldness,

Figure 4

Estimated Mediation Model for Racism Appraisal, Distress, and Self-Coldness



and distress, this mediation effect appeared despite controlling for gender, signifying that these results were relevant across men and women. This empirical evaluation is timely given the growing attention to strengthening self-compassion and reducing self-coldness to mitigate negative mental health symptoms across populations and settings (Johnson et al., 2017).

A notable finding of the present study was the mediation effect; self-judgment alone mediated the relation between the frequency and appraisal of racism and distress. Although other studies have found self-compassion to serve as a mediator in African American clinical samples (Zhang, Dong, et al., 2019; Zhang et al., 2018), this study uniquely examines both self-compassion and self-coldness in the context of racism. Although the connection between racism and poor health has been widely established, this study uncovered a new mechanism in this link: self-judgement, a dimension of self-coldness. Self-judgement is modifiable and can be altered, making it a viable target for intervention (LoParo et al., 2018). Intervention studies are needed to assess if increasing self-compassion and decreasing self-coldness can attenuate health risks for African Americans in the context of perilous and pervasive experiences of racism.

Furthermore, although isolation and over-identification did not mediate the links between racism and distress in this sample, all three self-coldness dimensions were related to higher levels of racism frequency and appraisal, indicating that participants reported more self-judgment, isolation, and over-identification, as their experiences of racism increased. One area for future research could be to assess if this association is shaped by attributions of why the racist event occurred. Whereas some people may perceive racism exposure as par for the course as a person of color, which could contribute to less self-coldness, others may hold themselves responsible for the event's initiation or prevention, contributing to more self-coldness. Both types of attributions harm health and neither is more harmful than the other (Schmitt et al., 2014), but different attributions may uniquely shape levels of self-compassion and self-coldness.

Our study also revealed key differences between men and women. First, although men and women did not differ in terms of racism frequency, women reported more stress associated with these incidents. Previous work has revealed that African American men experienced greater exposure to both structural and communal forms of racial discrimination (i.e., concentrated racial hostility from an outside group), whereas African American women encountered discrimination from a wider array of sources (Brownlow et al., 2019). Thus, continued research on how these dissimilarities distinctively influence health outcomes and race-based processes is needed. Second, men reported more mindfulness, whereas women reported higher levels of isolation and over-identification. These differences may be due to gender socialization messages that pressure women to be perfect and acceptable in the eyes of others, which may prompt self-coldness (Yarnell et al., 2015). Therefore, future research is needed to examine if these gender differences in self-compassion and self-coldness are influenced by culture- and gender-specific socialization processes regarding how to handle racism.

Limitations

The generalizability of the results from this study is limited due to the homogenous age, educational status, and historically Black college affiliation of our sample. In addition, the cross-sectional nature of this study precludes us from predicting if the associations between the study variables would change over time. Moreover, several self-compassion and self-coldness subscales exhibited suboptimal internal consistency estimates, which could be the reason for nonsignificant findings. These low estimates could suggest that these subscales do not measure the same overall construct in this sample or they could be the result of too few items. Some scholars recommend against constructing factors with less than three items given the direct relation between number of items and factor reliability (Worthington & Whittaker, 2006). The original 26-item SCS demonstrated adequate reliability estimates across the self-compassion and self-coldness subscales even in African Americans (Zhang, Dong, et al., 2019). Therefore, supplementary validation of the SCS-short form with African Americans is needed.

Clinical-Counseling Implications

Engagement in compassion-based interventions has improved self-compassion and reduced self-criticism and depressive symptoms in diverse African American samples (Johnson et al., 2017; Watson-Singleton & Black, 2021). Yet, contemporary compassion- and mindfulness-based interventions have prioritized *universal* human suffering and omitted the distinct sociocultural factors that impact people of color's unique suffering (Proulx et al., 2018). This omission considerably undermines the ways in which compassion can equip African Americans with tools to survive and thrive in the midst of oppression. In particular, culturally responsive compassion-based interventions can combat oppression by moving clients toward embracing their inherent worthiness, humanity, agency, and freedom—core tenets of radical healing (French et al., 2019). Therefore, enhancing self-compassion and reducing self-coldness in the face of racism can be used as a social-justice wellness strategy to engender new ways of being with self and community to balance survival and well-being for African Americans.

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