



*Like Water Over a Rock:
The Impact of Microaggressions*

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Overview

- Case Study
- Microaggressions
- Factors for Consideration
- Research on Mental Health & Coping
- Interventions
- Training Implications

Case Study

- Ernest is an 18 y/o Black male college freshman at a prestigious university
- He is upset and angry. In his writing class, his White professor gives him nothing but C's on his papers. Ernest's roommate John is in the class – John says he struggles with writing but is happy that he's been getting A's.
- Ernest thinks his professor is racist because he consistently received A's on his high school English papers and did well on his Verbal SAT exam.

Case Study (cont.)

- When asked if his professor has said or done anything to make Ernest feel he's being treated differently because of his race, Ernest cannot give any specific examples and actually says the professor seems slightly pleasant when they meet.
- But he's convinced that his professor is grading him lower because he's Black.
- Ernest goes on to say most people at the university are racist, and he thinks all of his professors expect less from him because he's Black. He seems very angry and somewhat agitated.

Reactions?

- Please be honest with yourself
- Do you believe Ernest really experienced racism?
- Why do you believe him (or not)?
- What are your doubts?
- How would you respond to him?



Perception or Reality?

- How do you know if the experience is real or perceived? Should the therapist be the judge?
- See interchange between multiple authors in *American Psychologist* regarding discussion on racial microaggressions (D.W. Sue, 2007)- one response was “macro-nonsense”
- “Vigilant or anticipatory stress” (aka, “cultural paranoia”, Carter, 2007)



Microaggressions

Modern expressions of prejudice which are sensitive to “political correctness”

- Covert and subtle
- Chronic and pervasive
- Intentional and non-intentional
- Can be unconscious – born out of White/Male/Heterosexual Guilt



Racial Microaggressions

- Denial of racial discrimination and individual racism
- Intertwined with ethnic and religious discrimination (xenophobia)
- “Color-Blind” philosophy
- Blaming People of Color – you are overly-sensitive
- Perpetual foreigner (i.e., American = White)
- Pathologizing cultural values and communication styles
- Myth of meritocracy
- Examples:
 - Racism doesn’t exist anymore for Black Americans – the U.S. President is Black!
 - Where are you from? No, where are you *really* from?



Modern Sexism

- Hostile sexism – beliefs of female inferiority
- Benevolent sexism – traditional (e.g., “chivalrous”)
- Denial of gender discrimination and individual sexism
- Sexual objectification
- Restrictive gender roles
- Examples:
 - Dad is great for “helping” with the kids.
 - Disapproval from family when a woman doesn’t take her husband’s name.



Modern Homonegativity

- Denial of discrimination against gay men and lesbians
- Second-class citizenship status
- Pressure to assimilate or keep sexual identity hidden
- Assumption of abnormality
- Oversexualization
- Examples:
 - My boss asks my co-workers about their families but never asks about my partner or my kids.
 - But you should be happy that gay men and lesbians have domestic partner rights at least!



Factors that Impact the Experience of Microaggressions

- Stressors that are ambiguous, negative, unpredictable, uncontrollable, and intense are particularly harmful
- Perception of the recipient – those who view it as isolated incident (not pervasive) fared better
- Individual and collective self-esteem



Context: Other Forms of Oppression

- Acute life events – blatant and macro-expressions of oppression
- Macro-stressors – economic recession, terrorist attacks (Sept. 11th), natural disasters (Hurricane Katrina)
- Institutional oppression (e.g., policies, legislation, regulation, hiring practices)
- Cultural oppression (e.g., standards of beauty, “normal”)
- Historical/collective trauma
- Vicarious experiences of stress related to discrimination

Research on Racism¹, Sexism², Heterosexism³ and Mental Health

- **Positively** associated with
 - Psychological distress^{1, 2, 3}
 - Depression^{1, 3}
 - Anxiety^{1, 2, 3}
 - Somatization^{1, 3}
 - Schizophrenia¹
 - Substance abuse^{1, 3}
 - Suicidal ideation³
 - Eating Disorders²
 - Interpersonal Violence^{2,3}
- **Negatively** associated with
 - Self esteem^{1, 2, 3}
 - Job Satisfaction¹
 - Cognitive functioning¹
 - Overall psychological well-being^{1, 2, 3}
 - Mental Health ¹

Matthews & Adams (2008); Paradies (2006); Schmitt, Branscombe, & Postmes (2003);
Schwartz & Lindley (2008); Williams & Mohammed (2009)

Coping Strategies

Active

- Venting
- Situation selection/modification
- Attentional shifts
- Cognitive change
- Support seeking
- Religion
- Substance use

Passive

- Denial (self-protection)
- Acceptance
- Behavioral disengagement
- Cognitive disengagement
- Humor

Dynamic over time and across contexts (Foster, 2009)



Foundational Competencies for Therapists and Supervisors

- Self-Assessment – identity development, knowledge, skills. Non-defensiveness is key!
- “Difficult Dialogues” – discuss self-assessment with colleagues and friends; be open to feedback
- Gain knowledge of salience and power of microaggressions
- Understand therapists’ and supervisors’ power in the relationship
- Try to avoid dichotomous thinking – this is complex!
- Non-defensiveness is key!



Interventions In-Session

- Establish trusting relationship
- Validate experiences
- Socialize to concepts of oppression
- Encourage social support seeking
- Facilitate attributional shifts
- Be aware of transference and countertransference - process if appropriate
- Remember: Timing is important!

Interventions Outside of Session

- Client/supervisee support and education
 - E.g., encourage students/trainees to take courses in women's studies, ethnic studies, multicultural counseling conferences, etc. to educate and empower them
 - E.g., Refer to mentors or organizations
- Client/supervisee advocacy
 - E.g., provide psychoeducation to Residential Life about transgendered student
 - E.g., provide more diversity training in the counseling center for all staff (ask Director to dedicate more funds to bring in trainers)
- Social justice approach
 - E.g., get involved in university policy-making
 - E.g., get involved in affecting APPIC or APA Training/Internship guidelines

Training Implications

- Supervisors's Self-Assessment
 - Conduct a re-assessment of your own multicultural competencies to explore experiences of microaggressions (as recipient and as person responsible for transgression)
- Didactic Training
 - Provide training to trainees regarding microaggressions and the subtlety of how discrimination can occur in individual, group and environmental contexts
- Ongoing Dialogue
 - Incorporate open dialogue regarding personal reactions within a clinical context – use case examples; discuss intense reactions; explore doubts or vehement certainty

Questions or Comments?

Thank you!

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