



ADAPTATION AND VALIDATION OF THE WHITENESS
SCALE: THE IMPACT OF WHITENESS ON MENTAL
HEALTH DECISION-MAKING IN PORTUGAL

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Abstract

Whiteness, as a pervasive mechanism underlying racialized social dynamics, remains largely underexplored in post-colonial contexts like Portugal. This dissertation adapts and validates the Whiteness Scale for the Portuguese context, advancing theoretical discussions on how Whiteness operates within a society still grappling with the legacies of colonialism. Across five studies, we provide rigorous evidence for the scale's validity and reliability. Studies 1a and 1b ($n = 54$) focused on item development and content validation through expert evaluations and pre-testing within the target population. Study 2 ($n = 255$) identified a unidimensional factor structure, demonstrating strong internal consistency, and providing convergent and discriminant validity by showing associations with biological racism and social dominance orientation, while being unrelated to external motivation to avoid prejudice. Study 3 ($n = 306$) confirmed this factor structure, further linking Whiteness to Luso-tropicalism and political conservatism, while showing no associations with physical traits such as sleep patterns. Study 4 ($n = 244$) established criterion validity, revealing that higher levels of Whiteness were associated with reduced perceptions of psychological distress and a lower likelihood of recommending supportive actions (i.e., medical leave) for Black (vs White) patients. Collectively, these studies offer compelling evidence of the scale's construct validity, providing an important instrument for understanding how Whiteness perpetuates racial inequalities in clinical and healthcare settings, and beyond.

Keywords: whiteness, privilege, white identity, racism, scale.

Resumo

A branquitude, como um mecanismo pervasivo subjacente às dinâmicas sociais racializadas, permanece amplamente subexplorada em contextos pós-coloniais, como o de Portugal. Esta dissertação adapta e valida a Escala de Branquitude para o contexto português, avançando discussões teóricas sobre como a branquitude opera numa sociedade que ainda enfrenta os legados do colonialismo. Ao longo de cinco estudos, apresentamos evidências rigorosas da validade e fiabilidade da escala. Os Estudos 1a e 1b ($n = 54$) concentraram-se no desenvolvimento dos itens e na validação de conteúdo por meio de avaliações de especialistas e pré-teste com a população-alvo. O Estudo 2 ($n = 255$) identificou uma estrutura fatorial unidimensional, demonstrando forte consistência interna, além de fornecer validade convergente e discriminante ao mostrar associações com racismo biológico e orientação para a dominância social, mas sem relação com a motivação externa para evitar o preconceito. O Estudo 3 ($n = 306$) confirmou essa estrutura, estabelecendo ainda uma ligação entre branquitude, Luso-tropicalismo e conservadorismo político. O Estudo 4 ($n = 244$) estabeleceu a validade de critério, revelando que níveis mais altos de branquitude são associados a uma menor percepção de sofrimento psicológico e a uma menor probabilidade de recomendar ações de apoio (como licença médica) para um paciente Negro (vs. Branco). Coletivamente, estes estudos oferecem evidências sólidas da validade de construto da escala, fornecendo um instrumento essencial para compreender como a branquitude perpetua as desigualdades raciais em contextos clínicos, de saúde e além.

Palavras-chave: branquitude, privilégio, identidade branca, racismo, escala.

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Introduction

In contemporary societies, the persistence of racial inequality reflects not only acts of discrimination (Vala, 2021; Vala & Pereira, 2012; Bethencourt, 2015), but also the subtle, yet powerful, normalization of Whiteness (Cardoso, 2008; 2010; Lima & Vala, 2004; Oliveira, 2023). Whiteness, as an element of White identity, functions as a system of power that establishes and reinforces privileged social positions (Bento, 2022; Carneiro, 2005; Kaufman, 2001; Lima, 2020; Schucman, 2012). It operates invisibly, working as the unmarked standard by which all others are measured (Lima, 2020; Oliveira, 2023). This hegemony of Whiteness perpetuates systemic inequalities, particularly in contexts where racial neutrality is often claimed (Lima, 2020). In Portugal, as in other postcolonial settings, the myth of racial harmony frequently obscures the systemic nature of racism (Costa-Lopes, 2024; Vala, 2021; Vala & Pereira, 2018), leaving the dominance of White people unquestioned. In this dissertation we adapt and validate the Whiteness Scale for the Portuguese context, advancing theoretical discussions on how Whiteness operates within societies still grappling with the legacies of colonialism.

Understanding Racism to Conceptualize Whiteness

To fully understand and conceptualize Whiteness, we must first grasp the nature of racism. The construct of racism cannot be reduced to individual prejudices or series of discriminatory acts between elements of different racialized groups, even though it encompasses them too (Jones, 2000). Racism should be conceptualized as a comprehensive system of power, built on the hierarchical organization of society according to race (Lima & Vala, 2004; Paradies, 2006; Vala, 2021). This system, which privileges White individuals, shapes social and institutional power, profoundly influencing how people are treated, what resources are available to them, how they perceive the world, and their potential to succeed (Nascimento, 1978; Vala, 2021). Often, however, racism is recognized only in its most explicit forms - blatant acts of interpersonal hostility - while its more insidious, structural forms remain unchallenged, allowing it to function as a mechanism of social domination that upholds racial hierarchies (Almeida, 2019; Bonilla-Silva, 2006; Ribeiro, 2019).

The idea of racial hierarchy, and by extension, Whiteness, has roots in the colonial period, where European powers justified the exploitation of non-European peoples through

the creation of racial classifications that positioned Whites as superior and non-Whites as inferior (Goldberg, 2002; Fanon, 1963). This racial logic, constructed by Europeans, not only legitimized colonial violence but also laid the groundwork for the ongoing racial inequalities we see today (Bonds & Inwood, 2015; Hall, 1990). The elevation of White knowledge and virtue as “civilized” contrasted sharply with the treatment of non-White groups as primitive or exotic (Bonnett, 1997; Feagin, 2012), thus justifying historical atrocities such as colonization, the exploitation of Indigenous peoples, and the enslavement of Black populations (Bethencourt, 2015; Schucman, 2012; Silveira et al., 2021). Santos (1983) noted this early on, highlighting how the transformation of Africans into slaves defined black people as an inferior race, which equated black skin with subordination, naturalized and institutionalized a social order in which white people to a superior race.

Discussing racism, therefore, requires engaging with its structural foundations (Almeida, 2019; Ribeiro, 2019). As Lima (2020) argues, racism exists on multiple levels: individual, cultural, and institutional. While it is important to discuss these levels separately, they form a cohesive system that perpetuates inequality.

Individual racism can be expressed covertly in public settings or openly in private ones. In addition to these overt and intentional forms, racism can also manifest through implicit attitudes, which are a subdimension of individual racism, known as nonconscious or implicit racism. This type of racism operates beyond conscious control and critical awareness (Lima, 2020; Lima et al., 2018). At a second level, we find cultural racism, as ingrained in cultural values dictating which groups are considered superior. It is not only perpetuated through individual actions, but also through societal institutions (e.g., justice, health, education systems) when they reinforce negative cultural stereotypes about Black individuals (Lima, 2020; Scott, 2007). This cultural racism is transmitted across generations, particularly through mass media, which often depicts Black individuals in subservient or invisible roles (Lima, 2020). As a result, marginalized groups are pressured to abandon their own cultural identities in favor of assimilating into dominant, White cultural norms (Fanon, 2020; Pyke, 2010). At the third level we find institutional racism, which is perhaps the most enduring and invisible form of racial domination manifesting in discriminatory practices in access to healthcare, justice, and employment (Silva & Lima, 2016; Pachter & Coll, 2009). It is not only reliant on the individual intentions of those in power but functions through policies, norms, and procedures that disproportionately benefit White individuals while systematically

placing others in positions of disadvantage (Bento, 2002). Scott (2007) describes how institutional racism operates subtly through unwritten rules, allowing it to persist unchecked.

While the aforementioned forms of racism reflect the perspective of dominant White groups, it is also important to examine how racism is internalized by racialized social groups. Frantz Fanon, in *Peau noire, masques blancs*, delves into the psychology of the colonized subject. Drawing from his experience as a Black man living in a White, colonizing nation, Fanon argues that the White perspective/view is a form of power that imprisons Black individuals. Being seen through the lens of White society distorts the Black subject's self-consciousness, leading them to internalize deprecating beliefs and perceptions imposed by White norms. Fanon termed this process "colonial alienation", where Black individuals are forced to navigate an identity imposed upon them, struggling for human recognition within a framework that denies their agency. Attempting to conform to White expectations, they adopt metaphorical "masks" that conceal their true identity, deepening their sense of alienation and internal conflict (Fanon, 2020).

Fanon (2020) further argues that Black individuals, failing to find confirmation of their humanity in the eyes of others, learn to see themselves through the lens of the colonizer. In their desire to occupy the same social spaces as White individuals, they attempt to align themselves with Whiteness, erasing and denying their own cultural identity in the process. As Souza (1983) noted in the 1980s, aligning with the White model of identity is seen as the only path to being recognized as "fully human." However, according to Pyke (2010), that is an "empty promise", as this recognition never comes. Instead the Black individual is always perceived as "the other" (Kilomba, 2019) while, simultaneously, being incentivized by the White dominant society to adopt the White social norms. Similarly, Bento (2014) and Fanon (2020) assert that Whiteness positions itself as the universal model of humanity, constructing negative images of Blackness while reinforcing White self-esteem and self-concept at the expense of racialized others (Rodrigues, 2022). Thus, Whiteness operates both as a racial identity, and a powerful cultural and institutional system that perpetuates its own dominance.

Whiteness

In Portugal, as in many societies, the realities of racism are undeniable, yet White individuals often fail to acknowledge their role in its perpetuation (Nunes & Camino, 2011;

Ribeiro, 2019; Vala & Pereira, 2012). This denial stems - at least partially - from the widespread belief that Whiteness is a neutral, non-racialized identity (Carneiro, 2005; Feagin, 2012). White individuals are socialized not to perceive themselves through a racial lens, despite their direct benefit from racial inequalities (Lima, 2020). This lack of awareness prevents a genuine understanding of the social realities of race, allowing White individuals to remain blind to the privileges they enjoy (Kilomba, 2019; Schucman, 2012). Whiteness thus becomes a means of separating and hierarchizing groups, reinforcing White superiority and maintaining racial inequalities (Lima & Vala, 2004; Feagin, 2012).

Whiteness studies have emerged to address a critical gap in the analysis of race, focusing specifically on White privilege - an often overlooked aspect of racial dynamics. Historically, race discussions have centered primarily on non-White groups, especially Black people, while neglecting to scrutinize how Whiteness functions as an active racial identity that confers unearned advantages (Kolchin, 2002; Roediger, 2007). This body of research challenges practices that assign differential social status based on skin color and asserts that “being White” must be positioned as a category of analysis in racial relations (Dyer, 2008). The traditional absence of such inquiry has rendered Whiteness invisible, especially in discussions of racial inequalities, with the assumption that race is something attributed only to others (Bonds & Inwood, 2015; Schucman, 2012). Consequently, White people, who tend to see themselves as the norm, are rarely required to examine what it means to belong to this group or how it grants them advantages in a world that racializes non-White individuals (Bento, 2022; Carneiro, 2005; Ribeiro, 2019).

Over the years, various multifaceted and interdisciplinary definitions of Whiteness have emerged, making it challenging to establish a single comprehensive definition. However, most concepts of Whiteness converge on central issues such as power, status, and identity in relation to racial hierarchy (Schooley et al., 2019).

Another central theme in Whiteness studies is the notion of invisibility - how Whiteness remains unseen and unexamined while non-White groups are hyper-visible, often through the lens of stereotyping. Scholars such as Frankenberg (2004) and Piza (2000) argue that this invisibility allows Whiteness to evade scrutiny while other racialized identities are constantly analyzed based on physical traits and social roles. As Piza (2002) notes, “It is not about the invisibility of color, but the intense visibility of color and other phenotypical traits

allied with social and moral stereotypes for some, and racial neutrality for others” (p. 77). This intense visibility of non-White individuals stands in stark contrast to the racial neutrality ascribed to White people, reinforcing a racial hierarchy that maintains Whiteness as the unmarked standard.

The invisibility of Whiteness, however, is not an accidental byproduct of modern society but has deep historical roots. DuBois (1935), a pioneer in the conceptualization of White racial identity, and consequently critical Whiteness studies, analyzed how Whiteness operated as a form of symbolic capital in 19th-century America. His research highlighted that even lower-class White individuals, despite their economic disadvantages, were able to access certain privileges because of their racial identity. They received preferential treatment from institutions, better job prospects, and crucially, the belief that their position in the social hierarchy was above that of Black people. This dynamic created divisions within the working class, using Whiteness as a tool to maintain racial inequality. Rather than fostering solidarity, Whiteness served to entrench social stratification based on race. Similarly, McIntosh (1989) described the concept of White privilege as an “invisible knapsack” of unearned advantages that White individuals carry with them, often without recognition. These privileges, though unseen by those who benefit from them, are pervasive and deeply entrenched in societal structures (Schucman, 2012; Sovik, 2004; Sovik, 2005).

We must highlight, however, the complexity of Whiteness as both a system of power and privilege (Schucman, 2012), and as an identity (Cardoso, 2008; Lima, 2020). If, on the one hand, Whiteness being portrayed as neutral and as the standard to which all others are compared, is positioned as the goal to be achieved by White individuals (Carneiro, 2005; Roediger, 2007). On the other hand, its invisibility as a form of racial identity places it as unchallengeable and unquestionable (Dyer, 2008; Frankenberg, 2004; Piza, 2000). These two dimensions not only reinforce White superiority, but also ensure that this place in the racial hierarchy is not called into question (Schucman, 2012).

Cardoso (2010; 2008) contributes to this discussion by proposing a typology that distinguishes between critical and uncritical Whiteness. Uncritical Whiteness is characterized by the maintenance of white racial superiority and purity. It is most visible in the overt racism of White supremacist groups, such as the Ku Klux Klan. Cardoso identifies such groups as the extreme manifestation of uncritical Whiteness, seeking to reinforce racial hierarchies through

violent and exclusionary means. Critical Whiteness, in contrast, involves a conscious effort by White individuals to challenge their own privileges and actively denounce racism. However, Cardoso notes that critical whiteness is not always concerned with the reflection that they have a racial identity and also cautions that critical Whiteness can sometimes manifest as performative allyship - when White individuals engage with anti-racist work superficially, without truly dismantling the deeper structures that maintain racial inequality, in other words, without a critical approach, structural racism remains invisible to those who benefit from it. While uncritical whiteness maintains that being white is a special condition, a hierarchy that is obviously superior to all non-whites. In this sense, although critical Whiteness can recognize the role of race in perpetuating inequality, the dominant White society favors above all the uncritical dimension, ensuring that White individuals feel no need to recognize, question and divest themselves of the privileges conferred by their racial identity (Cardoso, 2010).

When, for some reason, Whiteness and White superiority are called into question, and White individuals are confronted with the reality of racism or their own complicity in it, they tend to exhibit defensive reactions - a concept that DiAngelo (2011) described as “White fragility”. This defensiveness - whether through denial, silence, or guilt - serves as a powerful tool to protect racial privilege, preventing meaningful engagement with issues of race.

Although discussions on Whiteness have broadened (e.g., Green et al., 2007; McDermott & Ferguson, 2022), recent research highlights the need for tools to measure and analyze the influence of Whiteness. A systematic review by Hays et al. (2023) identified significant variations in the psychometric properties of Whiteness scales, noting that many scales lack robust reliability and validation procedures, especially when assessing dimensions like White racial identity and privilege. The review emphasizes the importance of having reliable measures that capture the complexities of Whiteness, particularly in multicultural counseling contexts, where accurate assessments of racial identity and privilege can inform culturally competent practices. In Brazil, researchers have recently addressed this gap by validating an instrument to measure Whiteness, offering a critical means to examine the systemic privileges afforded to White individuals. The Whiteness Scale, developed by Oliveira (2023), is a self-report instrument constructed and validated through exploratory and confirmatory factor analyses. This scale, which originally consisted of 18 items, apprehends

critical and non-critical nuances of Whiteness, allowing researchers to quantitatively assess how Whiteness operates in the Brazilian context.

However, some issues regarding the validation process of this instrument still need to be addressed. In fact, while the Whiteness Scale developed by Oliveira (2023) demonstrated a robust unidimensional structure and reliability, important aspects such as the scale's length, item difficulty, and discrimination indices require further scrutiny to fully capture this complex construct. Additionally, the scale's applicability across diverse cultural contexts has yet to be explored. To address these limitations and extend the validity of the instrument, we designed the present research program.

The Current Context and Research

In post-colonial societies, narratives of racial harmony often mask the underlying reality of structural racism, allowing white privilege to persist unchallenged (Costa-Lopes, 2024; Vala & Pereira, 2018; Vala, 2021). Portugal offers a particularly compelling context for examining the phenomenon of Whiteness due to its unique colonial history and the myths that have shaped its national identity. Historically, the Portuguese colonial period - romanticized as the "voyages of discovery" - has been celebrated as a cornerstone of national pride (Cabecinhas & Feijó, 2010; Campos, 2012). This romanticization fostered the belief that Portugal engaged in a less conflictual and more harmonious form of colonization, characterized by extensive mixing with native populations (Cabecinhas & Feijó, 2010; Campos, 2012; Vala et al., 2008).

This logic, first proposed by Gilberto Freyre as Luso-tropicalism, evokes the supposed absence of prejudice on the part of the Portuguese, who were immune to racism and pioneers in promoting interculturality (Cabecinhas, 2023; Mendes & Valentim, 2012; Valentim et al., 2018). However, the reality faced by individuals treated as 'others' (Vala et al., 2006) due to their skin color, gender, social class or other factors shows otherwise (Cabecinhas, 2007; 2023). Previous research on this topic has shown that, in fact, the narrative of Luso-tropicalism has often been used as an ideology that masks the harmony between different cultures, promoting the image of a welcoming and multicultural country (Madeira et al., 2023; 2024; Vala, 2021; Valentim & Heleno, 2018). This denial perpetuates a

system that privileges Whiteness and silences the voices of those excluded from the national imaginary (Almeida, 2022).

The contemporary context of increased immigration in Europe (European Commission, 2024), and specifically in Portugal, intensifies these dynamics. While the nation faces in the last ten years the duplication of its number of immigrants (Porfirio, 2023), myths of cultural integration and tolerance often disguise persistent racial tensions and White privilege (Madeira et al., 2023). The growing racial diversity challenges the dominant narrative of racial harmony and exposes resistance to genuine inclusion, highlighting how Whiteness positions itself as the societal norm. Studying Whiteness within the Portuguese context, therefore, offers a crucial opportunity to critically examine the power dynamics and their far-reaching implications, often invisible to those who benefit from them (Lima, 2020). Indeed, Whiteness can shape critical situations faced by immigrants, such as their access to healthcare, employment, and social services. For example, healthcare providers may unconsciously prioritize the needs of White patients, leading to disparities in the quality of care offered to immigrant and racial minority populations. This highlights the necessity of understanding how Whiteness permeates societal structures, shaping decision-making processes that impact social interactions, ultimately reinforcing disadvantages for non-White individuals.

Despite the importance of studying Whiteness, there has been limited research addressing how this construct operates in Portugal. The lack of validated instruments to measure Whiteness within this context limits the ability to explore its impact fully. To address this gap, our research program aimed to adapt and validate the Whiteness Scale (Oliveira, 2023) for use in Portugal.

The present research consisted of five studies, each contributing to the scale's validation process. Study 1 focused on content validation, involving expert reviews (Study 1a) and a pre-test with the target population (Study 1b). Study 2 sought to provide evidence of the scale's structural validity through exploratory factor analysis, as well as its reliability and convergent and discriminant validity. In Study 3, we used confirmatory factor analysis to further confirm the scale's factor structure and gather additional evidence of reliability and validity. Moreover, this study also sought to gather further convergent and discriminant validity of the Whiteness scale. Finally, Study 4 examined the scale's criterion validity by

exploring how levels of Whiteness influence perceptions of psychological distress and decision-making related to helping behaviors toward Black and White patients.

This research program was submitted to the ethics review board of ISPA - Instituto Universitário. Data and materials from the studies can be found on the Open Science Framework platform: <https://osf.io/u6hd7/>

Study 1. Content Validity of the Whiteness Scale

In this study, we adapted the items of the Whiteness Scale (Oliveira, 2023) for the Portuguese context and explored the content validity of the scale. This involved conducting an expert analysis and a pre-test of the instrument to assess the comprehensibility of its items concerning the target population of the scale. To this end, we followed two sequential steps: first, we translated the items of the scale into European Portuguese; next, we conducted an evaluation with experts to ensure the pertinence, relevance, and clarity of the instrument (Study 1a), as well as a pre-test on the comprehensibility of the Whiteness Scale items in the lay population (Study 1b).

Study 1a. Evaluation by Experts

Method

Participants. In the initial phase of our assessment, we engaged five specialists in the fields of prejudice and discrimination, all of whom have an academic grounding in Social Psychology. These individuals, comprising three men and two women from Brazil and Portugal, were tasked with evaluating the comprehensive version of the Whiteness Scale, as developed and validated by Oliveira (2023). Their ages span from 29 to 48 years ($M = 34.60$; $SD = 7.82$). The second phase of the assessment involved the participation of five judges, akin to the first-phase evaluators, but with a specialized focus on intergroup relations. The judges' ages ranged from 30 to 48 years ($M = 36.00$; $SD = 7.17$), and they self-identified as either men (2) or women (3).

Procedure. The process began with the translation of the 18 Whiteness Scale items from Brazilian Portuguese to European Portuguese. This was followed by a back-translation to ensure their equivalence to the original scale and appropriateness for the Portuguese

context, conducted by a native speaker. Utilizing the Qualtrics platform, we crafted a questionnaire to outline the research goals and detailed instructions for each expert's tasks. This involved reviewing each scale item and evaluating them against three key criteria: pertinence to the construct, relevance, and comprehensibility in writing, with a scoring system ranging from 1 to 5. In this preliminary evaluation, experts appraised the items' relevance, pertinence, and clarity. Given the variability in the content validity coefficient indices of the items, and aiming for a more refined and objective scale, we identified eight items that exhibited the highest Content Validity Coefficient (CVC) scores for pertinence, relevance, and clarity as per the experts' judgment (detailed results are available in the supplementary materials). These items were chosen to delineate critical and uncritical aspects of Whiteness. Subsequently, in the content evaluation's second phase, new judges were invited to review the content of these preselected items using the same indicators as the ones described in the preliminary phase.

Results

We employed the CVC to analyze the items' accuracy, relevance, pertinence, and clarity, reflecting the consensus among evaluators (Aiken, 1980). This analysis entailed calculating the CVC for content expert judgment (CVC_j) for each item (CVC_i) and the scale as a whole (CVC_t), adopting CVC values of ≥ 0.80 as the benchmark for content validity (Aiken, 1985). The results revealed high levels of agreement among the judges regarding the appropriateness and clarity of the eight pre-selected items. Specifically, the translation's accuracy and pertinence (CVC_t = 0.89), relevance (CVC_t = 0.88), and clarity (CVC_t = 0.95) all exceeded the benchmark of 0.80, indicating strong content validity. All average domain scores surpassed three on the five-point scales, suggesting that the judges considered the items to be either adequate or highly suitable for assessing the construct of Whiteness (Alexandre & Coluci, 2011).

Study 1b. Pre-test of the Whiteness Scale

Method

Participants. This study included 44 participants, after excluding 6 participants who did not meet applying our inclusion criteria (i.e., age over 18, being of Portuguese nationality, and self-identifying as White). The majority was female (84.1%) and with ages ranging from 18 to 70 years ($M = 40.88$; $SD = 14.14$). The sample size met the guidelines established in the literature on scale development and adaptation (DeVellis, 2016).

Procedure. Data collection was conducted online using the Qualtrics platform. After participants were provided with information regarding the objectives of the pre-test, they were asked to rate each item's comprehensibility on a scale ranging from 1 (not clear at all) to 5 (completely clear). In addition, participants were encouraged to offer qualitative feedback on how to improve the clarity and directness of the statements. This dual approach allowed us to gather both quantitative ratings and qualitative insights to guide further revisions of the scale items. To reduce order effects, the items were presented to participants in a randomized order.

Data Analysis Procedure. To evaluate the scale's comprehensibility, the average clarity for each item was calculated (as indicated by Dimitrov, 2012; Streiner et al., 2015). Furthermore, T-Student tests were conducted to determine if these averages significantly deviated from the scale's neutral midpoint of 3.0.

Results

The results indicated high comprehensibility of item wording. The items had average scores ranging from 3.31 (Item 8) to 4.06 (Item 7). T-Student tests were conducted to compare the means against the scale's midpoint, confirming that these averages were significantly higher. This demonstrates that the items were clearly understood by the study's target population (Dimitrov, 2012; Streiner & Kottner, 2014). Additionally, participants did not suggest any modifications to the item wording, indicating that the current phrasing was deemed clear and appropriate.

Discussion

The findings from this study offer preliminary evidence supporting the content validity of the short version of the Whiteness Scale within the Portuguese context. The clarity and directness of the items indicate that the scale is both understandable and relevant for assessing the intended construct. However, while these results underscore the scale's potential utility, they merely represent the first step in a comprehensive validation process. Content validity is essential, yet it alone does not capture the theoretical depth and complexity of Whiteness as a construct. To gain a more nuanced understanding of the scale's psychometric properties and to ensure it accurately measures Whiteness, further validation is required. To address this gap and build upon the initial findings, we progressed to Study 2.

Study 2. Evidence of Factorial Validity and Internal Consistency for the Whiteness Scale

In Study 2, we aimed to (1) provide preliminary evidence of factorial validity and internal consistency of the Whiteness Scale to the Portuguese context, (2) to assess its items' quality using Item Response Theory (Samejima, 1968), and (3) to provide its convergent and discriminant validity by examining its relationship with established measures of racism, social dominance, and external motivation to avoid prejudice. To evaluate convergent validity, we employed a measure of biological racism (Vala et al., 2012), which captures beliefs about innate, biologically driven differences between racial groups. Whiteness, as a construct, encompasses an underlying worldview that often legitimizes and rationalizes racial hierarchies through notions of superiority (Bento, 2003; Cardoso, 2008; Schucman, 2012). Thus, we hypothesized that individuals who score higher on the Whiteness Scale would also endorse stronger biological explanations for racial differences, given the historical and ideological links between Whiteness and such beliefs. Additionally, we used Social Dominance Orientation (SDO; Ho et al., 2015) to further explore convergent validity. SDO assesses individuals' preference for maintaining hierarchical relations between social groups, a core tenet of Whiteness (Bonilla-Silva, 2006). Given the strong theoretical overlap between Whiteness and support for social hierarchies, we predicted moderate to strong correlations between the Whiteness Scale and SDO. In contrast, to assess discriminant validity, we examined the relationship between Whiteness and external motivation to avoid prejudice

(EME; Palma & Marôco, 2009). EME captures the degree to which individuals are motivated by social pressures to appear non-prejudiced, a construct theoretically distinct from Whiteness. We hypothesized that Whiteness would have weak or nonsignificant correlations with external motivation to avoid prejudice.

Method

Participants

A total of 268 individuals initially participated by completing an online questionnaire. However, respondents younger than 18, as well as those who did not self-identify as White or were not of Portuguese nationality, were excluded from the final analysis. After applying these exclusion criteria, the final sample consisted of 255 participants, with an average age of 31.67 years ($SD = 12.24$). The majority of participants identified as female (59.2%), while 39.2% identified as male and 1.6% identified as another gender. To ensure adequate statistical power, we adhered to Nunnally's (1978) guideline, which recommends a minimum of ten participants per scale item.

Data Collection Procedure and Instruments

Participants were invited to take part in an online study, carried out on the Qualtrics platform, via a post shared on social media platforms (i.e., Instagram, Facebook, and WhatsApp). At first, after accessing the link, the participants were given information about the aims of the study, the anonymity of their participation and the possibility of withdrawing from the research at any time, which would not lead to any negative consequences. They were also informed that by taking part in the study they would be entered into a 25€ voucher lottery. The sample was drawn using a nonprobabilistic convenience method, and participants could only proceed with the survey after agreeing to the informed consent terms. Once they had given their informed consent, the participants completed the questionnaire, which consisted of the Whiteness Scale, a measure of racism, a scale of orientation towards social domination and the scale of external motivation to avoid responding with prejudice. At the end, the participants answered a questionnaire with sociodemographic questions (age, gender, ethnic-

racial identity). The items in each scale were presented in a random order to the participants. On average, participants took approximately 15 minutes to complete the study.

Whiteness Scale (Study 1). The items of the Whiteness Scale resulting from Study 1b were presented to the participants and answered on a 5-point rating scale ranging from 1 = Totally disagree to 5 = Totally agree.

Biological Racism Scale (Vala et al., 2012; Study 3). To measure levels of biological racism, we utilized the Biological Racism Scale, which consists of seven items (e.g., “Typical human characteristics are present in all racial groups” - reversed score). Participants rated each item on a five-point scale, ranging from 1 = Totally disagree to 5 = Totally agree. A composite index was calculated using the mean of all items ($M = 1.70$, $SD = .62$; $\alpha = .81$; $\omega = .84$), with higher scores indicating a stronger endorsement of biological racism.

Social Dominance Orientation Scale (SDO; Ho et al., 2015). We used the SDO scale to assess participants’ preferences for group-based social hierarchies. This scale includes eight items (e.g., “Some groups of people are simply inferior to other groups”), which were rated on a five-point scale (1 = Totally disagree; 5 = Totally agree). A general social dominance index was generated from the average of the items, with higher scores reflecting a stronger preference for group-based hierarchies ($M = 1.76$, $SD = .71$; $\alpha = .84$; $\omega = .85$).

External Motivation to Answer Without Prejudice Scale (EME; Palma & Marôco, 2009). We used EME to assess participants’ external motivation to avoid prejudice. This scale consists of four items (e.g., “I try to hide any negative thoughts about Black people in order to avoid negative reactions from other people”), with responses measured on a five-point scale (1 = Totally disagree; 5 = Totally agree). An index of external motivation to avoid prejudice was computed from the average of the items ($M = 2.26$, $SD = .96$; $\alpha = .82$; $\omega = .82$), with greater values expressing stronger external motivation to respond without showing prejudice.

Results

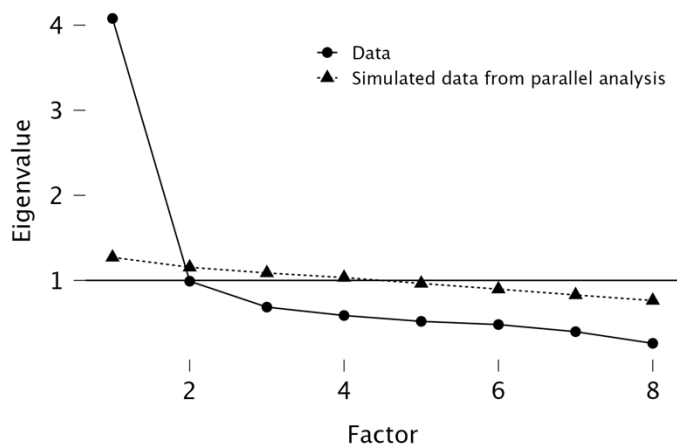
Exploratory Factorial Analysis

In order to provide preliminary evidence of the Whiteness Scale’s factorial structure an exploratory factor analysis (EFA) was carried out on JASP (version 0.18.3 for Apple

Silicon). For the EFA we used the Diagonally Weighted Least Squares (DWLS) factoring method, which is suitable for ordinal data (DiStefano & Morgan, 2014; Li, 2016), coupled with a promax rotation to allow for correlated factors. Firstly, we analyzed the factorability of the data and the adequacy of the sample using the Kaiser-Meyer-Olkin (KMO) criterion and Bartlett's Test of Sphericity. Both the KMO measure of sampling (KMO = .891) and Bartlett's test of sphericity, which was significant ($\chi^2(28) = 794.045, p = .001$), indicated that the data was suitable for factor analysis and suggested interpretability of the correlation matrix of the items (Damásio & Borsa, 2017). Secondly, to determine the factors to retain we used two criteria: 1) the Guttman-Kaiser criterion which indicates that factors with an eigenvalue of 1 or more should be retained (Guttman, 1954; Kaiser, 1960), and 2) the Parallel Analysis, which indicates that we should retain the factors that have an eigenvalue greater than those extracted based on simulated random data (Damásio & Borsa, 2017). Based on these criteria, the analysis indicated the presence of a single factor with Eigenvalues greater than 1 (4.079), explaining 45% of the total variance. The factor loadings, communalities, averages, and the internal consistency index are summarized in Table 1, and the scree plot illustrating the parallel analysis can be found on Figure 1. All the items showed high factor loadings on a single factor, with values ranging from 0.54 to 0.87, reinforcing the unidimensionality of the scale, with the exception of item 3 (0.30).

Figure 1.

Parallel analysis and scree plot of the EFA of the Whiteness Scale (Study 1)



To assess internal consistency, we used Cronbach's alfa (α ; Cronbach, 1951) and McDonald's Omega (ω ; McDonald, 1999), considering values equal to or greater than 0.70 to be acceptable. The single factor showed excellent levels of internal consistency ($\alpha = 0.86$, $\omega = 0.87$).

Table 1.*Rotated load matrix and IRT analysis of the Whiteness Scale (Study 2)*

Whiteness Scale Items	<i>M</i>	$\frac{\lambda}{F1}$	h2	a	b1	b2	b3
1. In Portugal, White people have privileges just because they are White. [<i>Em Portugal, pessoas brancas têm privilégios só porque são Brancas.</i>] (R)	2.58	.870	.759	-3.78	1.26	.621	-.256
2. In Portugal, poor White people have more privileges than poor Black people. [<i>Em Portugal, as pessoas Brancas pobres têm mais privilégios quando comparadas às pessoas Negras pobres.</i>] (R)	2.73	.760	.580	-2.32	1.35	.676	.062
3. I feel uncomfortable about being White. [<i>Sinto incómodo por ser Branco.</i>] (R)	4.43	.300	.090	-.839	-.571	-2.59	-4.06
4. White people contribute to racial inequality in Portugal. [<i>As pessoas Brancas contribuem para a desigualdade racial em Portugal.</i>] (R)	2.79	.648	.420	-1.62	1.62	.789	.007
5. To say that in Portugal there are inequalities of opportunities between White and Black people is an overstatement. [<i>Dizer que em Portugal há desigualdade de oportunidades entre Brancos e Negros é um exagero.</i>]	2.22	.674	.454	2.21	-.471	.707	1.02
6. Having an aesthetic preference for White people over Black people has nothing to do with racism, it's just a matter of taste. [<i>Ter preferência estética por pessoas Brancas do que de pessoas Negras não tem nada a ver com racismo, é apenas uma questão de gosto.</i>]	3.18	.535	.287	1.26	-2.10	-.852	.253
7. Enslavement was a horrible thing, but Black people need to turn the page and move on. [<i>A escravização foi algo horrível, mas as pessoas Negras precisam virar a página e seguir em frente.</i>]	2.92	.660	.437	1.88	-1.15	-.228	.317
8. In Portugal, what they call “White privilege” is actually the result of White people's efforts, not some existing advantage. [<i>Em Portugal, o que chamam de “privilégios dos Brancos” é, na verdade, resultante do esforço das pessoas Brancas, e não de alguma vantagem já existente.</i>]	2.16	.750	.564	2.39	-.434	.550	1.23
	% of total explained variance	45.0					
	Eigenvalues	4.08					
	Cronbach's alpha (α)	.86					
	McDonald's omega (ω)	.87					

Note. R = Reversed Item; *M* = Mean; λ = factor loading (indicate to each factor the items are related; answers were given on a 5-point scale; h2 = commonalities; a = parameter for the item difficulty; b = parameter for the item discrimination.

Item Response Theory Analyses

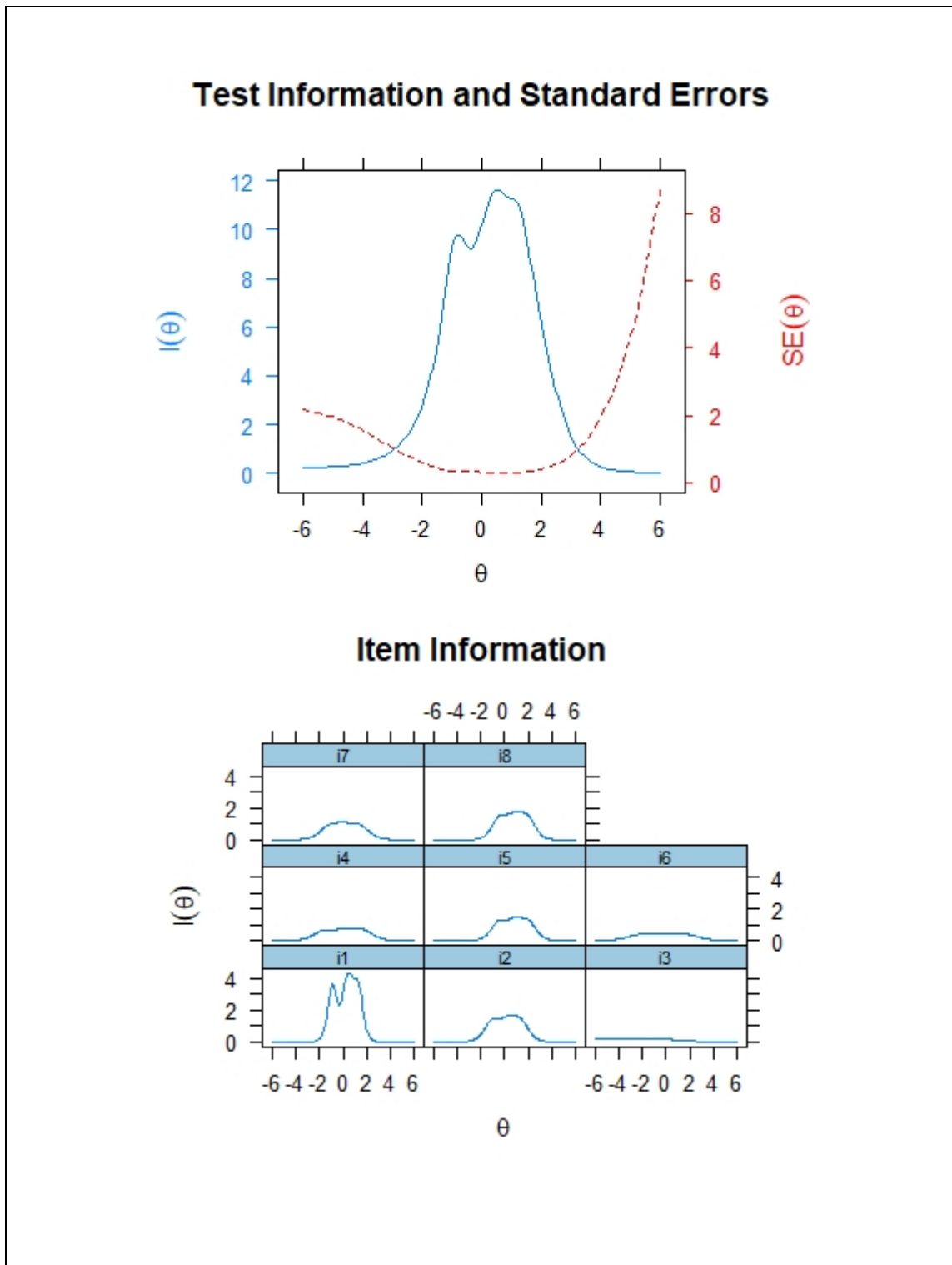
To further assess the Whiteness Scale's psychometric properties, we employed Item Response Theory (IRT) using the Graded Response Model (Samejima, 1969). Specifically, we focused on two key indicators of item quality: discrimination values (a), which reflect how well an item differentiates between respondents with varying levels of the underlying construct (Whiteness), and difficulty parameters (b_1, b_2, b_3), which indicate the thresholds at which respondents endorse higher levels of the trait (Do Bú et al., 2021; Samejima, 1969) (see Table 1). The discrimination values ranged from -3.78 to 2.39, indicating variability in how effectively the items distinguished between individuals at different levels of Whiteness. Items with higher discrimination values, such as Item 1 ("In Portugal, White people have privileges just because they are White," $a = -3.78$) and Item 8 ("In Portugal, what they call 'White privilege' is actually the result of White people's efforts," $a = 2.39$), demonstrated strong discriminatory power. These items effectively distinguished between respondents who strongly endorsed Whiteness and those who did not.

The difficulty parameters ranged from -4.06 to 2.39, reflecting the thresholds at which respondents were likely to endorse the item across different levels of the trait being measured (Whiteness). Items like Item 3 ("I feel uncomfortable about being White") had lower difficulty thresholds ($b_1 = -2.59, b_2 = -4.06$), suggesting that individuals with lower levels of Whiteness endorsement were more likely to agree with these statements. On the other hand, Item 8 had higher difficulty values ($b_1 = -.434, b_2 = 1.23$), indicating that only individuals with higher levels of endorsement of Whiteness were likely to agree with this item.

The Test Information Curve (Figure 2) reveals that the Whiteness Scale is most informative between θ values of approximately -2 and 0, where the scale provides the highest precision in measuring Whiteness. The sharp peak in the information curve indicates that the scale is particularly reliable for individuals with moderate to lower levels of endorsement of Whiteness. The standard errors (represented by the red dashed line) are lowest in this range, further confirming the accuracy of the scale for respondents falling within these θ values.

Figure 2.

Item and Test Information trace lines the Whiteness Scale (Study 2)



Convergent and Discriminant Validity

To test convergent and discriminant validity, we used bivariate correlations to assess Whiteness Scale shared variance with the biological racism scale and the social dominance scale (convergent validity), and the motivation to avoid prejudice (discriminant validity). Results are shown in Table 2.

Concerning convergent validity, values between .40 and .70 were considered good (Damásio & Borsa, 2017). The results indicated that the Whiteness Scale was strongly and positively associated with biological racism levels ($r = .49$), as well as, with social dominance orientation ($r = .64$). Finally, the results show a weak correlation (below .25) between the Whiteness Scale and the external motivation to avoid prejudice scale, which is considered preliminary evidence of discriminant validity (Damásio & Borsa, 2017).

Table 2.

Bivariate correlations results concerning convergent and discriminant Whiteness Scale's validity (Study 2 and Study 3)

Convergent Validity	Whiteness	
	Study 2	Study 3
Biological racism	0.49***	0.41***
SDO	0.64***	0.51***
Luso-tropicalism	-	0.71***
Political orientation	-	0.61***

Discriminant Validity	Whiteness	
	Study 2	Study 3
EME	0.21***	-
ESS	-	-0.21***

Note. SDO = Social Dominance Orientation; *** $p = .001$.

Discussion

The results from Study 2 provided important evidence supporting the Whiteness Scale's factorial validity and internal consistency, demonstrating a robust single-factor structure and strong psychometric properties, including effective item discrimination and difficulty levels as shown in the IRT analysis. Specifically, the scale performed best in measuring individuals with low to moderate levels of Whiteness. Additionally, significant correlations with measures of biological racism and SDO reinforced the scale's convergent validity, as individuals scoring higher on Whiteness were more likely to endorse hierarchical social structures and biological explanations for racial differences. Furthermore, the weak relationship between Whiteness and external motivation to avoid prejudice confirmed the scale's discriminant validity, indicating that it is not merely capturing socially desirable responses.

However, while these results are promising, the exploratory nature of the factor analysis limits the conclusions that can be drawn about the stability of the scale's structure. Moreover, although convergent and discriminant validity were established with a select set of constructs, further validation is required to expand the theoretical scope and ensure the robustness of these findings. To address these issues, we developed Study 3.

Study 3. Confirmatory Factorial Analysis of the Whiteness Scale

The aim of Study 3 was to build on the findings from Study 2 by providing additional empirical evidence of the Whiteness Scale's factorial validity and reliability. We also sought to further explore its convergent and discriminant validity. Specifically, we aimed to replicate the convergent validity between the Whiteness Scale and measures of biological racism and SDO, as established in Study 2. In addition, we extended the validation process by exploring new variables, including Luso-tropicalism and Political orientation. Given that racist ideologies are foundational to Whiteness beliefs (Harris, 1993) and that Whiteness is often aligned with political conservatism (Bento, 2022), we hypothesized that higher scores on the Whiteness Scale would correlate strongly with Luso-tropicalism and right-wing Political orientation. Regarding discriminant validity, we tested whether Whiteness was unrelated to physical constructs such as sleep, based on the theoretical expectation that social attitudinal constructs, like Whiteness, should not correlate with physiological states (Nery et al., 2023).

Method

Participants and Design

We initially recruited 350 participants. After excluding 44 participants who were under the age of 18, did not identify as White, and/or were not of Portuguese nationality, the final sample consisted of 306 participants. The ages of the participants ranged from 18 to 79 years ($M = 33.85$, $SD = 14.59$). The majority of participants identified as female (68.3%), while 2.3% identified as non-binary or another gender. Following the guidelines of Nunnally (1978) for confirmatory factor analysis, we adhered to the recommendation of having at least 20 participants per scale item.

Instruments and Data Collection Procedure

Participants were recruited via social media platforms (i.e., Instagram, WhatsApp, Facebook) and invited to complete an online questionnaire regarding perceptions of colonization and social group relations in the Portuguese population. Following informed consent, participants were presented with the main questionnaire, which included the scales measuring Whiteness, biological racism, SDO, Luso-tropicalism, Political orientation, and sleep behavior. At the end, participants provided sociodemographic information and were debriefed. A lottery for a 25€ voucher served as an incentive for participation. As in Study 2, the items within each scale were randomized to avoid response biases. The average completion time was 15 minutes. The specific measures included were:

Whiteness Scale. We used the same version as in Study 2 ($M = 2.86$; $SD = 0.84$).

Biological Racism Scale (Vala et al., 2012). As in Study 2, this scale was used to assess participants' beliefs about biological differences between racial groups ($M = 1.77$, $SD = .58$; $\alpha = .76$; $\omega = .78$).

Social Dominance Orientation (SDO) (Ho et al., 2015). Also used in Study 2, this scale measured participants' social dominance orientation ($M = 1.76$, $SD = .64$; $\alpha = .80$; $\omega = .84$).

Luso-tropicalism Scale: We used the Luso-tropicalism Scale (Madeira et al., 2023) to assess participants' support of the Luso-tropicalist ideology, which portrays Portuguese colonialism as racially harmonious (e.g., "The Portuguese colonial history was characterized by cultural integration with the colonized peoples"). The scale consists of 12 items with four

dimensions, but we focused on its general factor in the present study. Responses were rated on five-point rating scales (1 = Strongly disagree; 5 = Strongly agree), with higher scores indicating stronger support for Luso-tropicalism ($M = 2.93$, $SD = .72$; $\alpha = .90$; $\omega = .90$).

Political Orientation: We used a single-item measure to assess Political orientation: “In politics, it's common to talk about left and right. Where would you position yourself on a scale of 1 to 7, where 1 means the most left-wing position and 7 means the most right-wing position?” Higher scores in this item reflected stronger right-wing political views ($M = 3.34$, $SD = 1.44$).

Epworth Sleep Scale (ESS): We used the Epworth Sleep Scale (Boari et al., 2004) to measure participants' likelihood of dozing off in common daily situations (e.g., “Sitting and reading”). This eight-item scale was rated on a four-point scale (0 = would never doze off; 3 = high chance of dozing off), with higher scores indicating a greater propensity for daytime sleepiness. Internal consistency was adequate ($M = 2.05$, $SD = .46$; $\alpha = .71$; $\omega = .72$).

Results

Confirmatory Factorial Analysis

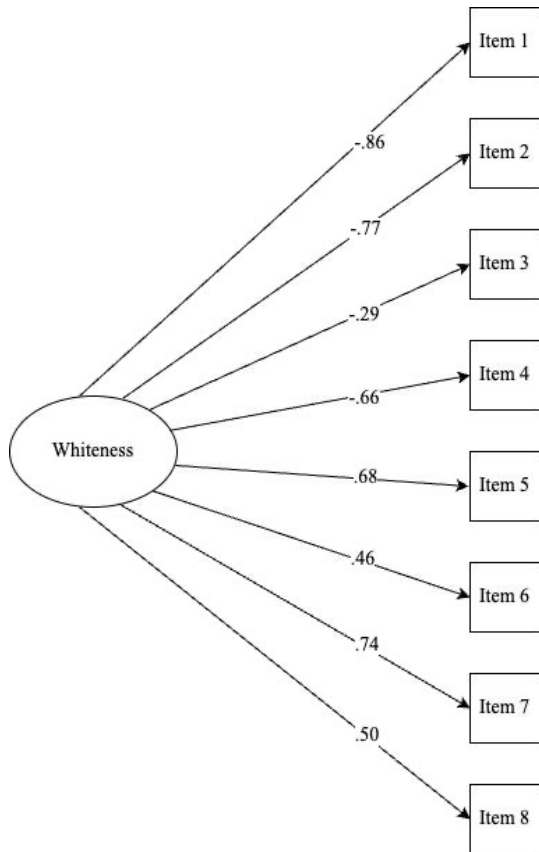
A confirmatory factor analysis (CFA) was carried out, using JASP (version 0.18.3 for Apple Silicon), to confirm the single factor structure obtained in Study 2. We used the Robust Diagonal Weighted Least Squares (RDWLS) as an estimation method, since according to DiStefano & Morgan (2014) and Li (2016) it is adequate for ordinal data.

The fit indices used were Chi-square ratio by degrees of freedom (χ^2/df); *Comparative Fit Index* (CFI); Tucker-Lewis Index (TLI); *Standardized Root Mean Residual* (SRMR) and *Root Mean Square Error of Approximation* (RMSEA) (Byrne, 2011; Damásio & Borsa, 2017). It is recommended that χ^2 values range from 2 to 3, with values of up to 5 still being considered acceptable. CFI and TLI values should be $\geq .90$ and preferably above .95 and RMSEA values should be ≤ 0.08 or preferably $\leq .06$, with a confidence interval (upper limit) $\leq .10$ (Brown, 2015; Byrne, 2011; Damásio & Borsa, 2017). Due to its extremely low occurrence ($< .03\%$), we used Listwise exclusion to handle missing values (Cheema, 2014; Jakobsen et al., 2017). The results of the CFA demonstrated that the single-factor model provided an excellent fit to the data ($\chi^2(20) = 20.69$, $p = .415$; CFI = 1.00; TLI = 0.99;

RMSEA (90% CI) = .01 [.00 – .05]; SRMR = 0.04). A detailed visualization of the single-factor structure, along with the factor loadings for each item, is presented in Figure 3.

Figure 3.

Single-factor structure of the Whiteness Scale (Study 3)



Convergent and Discriminant Validity and Reliability of the Whiteness Scale

As in Study 2, we considered correlations between .40 and .70 to indicate appropriate levels of convergent validity (Damásio & Borsa, 2017) (see Table 2). The Whiteness Scale demonstrated strong positive associations with biological racism and biological racism, replicating previous findings. Additionally, the scale showed a positive strong correlation with Luso-tropicalism, suggesting that the cultural narratives embedded in this ideology are highly associated with Whiteness. Political orientation also exhibited a moderate positive correlation, indicating that individuals who endorse right-wing political views also tended to score higher on the Whiteness Scale. In terms of discriminant validity, the scale displayed a weak

correlation with the ESS, underscoring the specificity of the Whiteness construct by distinguishing it from unrelated physical measures.

Regarding the reliability of the instrument, both Cronbach's alpha ($\alpha = 0.86$) and McDonald's omega ($\omega = 0.80$) confirmed the excellent internal consistency observed in Study 2, further affirming the robustness and reliability of the Whiteness Scale in measuring the intended construct.

Discussion

The primary objective of Study 3 was to confirm the factor structure of the Whiteness Scale through a CFA, building on the evidence established in Study 2. By reaffirming the unidimensional structure of the scale, we solidified our understanding of its psychometric properties, particularly its factorial validity, in the Portuguese context (Damásio & Borsa, 2017).

In terms of convergent validity, the findings from Study 3 both replicated, and extended those from Study 2. The Whiteness Scale demonstrated consistent correlations with both biological racism and SDO, further supporting the rationale that individuals who endorse Whiteness also tend to support racial hierarchies and biological explanations for racial differences. Additionally, the positive and strong association with Luso-tropicalism added a crucial cultural perspective, as this ideology often obscures racial inequalities under the guise of harmonious relations between Portugal and its former colonies (Madeira et al., 2023). Finally, we find that the moderate correlation between the Whiteness Scale and right-wing Political orientation aligns with existing research linking Whiteness to political conservatism that suggests that individuals with more conservative ideologies are more likely to endorse beliefs rooted in racial hierarchies (Dovidio et al., 2017; Ho et al., 2015).

As to divergent validity, the weak correlation between the Whiteness Scale and a sleep measure provided clear evidence of its discriminant validity, confirming that the scale is specifically capturing social attitudinal constructs rather than being influenced by unrelated physiological factors (Nery et al., 2023).

However, while these findings represent significant progress in validating the Whiteness Scale, it is important to acknowledge the limitations of the current study. Despite

having established factorial and convergent validity, the criterion validity of the scale remains to be fully explored. This gap will be addressed in Study 4.

Study 4. Criterion Validity of the Whiteness Scale

The aim of Study 4 was to evaluate the criterion validity of the Whiteness Scale by examining how individuals' levels of Whiteness influence their psychological distress attributions and decision-making related to helping behaviors for Black and White patients. This study was grounded in research on racial bias in healthcare, which has consistently demonstrated that race-related stereotypes about pain and distress shape both public perceptions and clinical decision-making (Hirsh et al., 2015). Studies have shown that Black patients are often perceived as experiencing less pain and psychological distress compared to White patients, leading to suboptimal care and significant disparities in treatment quality (Do Bú et al., 2023; Hirsh et al., 2015; Hollingshead et al., 2016; Hoffman et al., 2016). The racial bias in pain perception is particularly pronounced among White individuals, who tend to believe that Black people have a higher pain tolerance, thereby underestimating their suffering (Trawalter et al., 2012).

Building on this literature, we hypothesized that individuals scoring higher on the Whiteness Scale would attribute lower levels of psychological distress symptoms to a Black patient than to a White patient. Additionally, we expected that recommendations for helping behaviors—such as granting medical leave or referring patients to psychological services—would be influenced by participants' levels of Whiteness. Specifically, we anticipated that those with higher Whiteness scores would be less likely to recommend assistance for a Black (vs. White) patient, reflecting a bias shaped by both racial stereotypes and the ideological frameworks underpinning Whiteness.

Method

Participants and Design

The sample consisted of 244 participants, primarily female (88.1%), with 10.2% identifying as male and 1.6% as non-binary. Participants ranged in age from 18 to 60 years ($M = 28.01$, $SD = 9.61$). As in previous studies, we excluded individuals under the age of 18, as well as those who did not identify as White or were not of Portuguese nationality. The study

employed an experimental design in which participants were randomly assigned to one of two conditions based on the racial identity of the patient in a clinical vignette: Black (born in Luanda) or White (born in Lisbon).

Instruments and Data Collection Procedure

Participants were invited via social media (i.e., WhatsApp, and Instagram) to take part in the study and complete an online questionnaire on the Qualtrics platform. This non-probabilistic sample was obtained via convenience sampling. Upon accessing the survey, participants were provided with a detailed informed consent form. The data collection process began with participants completing the Whiteness Scale (which in this study showed high internal consistency: $\alpha = .80$; $\omega = .81$). After that, participants were given a brief memory distraction task (Silva, 2024). The central task of the study involved a clinical vignette, where participants were randomly assigned to one of two conditions that manipulated the perceived race of the target. The woman in the vignette, Maria, was either described as having been born in Luanda (implying that she was Black) or Lisbon (implying that she was White)¹. The content of the vignette was otherwise identical across conditions and included details about Maria's psychological distress, her request for medical leave, and her dissatisfaction with her work environment:

Maria, 32, was born in [Lisbon vs. Luanda]. She is single and has no children. She consulted a general practitioner at the health center in her residential area (central Lisbon). She complains of low energy and reports crying alone at home. She mentions that she has thought about committing suicide in the past, but currently denies having any suicidal thoughts. She is concerned that she may be experiencing a nervous breakdown and is requesting a sick leave. Maria works as a secretary in a company where she feels undervalued and mistreated by her boss and colleagues. She has a good relationship with her family but does not want to worry them about her situation.

¹ In Portugal, public institutions do not register patients' race, but instead their place of birth. As the majority of people born in Luanda are black and the majority of those born in Lisbon are white, the place of birth was used as a reliable clue for participants to deduce the race of the woman in the vignette.

After reading the vignette, participants completed comprehension check questions to ensure that they understood the narrative and the key details presented. If participants expressed uncertainty about the vignette, they were permitted to return and re-read the text before answering additional questions.

The subsequent questions were designed to gauge participants' judgments regarding Maria's psychological distress symptoms and her need for professional intervention (i.e., decision-making indicators). These questions assessed: whether the participant believed Maria should be granted medical leave by her doctor ($1 = \text{disagree}$; $6 = \text{agree}$); the extent to which they felt Maria should be referred to psychological or psychiatric services ($1 = \text{disagree}$; $6 = \text{agree}$); and the urgency of her need for professional care ($1 = \text{assistance on the day}$; $2 = \text{assistance that week}$; $3 = \text{assistance that month}$; $4 = \text{waiting list}$).

The primary outcome of interest, the perceived psychological distress attributed to Maria, was measured using the Psychological Symptoms Scale (PSS; Schulz et al., 2010). This scale consists of 15 items capturing a range of psychological symptoms (e.g., depression, anxiety, self-confidence), with participants rating the perceived intensity of each symptom to the patient on a four-point rating scale ($0 = \text{never}$; $3 = \text{every day}$). In this study, the measure presented high internal consistency ($M = 2.16$, $SD = .65$, $\alpha = .87$; $\omega = .86$).

Finally, participants completed a demographic questionnaire that included questions about gender, age, nationality, education level, and racial/ethnic identification.

Results

Preliminary Analyses

Firstly, we examined the relationships among the study's variables. The bivariate correlations are presented in Table 3. For the Black patient, there is a negative and significant correlation between participants' Whiteness levels and the attribution of psychological distress symptoms, as well as Whiteness levels and the recommendation for medical leave. Regarding the White patient, however, no significant associations were found between Whiteness levels and the study variables.

Moderation Analyses

Based on the findings from the correlation analyses, we then conducted moderation analyses (Model 1; Hayes, 2017) to assess whether the relationship between Whiteness and the perception of psychological symptoms, as well as recommendations for medical leave, is moderated by the patient's race.

The moderation analyses revealed that the main effect of Whiteness on the attribution of psychological distress symptoms was not significant ($b = -.03$, $SE = .08$, $z = -.31$, $p = .761$). However, the main effect of the patient's race on the attribution of psychological distress symptoms was marginally significant ($b = .63$, $SE = .33$, $z = 1.90$, $p = .057$). Participants attributed higher psychological symptoms to the White ($M = 2.42$; $SD = .62$) than the Black patient ($M = 2.40$; $SD = .67$). Importantly, a significant interaction between Whiteness and the patient's race was found ($b = -.26$, $SE = .12$, $z = -2.10$, $p = .036$). When examining simple effects, as predicted, we found that higher levels of Whiteness were associated with a lower attribution of psychological symptoms for the Black patient ($b = -.28$, $SE = .09$, $z = -3.14$, $p = .002$), but not for the White patient ($b = -.03$, $SE = .08$, $z = -.31$, $p = .761$) (see Figure 4 for estimated means).

Regarding medical leave recommendations, neither the main effect of Whiteness ($b = -.18$, $SE = .14$, $z = -1.28$, $p = .200$) nor the main effect of race ($b = .59$, $SE = .58$, $z = 1.02$, $p = .309$) was significant. However, when examining simple effects, we found that higher levels of Whiteness were associated with lower recommendations for medical leave for the Black patient ($b = -.43$, $SE = .16$, $z = -2.67$, $p = .008$), but not for the White patient ($b = -.18$, $SE = .14$, $z = -1.28$, $p = .200$) (see Figure 4 for estimated means). However, this pattern of results was not captured in the interaction effect between Whiteness and the patient's race ($b = -.24$, $SE = .22$, $z = -1.14$, $p = .256$).

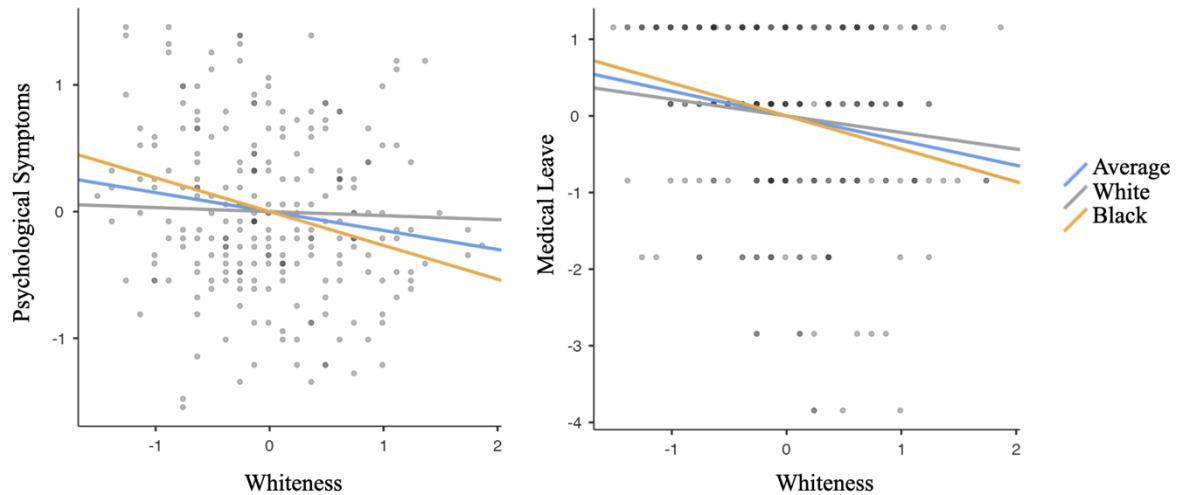
Table 3.*Bivariate correlation results concerning the Whiteness Scale's criterion validity (Study 4)*

	Whiteness	Psychological Symptoms	Medical Leave	Recommendation for Psychiatry	Recommendation for Psychology	Waiting Time
Whiteness	-	-.268**	-.231*	-.068	-.012	-.028
Psychological Symptoms	<i>-.041</i>	-	.291**	.056	0.238*	-.120
Medical Leave	<i>-.133</i>	<i>.096</i>	-	.184*	.111	-.035
Recommendation for Psychiatry	<i>-.092</i>	<i>.113</i>	<i>.310**</i>	-	.093	-.085
Recommendation for Psychology	<i>-.139</i>	<i>.061</i>	<i>.206*</i>	<i>.123</i>	-	-.069
Waiting Times	<i>-.022</i>	<i>-.205*</i>	<i>-.254**</i>	<i>-.071</i>	<i>-.153</i>	-

Note. * $p < .05$, ** $p = .01$; Bold values correspond to Luanda's condition; Italic values correspond to Lisbon's condition.

Figure 4.

Estimated means for the patient's race (Black vs. White) on the relation between Whiteness and perception of psychological symptoms (left figure) and medical leave (right figure)



Discussion

In Study 4, we examined the criterion validity of the Whiteness Scale by investigating how levels of Whiteness influence attributions of psychological distress and decision-making related to helping behaviors for Black and White patients. As hypothesized, individuals with higher levels of Whiteness attributed lower levels of psychological distress to the Black patient compared to the White patient. This is in line with the broader literature that indicates how racial stereotypes lead to the underestimation of Black individuals' pain and psychological suffering (Hirsh et al., 2015; Hollingshead et al., 2016; Trawalter et al., 2012).

The results for decision-making related to helping behaviors, particularly recommendations for medical leave, further reinforce this pattern. Higher levels of Whiteness were associated with a reduced likelihood of recommending medical leave for the Black patient, while no significant relationship was observed for the White patient. This finding is particularly concerning, as it mirrors documented racial disparities in healthcare, where Black patients are often undertreated and their concerns are disregarded compared to White patients (Do Bú et al., 2023; Hoffman et al., 2016). The reluctance to grant medical leave to Black patients with identical symptoms to White patients underscores how Whiteness can perpetuate unequal access to care and contribute to systemic healthcare disparities. However, while these findings are critical in demonstrating the criterion validity of the Whiteness Scale, it is

important to acknowledge that the interaction effect for medical leave did not reach statistical significance. This suggests that while Whiteness influences perceptions of psychological distress, its impact on helping behaviors may be more nuanced or subject to additional contextual factors. Future research should continue to explore how Whiteness affects different dimensions of decision-making in healthcare, such as the type and quality of care recommended.

General Discussion

The four studies presented in this research allowed us to successfully adapt and validate the Whiteness Scale for the Portuguese context, offering a comprehensive examination of its psychometric properties. Studies 1a and 1b focused on adapting the scale items from the original Whiteness Scale (Oliveira, 2023) to the Portuguese cultural setting. Through expert consultation and feedback from the target population, we ensured that the scale exhibited strong content validity, providing a solid foundation for subsequent validation steps.

Study 2 provided initial evidence of the scale's factorial structure and reliability. Through exploratory factor analysis, we confirmed that the Whiteness Scale has a robust single-factor structure measuring critical and noncritical perspectives of Whiteness in society. Additionally, the study demonstrated the scale's convergent validity by revealing significant correlations with measures of biological racism and social dominance orientation. Moreover, the findings underscored the independence of Whiteness from individuals' external motivations to appear non-prejudiced, highlighting the scale's robustness. Item Response Theory analyses further demonstrated the scale's capacity to discriminate between different levels of Whiteness endorsement, strengthening its reliability.

In Study 3, we confirmed the factor structure of the Whiteness Scale using confirmatory factor analysis, reinforcing its factorial validity and reliability. This analysis validated the unidimensional nature of the scale, replicating the results from Study 2. Moreover, Study 3 provided additional evidence of convergent validity by showing positive correlations between Whiteness and both Luso-tropicalism and right-wing Political orientation, suggesting that individuals with higher Whiteness scores are more likely to endorse ideologies that obscure racial inequalities and support conservative political beliefs. Discriminant validity was also corroborated, as the scale did not show associations with unrelated physical constructs such as sleep behavior.

Finally, Study 4 focused on assessing the criterion validity of the Whiteness Scale. This study demonstrated that higher Whiteness scores were associated with differential perceptions of psychological distress and decision-making related to helping behaviors, particularly when assessing a Black patient. Individuals with higher Whiteness scores were more likely to perceive lower psychological distress in a Black (vs White) patient and were less inclined to recommend helping behaviors such as medical leave. These findings underscore the impact of Whiteness on both perceptual and behavioral biases in healthcare settings.

Collectively, the four studies provide compelling evidence for the construct validity of the Whiteness Scale. Through rigorous validation processes, we established that the scale reliably measures Whiteness as a construct, offering valuable insights into how Whiteness influences perceptions and behaviors, particularly in healthcare.

Theoretical Implications

This research marks a critical advancement in understanding Whiteness within the Portuguese context, addressing a significant gap in the literature. Although discussions on racial dynamics are gaining traction, the theoretical exploration of Whiteness in Portugal has remained underexplored (Costa-Lopes, 2024; Vala, 2021). This oversight is particularly striking given Portugal's colonial legacy. Our findings, particularly the association between higher levels of Whiteness and stronger support for Luso-tropicalism, may shed light on this dynamic. Luso-tropicalism—the notion that Portuguese colonialism was uniquely benign and racially harmonious to its past colonies—has been studied as a mechanism that obscures structural racism (Valentim & Heleno, 2018). This ideological framework seems to support the maintenance of racism by denying it and resorting to ideas of egalitarianism (Madeira et al., 2023). In turn, Whiteness also resorts to beliefs of egalitarianism, while denying the existence of White privilege.

Additionally, in this research we found that people who tend to adhere to the luso-tropicalist narrative and who show higher levels of Whiteness also tend to support ideas of biological racism and orientation towards social dominance. This apparent contradiction reinforces evidence from previous studies suggesting that Luso-tropicalism and the orientation towards social dominance favor the maintenance of a race-based system and racial inequalities (Madeira et al., 2023; 2024; Madeira et al., in prep). Furthermore, this study

provides the first evidence of the role of Whiteness, namely through the denial of White privilege, in maintaining the status quo of racial disparities, in Portugal.

Thus, in this context, the investigation of Whiteness becomes essential for uncovering the privileges and power dynamics that sustain these hierarchies. Our study, through the adaptation of the Whiteness Scale, provides an empirical tool for investigating these dynamics, offering a more nuanced understanding of how Whiteness operates reinforcing the White power structure in Portugal.

Moreover, the adaptation of the Whiteness Scale also carries broader implications for racial studies across Europe. In a socio-political landscape marked by rising nationalism and the reinforcement of borders (Ko & Choi, 2021), Whiteness may play a critical role in shaping exclusionary practices. For example, on September 29, 2024, an anti-immigration protest organized by the Portuguese far-right party, which was accompanied in parallel by an anti-racism protest, resulted in disagreements between participants from both protests. According to the Portuguese newspaper *Expresso* (*Manifestação do Chega contra a imigração*, 2024), while two anti-racism protesters were shouting “April 25th always, fascism never again” an anti-immigration protester punched them. This incident illustrates the increasing political polarization in European countries, already documented by research (e.g., Vala & Pereira, 2018), and the relation between far-right ideologies and anti-immigration ideologies. In fact, in a meta-analysis, Cohrs and Stelzl (2010) provided evidence that right-wing authoritarianism and social dominance orientation predict anti-immigrants attitudes. Since this study showed a positive and significant relationship between SDO and Whiteness, as well as right-wing Political orientation and Whiteness, we can argue that the Whiteness Scale can provide an important contribution to the study of the role of Whiteness in the relation to nationalism and anti-immigration attitudes.

In this sense, the validation of this scale in a European context opens new avenues for research, offering a framework for examining how Whiteness manifests in different Western societies. In fact, the Whiteness Scale can help us understand resistance to the integration of immigrants in a European context and the reinforcement of exclusionary and nationalist policies. Evidence shows how the perception of threat, especially among majority groups, feeds racial prejudice and resistance to immigration (Vala et al., 2006). The immigrant, the ‘other’ is seen as destabilizing (Nshom, 2021), not only because of their cultural differences, but also because of the risk they pose to maintaining the power and privileges of a racially dominated White society (Pereira & Vala, 2010). White fragility, as described by DiAngelo

(2018), can be activated in this context when the presence of immigrants challenges this established vision of White ‘normality’. This generates reactions of defense and exclusion, such as discrimination against immigrants and minorities.

In sum, the research presented in this dissertation contributes to the research line that challenges the longstanding invisibility of Whiteness. By focusing on Whiteness as an object of study, we disrupt the assumption that White identity is universal or inherently objective (Lima, 2020; Kilomba, 2019). In doing so, we highlight how Whiteness actively works to maintain systems of power that benefit dominant groups (Harris, 1993; Schucman, 2012). This research, in this sense, provides a foundation for future research to interrogate how Whiteness influences social relations, particularly in countries like Portugal, where racial inequality is frequently minimized or denied. Indeed, through this work, we underscore the importance of critically examining Whiteness as a position of privilege that structures social hierarchies and perpetuates inequities.

Clinical Implications

The findings from this research offer critical insights into how Whiteness shapes the perception of psychological distress and informs healthcare decisions. Our results demonstrate that individuals with higher levels of Whiteness were less likely to attribute psychological distress to Black patients and were less inclined to recommend medical leave. This pattern of behavior suggests that Whiteness functions as an underlying psychological framework that distorts perceptions of suffering based on a patient’s racial background (specifically the Black patient’s clinical condition). That is, greater levels of Whiteness, associated with minimizing the distress of Black patients compared to White patients, may lead to a polarization of the needs of White patients, perpetuating healthcare disparities and ultimately reinforcing a system of privilege and dominance for White individuals (Lima, 2020).

Such dynamics are particularly dangerous in clinical settings, where a failure to recognize the psychological needs of minoritized groups can have severe consequences, including misdiagnosis, inadequate treatment, and worsened health outcomes. For example, the prevalent stereotype that Black individuals are more resilient or have a higher tolerance for pain often leads to their suffering being underestimated, resulting in delayed or insufficient interventions (Trawalter et al., 2012). Also, previous research has shown that experiences of White privilege and implicit pro-White bias negatively impact the way White pediatric nurses interact and treat Black patients (Geer-Leiker, 2023). Our findings, therefore, align with a

broader body of literature highlighting how both implicit and explicit racial biases contribute to the underestimation of Black patients' pain and psychological distress (Do Bú et al., 2023; Hirsh et al., 2015; Hoffman et al., 2016; Trawalter et al., 2012). However, our study provides a novel contribution by empirically demonstrating the specific role that Whiteness plays in reinforcing these biases.

These biases are not limited to the general population; they are likely to manifest in the practices of clinicians, including psychologists and other mental health professionals (Penner et al., 2023). This raises critical concerns for clinical practice, as mental health practitioners may, consciously or nonconsciously, apply different standards when assessing the needs of patients from different racial backgrounds. If White clinicians with higher levels of Whiteness are more prone to discount the suffering of Black patients, this could contribute to inadequate care and exacerbate existing health disparities.

The Whiteness Scale developed in this research offers a critical tool for addressing these concerns. By measuring levels of Whiteness among clinicians, future studies can investigate how these attitudes influence diagnostic accuracy, treatment recommendations, and the quality of care provided to patients from different racial backgrounds. Such research would provide critical insights into how to mitigate the influence of Whiteness on clinical decisions, ultimately leading to more equitable healthcare practices.

Limitations and Future Directions

While the Whiteness Scale demonstrates strong psychometric properties, several limitations of the current research warrant attention. First, the reliance on convenience samples limits the generalizability of the findings. The predominance of female-identifying participants in the samples also raises concerns about gender balance in the analyses, potentially influencing the results. Future studies should prioritize more gender-balanced samples, ensuring psychometric evidence of validity across genders and exploring potential differences in how Whiteness is expressed.

Another limitation concerns the context in which the findings were tested. Although Study 4 provided compelling evidence regarding the influence of Whiteness on the perception of psychological distress and help behaviors, it was conducted with a general population sample. Given the study's focus on healthcare-related decision-making, it would be particularly valuable to replicate these findings among healthcare professionals, such as psychologists and psychiatrists. Investigating how Whiteness shapes clinical decision-making

in professional settings would yield more ecologically valid insights into the role of Whiteness in healthcare disparities.

Moreover, the temporal stability of the Whiteness Scale remains an open question. Future research should assess the scale's reliability over time (i.e., test-retest reliability assessment), potentially through longitudinal studies, to determine whether the constructs measured remain consistent across different moments of assessment. This would contribute to the ongoing validation of the scale and enhance confidence in its robustness.

Finally, future research should extend the investigation of Whiteness to other sociocultural contexts. Exploring how Whiteness manifests in different Western societies would allow for cross-cultural comparisons and a deeper understanding of the global dynamics of Whiteness. Translating the scale into other languages and conducting multigroup analyses across gender and social contexts would further establish the scale's utility in diverse cultural settings.

Conclusion

In sum, this research program adapted and validated a short and easy-to-administer version of the Whiteness Scale for the Portuguese context, demonstrating its robustness from a psychometric standpoint. The five studies provide solid evidence of validity and reliability and highlight the first empirical evidence on Whiteness in Portugal, particularly in the context of mental health. The scale showed how Whiteness influences the perception of psychological distress and decisions to help Black and White patients, underscoring its relevance in real clinical decision-making scenarios. Moreover, this measure contributes to comparisons across different cultural and social contexts, allowing for the exploration of how whiteness may manifest in diverse ways. By aiming to decouple skin color from the power structures inherent in Whiteness, the scale offers a critical tool for understanding how racial dynamics operate in Portugal and other contexts, aiding in the dismantling of racial inequalities.

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Appendices

Appendix 1: Utilized Scales

Adaptação e Validação da Escala de Branquitude: O impacto da Branquitude na Tomada de Decisão em Saúde Mental em Portugal

Escala de Dominância Social (SDO; Ho et al., 2015)

Escala de resposta:

1 = Discordo muito, 2 = Discordo, 3 = Nem discordo nem concordo, 4 = Concordo , 5 = Concordo muito

Itens:

1. Deveríamos fazer o possível para igualar as condições dos diferentes grupos.
2. Deveríamos trabalhar para dar a todos os grupos uma oportunidade igual de ter sucesso.
3. A igualdade entre os grupos não deveria ser o nosso ideal. (R)
4. É injusto tentar tornar os grupos iguais. (R)
5. Uma sociedade ideal requer que alguns grupos estejam numa posição superior e que os outros grupos estejam numa posição inferior. (R)
6. Alguns grupos de pessoas são simplesmente inferiores a outros grupos. (R)
7. Grupos que estão numa posição inferior são tão meritórios como os grupos que estão numa posição superior.
8. Nenhum grupo deveria dominar na sociedade.

Escala de Racismo Biológico (Vala et al., 2012)

Escala de resposta:

1 = Discordo muito, 2 = Discordo, 3 = Nem discordo nem concordo, 4 = Concordo , 5 = Concordo muito

Itens:

1. Todos os grupos raciais estão biologicamente bem adaptados para a vida no mundo moderno.
2. Alguns grupos raciais têm características físicas que não são tipicamente humanas. (R)
3. Devemos deixar que as nossas características biológicas adquiram as características biológicas dos outros grupos humanos.
4. As características humanas típicas estão presentes em todos os grupos raciais.
5. As características biológicas de todos os grupos raciais são tipicamente humanas.
6. Devemos proteger a nossa essência racial da contaminação das características das outras raças. (R)
7. Todos os grupos raciais são biologicamente muito semelhantes.

Lusotropicalismo (Madeira et al., 2023)

Escala de resposta:

1 = Discordo muito, 2 = Discordo, 3 = Nem discordo nem concordo, 4 = Concordo , 5 = Concordo muito

Itens:

1. Comparando com os outros países europeus, pode dizer-se que em Portugal existe menos racismo. (Negação Racismo)
2. As pessoas de outras culturas são mais respeitadas em Portugal do que noutros países. (Negação Racismo)
3. As tensões e conflitos entre os portugueses e as pessoas de outras origens são pequenas comparadas com as de outros países. (Negação Racismo)

4. As características da cultura portuguesa facilitam a integração de pessoas de outras culturas na sociedade portuguesa contemporânea. (Âmbito da Justiça – mesma comunidade)
5. Os portugueses e os povos das antigas colónias continuam a ser uma única comunidade linguística e cultural. (Âmbito da Justiça – mesma comunidade)
6. Os portugueses e os povos das antigas colónias devem ser considerados como um único povo. (Âmbito da Justiça – mesma comunidade)
7. A história colonial portuguesa caracterizou-se pela mestiçagem com os povos colonizados. (Miscigenacao)
8. A história colonial portuguesa caracterizou-se pela integração cultural com os povos colonizados. (Miscigenacao)
9. Ao longo da história da colonização, os portugueses demonstraram uma singular capacidade de adaptação à vida nas regiões tropicais. (Miscigenacao)
10. O colonialismo português levou ao desenvolvimento dos povos colonizados. (Desenvolvimento)
11. A construção de vias de comunicação e de infra-estruturas económicas nas colónias foi uma marca do colonialismo português. (Desenvolvimento)
12. A criação de sistemas de educação e de saúde nas colónias foi uma marca do colonialismo português. ((Desenvolvimento)

Escalas de Motivação Externa para Responder Sem Preconceito (Palma & Maroco, 2009)

Escala de resposta:

1 = Discordo muito, 2 = Discordo, 3 = Nem discordo nem concordo, 4 = Concordo , 5 = Concordo muito

Itens:

1. Tento parecer não-preconceituoso(a) face às pessoas negras, de modo a evitar censura por parte de outras pessoas.
2. Tento agir de forma não-preconceituosa face às pessoas negras devido à pressão de outras pessoas.

3. Tendo em conta a pressão actual para se ser politicamente correcto, tento parecer não-preconceituoso(a) face às pessoas negras.
4. Tento esconder quaisquer pensamentos negativos sobre as pessoas negras, de modo a evitar reacções negativas por parte de outras pessoas.

Escala de Sonolência de Epworth (Boari et al., 2004)

Escala de resposta:

0 = Nenhuma probabilidade de adormecer, 1 = Pequena probabilidade de adormecer, 2 = Moderada probabilidade de adormecer, 3 = Alta probabilidade de adormecer

Itens:

1. Sentado e a ler.
2. A ver televisão.
3. Sentado num local público, sem atividade (sala de espera, cinema, reunião).
4. Se for passageiro de comboio, carro ou autocarro em movimento durante uma hora sem parar.
5. Deitado a descansar à tarde, quando as circunstâncias o permitem.
6. Sentado e a conversar com alguém.
7. Sentado após um almoço sem álcool.
8. Se estiver no carro, enquanto estou parado por alguns minutos no trânsito.

Perceção de sofrimento (Adaptado de Schulz et al., 2010)

Por favor, indique com que frequência acha que a Maria sentiu as emoções listadas abaixo durante os últimos 7 dias.

Escala de resposta:

0 = Nunca, 1 = Alguns dias (1-3), 2 = A maioria dos dias (4-6), 3 = Todos os dias

Itens:

1. Com medo
2. Confiante (R)
3. Preocupada ou ansiosa
4. Irritável
5. Deprimida
6. Alegre (R)
7. Desesperançada
8. Triste, desanimada
9. Um fardo para os outros
10. Zangada
11. Solitária
12. Envergonhada de si mesma
13. Culpada
14. Abandonada
15. Rejeitada

Questionário sociodemográfico

Género com que se identifica:

- Feminino
- Masculino
- Outro _____

Idade (utilize números para dar a sua resposta):

Nacionalidade:

- Portuguesa
- Outra. Qual? _____
- Dupla _____ nacionalidade. Quais?

Qual ou quais das seguintes opções considera que melhor descreve(m) a sua pertença e/ou origem:

- Branco/ Português Branco/ De origem europeia
- Negro/ Português Negro/ Afrodescendente/ De origem africana
- Asiático/ Português de origem asiática/ De origem asiática
- Cigano/ Português cigano/ Roma/ De origem cigana
- Outro grupo. Qual? _____
- Origem mista. Quais? _____

Appendix 2. Inter-raters' agreement coefficient (CVC) for the items' accuracy, pertinence and comprehensibility (Study 1A)

Item	CVC Comprehensibility	CVC Pertinence	CVC Relevance
Em Portugal, pessoas brancas têm privilégios só porque são Brancas.	.97	.92	.96
Em Portugal, as pessoas Brancas pobres têm mais privilégios quando	.96	.92	.02

comparadas às pessoas Negras pobres.			
Sinto incómodo por ser Branco.	.96	.80	.84
As pessoas Brancas contribuem para a desigualdade racial em Portugal.	.96	.92	.88
Dizer que em Portugal há desigualdade de oportunidades entre Brancos e Negros é um exagero.	.96	.92	.88
Ter preferência estética por pessoas Brancas do que de pessoas Negras não tem nada a ver com racismo, é apenas uma questão de gosto.	.96	.88	.84
A escravização foi algo horrível, mas as pessoas Negras precisam virar a página e seguir em frente.	.96	.88	.84
Em Portugal, o que chamam de “privilégios dos Brancos” é, na verdade, resultante do esforço das pessoas Brancas, e não de alguma vantagem já existente.	.92	.92	.92