

Microaggression and the Mitigation of Psychological Harm: Four Social Workers' Exposition For Care of Clients, Students, and Faculty Who Suffer 'A Thousand Little Cuts'

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Abstract

Microaggression has been defined as the subtle behavioral ‘put downs’ perpetrated by majority populations on minority or disenfranchised groups (Pierce, 1970; Sue et al., 2008). This article describes how microaggression is manifested; the harm caused; and how to minimize the damage to social work clients, students, and faculty.

Introduction

On September 25, 2014, the African American actress, Viola Davis, premiered as a law professor in the new television series, “How to Get Away with Murder.” Soon after, People Magazine tweeted, “Waiting for Viola to break into, ‘You is Kind, You is Smart, You is Important’”, lines the actress said portraying a maid in a previous movie, “The Help”. It appears that even People Magazine staff finds it more comfortable to think of Viola Davis as a maid rather than a law professor. African Americans actors historically have won awards in stereotypical roles. Sidney Poitier and Denzel Washington have been accepted in box office roles playing slaves, handymen, corrupt police officers, etc. It is when African Americans step out of these stereotypical roles for other roles, discomfort from majority populations can occur. This form of microaggression, the everyday subtle ‘put downs’ and insults directed toward African Americans and other ethnic minorities (Pierce, 1970; Sue, Capodilupo, & Holder, 2008), is pervasive in our society and subtly wreaks havoc on race relations. Hollywood actors are victims to this as are academic professionals, college students, and social work clients, despite college campuses promoting diversity, inclusion, and expansion of experiences. Many minorities on campus still struggle with many forms of racism, including microaggression.

The social work and other helping professions are charged with educating students to be effective, efficient, and culturally competent practitioners. This helps insure appropriate care of clients. By the time clients come to the attention of social workers, they have experienced ‘a thousand little cuts’ - compounded emotional wounds, physical wounds, and psychological wounds. The manifestation of those is what often brings the client to the attention of a social service agency; people with many ‘cuts’ who may now be acting out in a way that is harmful to self and others, dysfunction in their family roles, and unacceptable behavior according to cultural norm. May be some may experience wounds or major cuts. Other wounds are the result of ‘a thousand little cuts’, a term used to describe the compounded covert racial or gender based insults termed microaggression. While experienced by our clients, microaggressions are experienced by African American social work faculty, shaping, steering, and otherwise affecting our personal lives and professional practice. Last, students of color attending predominately White institutions (PWIs) often experience microaggressions. This article will discuss the definition of microaggression, outline the four forms of microaggression, discuss the harm caused by microaggression as well as outline strategies to mitigate, along with minimizing harm caused to social work clients, students, and faculty.

Definition of Microaggression

Racial microaggressions developed by Pierce (1970) refer to the everyday subtle and often automatic ‘put downs’ and insult directed toward Black Americans. Although this concept was developed as a result of racism, it is clear that microaggression can be expressed toward any marginalized group in our society, be it gender, class, religion, or others. Microaggressions are brief, commonplace indignities expressed through verbal or behavioral ways. They can be intentional or unintentional but communicate hostile, derogatory insults to the targeted person or group (Sue et al., 2011).

Forms of Microaggression – Microassault, Microinsult, Microinvalidation

Sue et al., (2011) outlines three forms of microaggression. The first, microassault are conscious, based on biased attitudes and beliefs. These attitudes and beliefs are acted out overtly or covertly on a member or members of the marginalized population. Donald Sterling, owner of the Los Angeles Clippers, is a prime example of microassault acted on African Americans. A video- taped conversation of Sterling went viral, a conversation to his mistress about the inferiority of African Americans and his advice to her about avoiding being in the presence of African Americans, based on his biased attitudes and beliefs. While the NBA chose to act upon this incident, many non-high profile incidents remain the burden of marginalized victims who have less political, economic, and systematic power.

Microinsults are differentiated from microassaults in Sue’s work in that the former generally occurs outside the consciousness of the perpetrator. Many African American women have been the ‘victims’ of compliments that are actually microinsults. A well -meaning individual may unconsciously commit a microinsult by telling a woman that she is ‘attractive for an African American’. While the intention may be complimentary in nature, the underlying assumptions are two-fold: that there is a standard a beauty that African American women do not meet, and that African American women who are perceived as ‘beautiful’ may be those who share more Euro physical features than other African Americans (i.e. skin color, hair texture, body build). These microinsults occur with marginalized populations regardless of socio-economic status. An example, an African American woman in a professional position who excels professionally being told ‘you work really hard’. This can suggest there is some persistent stereotype of African American woman of laziness, lack of motivation, or ‘welfare queen’ who is unwilling to work. President Barack Obama was described as ‘articulate’ when he began his campaign for presidency. ‘Articulate’ can seem a high compliment, but there is an underlying assumption that an African American man will not be articulate. This is described as AWB: Articulate While Black (Degani, 2014).

A third form of microaggression, microinvalidation, also generally occurs outside the consciousness of the individual committing the microaggression, the denial (or sometimes a direct attack) on the experiential realities of the marginalized group (Sue, 2011). When a White American says to an African American, 'I don't see color', we can assume this statement is meant to dispel the continuing existence of racism, discrimination, and oppression. While well meaning, this statement does not have the effect it is intended to have. It can actually have the opposite effect; invalidating the experiential realities of people of color. In a therapeutic relationship of therapist and client, microinvalidation on the part of the therapist can at the very least, compromise the therapeutic process or more tragically, cause more harm to the client (Buser, 2009; Nadal, Griffin, Wong, Hamit, & Rasmus, 2014).

Perpetrators of microaggressions are many times unaware that they have engaged in an exchange that demeans the individual or group. Many racial microaggression communications and behaviors are engrained in the society from the historical relationship. First between African American and White Americans, they are unconsciously or subconsciously committed. As an example, the stereotyping of African American men as criminal has two-fold manifestations: White Americans proceed with caution or contempt in their communication and interaction with African American men, and as survival strategies, African American men engage in behaviors suggestive of avoiding being victim of that stereotyping.

Microaggression, Stereotyping, and Harm

On July 17, 2014 an African American man by the name of Eric Garner died after he was placed in a choke hold by a New York police officer. Viral YouTube videos show a very large Garner being confronted by four White police officers for selling cigarettes on the street and raising both hands in the air. This practice is taught and practiced hyper vigilantly by African American men in an effort to stay alive in confrontation by White police officers and is evidenced as the adopted mantra directly after the shooting of an unarmed African American teenager, Michael Brown in Ferguson Missouri earlier this year. But in spite of having his hands up, Garner is placed in a choke hold by one of the four officers, wrestled to the ground, and continued to be held in a choke hold after uttering, 'I can't breathe' several times. In the end, Garner, obese and asthmatic, died. The long-standing stereotype of black men as dangerous, and particularly if they are large in stature, leads to microaggressions (i.e. behaviors based on those stereotypes) and then violence, in Garner's case, death. This pattern of stereotyping, microaggression, violence, harm/death plays out repeatedly. Possibly, the unfounded fear of the four police officers, of a large African American man, the stereotyping of that man as dangerous lead to commission of homicide. Correll, Park, Judd, and Wittenbrink (2002) conducted a study using a video game to examine police officer's decision to shoot an unarmed versus armed men within the context of ethnicity.

The study results – White police officers made the decision correctly to shoot an armed African American man more often than when the armed man was White but made the decision more often not to shoot when an unarmed man was White. Is it possible to call attention to that chain of behavior, begin to remove unfounded fear of individuals based on race, and reduce homicide of individuals? Within the context of the helping professions, is it possible to break the chain that results in harm to clients (i.e. added trauma or ineffective care and treatment)? On college campuses, is it possible to call attention to this chain of behavior and reduce harm to students and faculty of color (i.e. reduce inequities in educational and career opportunities and certainly violence)? This work will forward that discussion in an effort to identify strategies for reducing one part of the chain, microaggression.

While White Americans may commit these microaggressions subconsciously, African Americans are hyperconscious in our development of, and engagement in, proactive and reactive behaviors. As examples, in public spaces, African American men consciously create more physical space between themselves and White women because of the stereotype of criminality of African American men. African American men have long, detailed discussions with their peers, sons, nephews, and mentees on strategies to stay alive during a traffic stop or other police-related interaction. African American women, the victim of a double jeopardy (being of color and being female) become more assertive in public after experiencing what can be termed ‘being overlooked every day’; overlooked by service employees while being next in line, being overlooked while hailing cabs, being overlooked for job promotions. Within the context of the helping professions, African American women are often stereotyped as being stronger and needing less support of all kinds than their White counterparts whereas the needs of African American men are often completely overlooked. Certainly, Asian Americans have been victims of ‘alien in own land’, (a microaggression theme) when asked ‘where are you from’. The assumption is that one with Asian physical features cannot be originally from the United States. This has serious ramifications for social work practice when assumptions of practitioners result in less or different interventions, misdiagnoses, etc., based on those stereotypes.

Clients of Color: The Therapeutic Process

African American have a history of distrust of medical systems, including physicians, nurses, psychiatrists, psychologist, and social workers and seek mental health intervention at lower rates than White Americans (Constantine, 2007; Kerney, Draper & Baron, 2005; Song, Sands, & Wong, 2004). This distrust stems from the race relations of African Americans and White Americans, including the history of refusal to treat African Americans by White physicians, and the abuse of African American research subjects in studies such as the Tuskegee Syphilis study and other medical experimentation from Colonial through the present (Washington, 2006).

Historically, African American clients have a mistrust of social workers as a result first, of exclusion in the welfare system, and later over-inclusion of a disproportionate number of children of color removed from homes, and perceived less advocacy for the well-being of those children in the state foster care system (Billingsley & Giovannoni, 1972; Smith and Devore, 2004). The child welfare system, historically so problematic for African American children, in 1972, the National Association of Black Social Workers took a public stand against the care of children of color by White foster care and adoptive parents (National Association of Black Social Workers, 1972; Smith & Devore, 2004).

Documented in research is the bias in mental health treatment of African American clients (Breland-Noble, Bell & Nicholas, 2006; Constantine, 2007; Sue, Nadel et al., 2008). Although the social work profession is committed to the care of all, societal ingrained culture of racial strain between African Americans and White Americans can pose a challenge for White social work practitioners and African American clients. The unconscious use of verbal and body language; discomfort with cultural differences, and other biases can compromise the therapeutic relationship. Stereotypes of African American women have been documented and remain persistent (Littlefield, 2008; Hunn & Craig, 2009; Monahan, Shtrulis, Givens, 2005). Those stereotypes include hostility or unfounded anger; less intellect, acceptance of White privilege and social standing in racial hierarchy, sexual promiscuity, and underdeveloped or non-existent work ethic. These stereotypes when present in the therapist/client relationship hinder, damage, or compromise the relationship at least; at most, can cause more harm to the client. While this list is not all inclusive, it reflects some points worthy of discussion within the context of the therapeutic relationship which are outside the scope of this work.

Mental Health Needs of African American Clients in the Therapeutic Setting – The “Sanity Check”

African Americans and other people of color experience microaggressions and may need what Sue, Capodilupo and Holder (2008) refer to as a ‘sanity check’; validation that the microaggression occurred. This validation can come from someone who witnessed the microaggression or from someone who has an understanding of microaggressions and can help the individual process the microaggression. The later can occur in the counseling relationship and is effective in helping mitigate the effects of microaggression upon the client (Nadal, Griffin, Wong, & Hamit, 2014; Sue, Capodilupo & Holder, 2008).

African American men are more reluctant than African American women to engage in counseling or psychotherapy with trained professionals. Clinical social work practice with African American males can be effective, despite challenges with perceived practitioner racism and discrimination. Aymer (2010) suggests that validating and affirming strengths of African American males can promote trust and self-worth.

Furthermore, practitioners must acknowledge the hostile social-environmental contexts in which African American males navigate daily. Treatment goals should include developing and implementing effective coping strategies to manage such issues as oppression and marginalization.

Barksdale and Molock (2009) suggest that efforts to increase mental health service utilization among African Americans should target the perceptions of help seeking behaviors among family members of such individuals. Families of African American clients tend to influence client's initiation and persistence in treatment. Brief interventions that are family oriented are instrumental in helping to shape culturally appropriate and family-centered interventions with African American clients.

While therapist may be aware of the effects of overt racism on the mental health of African Americans and other clients of color, missing from the literature is research examining the relationship between mental illness and more covert experiences of microaggression. As an example, research clearly establishes a relationship between Post Traumatic Stress Disorder (PTSD) and traumatic events including racism, but there are gaps in the research examining the relationship between PTSD and microaggression experiences (Helms, Nicholas, & Green, 2012).

College Students of Color and Microaggression

Huhn (2012) conducted a study of Latino and Asian college students and their experiences with microaggression. While Latino students experienced more microaggression than their Asian counterparts, both experienced significant levels of microaggression, anger, anxiety, and stress. Previous research has clearly demonstrated the relationship between anger, anxiety, stress, and depression and other mental illnesses (Arthur, 2005; Hwang & Oh, 2013).

Some research suggests that individuals experience less microaggression with more educational attainment. Irani (2014) studied one Latino community, examining the relationship between educational attainment, gender, and microaggression. Irani's study revealed several interesting outcomes. First, she found no relationship between gender and microaggression; female Latinos and male Latinos were experiencing microaggression at relatively the same rate. The second outcome related to educational attainment and microaggression showed that high school graduates and undergraduate degree individuals experienced same levels of microaggression while those who obtained higher levels of college degrees (graduate or higher levels) experienced less microaggression. This suggests that the undergraduate experience on college campuses yield continued microaggression experiences for those students (i.e. via classmates, graduate assistants who may be teaching undergraduate students, etc.)

At the graduate student level or above, individuals experienced less microaggression suggesting a more tolerant population of faculty, classmates, and more and longer periods of exposure to individuals of ethnic and cultural backgrounds from across the nation and world. More research is needed, but Irani's conclusions suggest a need to address microaggression experienced by undergraduates in order to create a better campus climate.

'Racial battle fatigue' describes the exhaustion that occurs as a result of the constant fight for racial equality and social justice. This battle occurs many times as a result of overt racial discrimination and oppression. Often, these injustices are often experienced within the subtle context of microaggression. Smith, Hung and Franklin (2011) investigated extreme environment stress (EES), social injustice, and microaggression in African American male college students. Their results showed that even as African American male college students got closer to college graduation, microaggression had an increased contribution to EES.

The education about and strategy for reduction of microaggression toward students of color will create a campus climate where all receive the inclusiveness in their educational experience. The creation of this climate includes but is not limited to:

- Mentoring of students of color by faculty and peers
- Infusion of inclusiveness and cultural awareness in the curriculum

The mentoring of students of color has proven to be an effective strategy to decrease the psychological harm of microaggression (i.e. discrimination, alienation, marginalization, campus climate), factors negatively effecting graduation rates (Brown, Morning, & Watson, 2005; Creighton, 2007). Specific strategies for offsetting the effects of microaggression and other race based discriminatory acts includes education of students of the university culture, unwritten rules and values, social and behavior expectations for survival in the university setting, and resources if and when psychological and/or physical harm occurs (Smith 2004). The mentoring relationship gives the student an advocate, is empowering, and proves to increase the likelihood of retention and graduation (Mentoring as a Success, 2008). In a study of African American males attending a predominately White institution (PWI).

Infusion of inclusiveness and cultural awareness in the curriculum is an important strategy in bringing conscious awareness of microaggression and other forms of racism to the forefront. Radloff and Lavonyan (2010) found that students who take diversity courses became more aware of the discrimination and inequality faced by students of color and were more likely to support race-based policy that address these inequities.

Understanding the cumulative effect of discrimination experienced by students, ‘a thousand little cuts’ is the first step to minimizing microaggression and mitigating its effects. The education of all students about discrimination, racism, and forms of microaggression broadens understanding, helps promote inclusiveness, and can bring to the forefront, student leaders who will advocate for inclusiveness and other strategies that make for a healthy campus climate.

African American Faculty and Microaggression

The current research on microaggression illustrates many individuals are affected by microaggression in their personal and professional lives; both those who are victimized by it, and those who unconsciously commit them. Pittman (2012) in her study of African American faculty on predominately White university campuses (PWI) found that African American faculty of color found microaggressions commonplace experiences, describing microinvalidation from White faculty and microinsults from White students. In a qualitative study of African American professors by Packer-Williams and Evans (2011) the researchers found themes that emerged in a peer mentoring group including surviving microaggressions.

In her research, Fujiwara (2013) examined microaggression experienced by African American and Japanese physicians in Los Angeles, CA. She describes an experience of ‘race work’ – negotiating the increased amount of interactional pressure resulting from race and gender status; the ‘emotional labor of maintaining racial consciousness’ that has its history in American race relations. Fujiwara found themes of racial microaggression for African Americans centered on inferiority and for Japanese American, citizenship. In both cases, these are common themes outlined by Sue et al., (2008), ‘Inscription of Intelligence’, and ‘Alien in Own Land’, respectively.

Within a clinical context the term ‘invisibility syndrome’ describes the individual struggle with the feelings that one’s abilities, talents, personality, and worth is not recognized or valued because of racism and discrimination (Franklin, 1999). This experience closely aligns with the microaggression form of microinvalidation; the behaviors of the perpetrator that send the message that one has little if any worth. The daily experiences of microaggression have a cumulative effect. The experience has been described as ‘the thousand little cuts’ experiences that singly do little harm, but the habitual experiences creating long lasting, permanent damage.

Educators: A United Front and Advocacy for the Reduction of Microaggression by Students Toward Faculty of Color

Faculty spend the bulk of time educating students, peers, and the community; teaching people to advocate for themselves and others. Social work faculty sometimes need the reminder to practice what we teach. Collegiality among the faculty can take the form of advocacy for one another. Within the context of microaggression, both White and African American faculty can advocate for the reduction of microaggression from other faculty, students, and staff. The first component of advocacy is education.

Microaggression is often committed unconsciously. Implicit bias research reveals that individuals quickly, easily, and unintentionally associate minorities with negative attributes and concepts, including individuals who report little or no bias (Boysen, 2012; Greenwald, McGhee, & Schwartz, 1998). Education about microaggression brings those unconscious behaviors to a conscious level. Once individuals are conscious of microaggression, they can begin to reduce the behavior. Several studies investigate microaggression behavior of students toward faculty of color including Cartwright, Washington, and McConnell (2009). Faculty reported incidences of students not using titles, referring to faculty as “Miss” instead of “Doctor”; and questioning the authority of faculty of color. Other research includes Pittman (2012) and Sue et al., (2011). To mitigate this type of behavior the faculty body can develop strategies to educate students. Boysen (2012) found that faculty who taught diversity classes were less likely to ignore the microaggression behavior of students than faculty who did not teach diversity classes. It is possible that faculty who actively infuse diversity and inclusion into their classes, will also be more likely to respond to microaggressions in similar fashion as those faculty who teach classes that are officially termed ‘diversity classes’. This is a hypothesis in need of testing.

Other strategies include the added support to and promotion of student groups that practice inclusive behavior; and proactive and reactive behaviors from all faculty that mitigate microaggression behavior toward faculty of color, including the presentation to students that faculty are a united group and supportive of one another. When faculty demonstrates collegiality, it models positive behavior to the student body, reducing perceived differences between African American and White faculty. This can help discourage the different treatment of African American faculty by students.

Faculty can use talents to educate students about microaggression. African American faculty have experienced microaggression from students (Pittman, 2012; Sue, 2011). Those behaviors manifest themselves when students treat faculty of color different than White faculty, giving less respect to or giving less value of their educational experience with African American faculty than with their White faculty members.

Faculty Peer Mentoring and Support

Research shows that faculty mentoring of junior faculty is crucial in the recruitment and retention of African American faculty. Within the context of microaggression, this mentoring is imperative to help junior faculty of color mitigate the negative effects of microaggression. Pittman (2012) found in her research about microaggression and faculty of color that microaggression were commonplace for faculty of color.

Conclusion

Conclusions can be drawn through empirical and experiential sources that professional status/achievement does not make African Americans immune and exempt from the experiences of microaggression. In our professional careers, microaggressions take form and are manifested sometimes based on professional status. It becomes therefore, imperative to address the care of social work faculty of color, clients of color, and students within the context of microaggression and other experiences of racism and discrimination. Strategies include education for all about microaggression, support for those who suffer microaggression, rallying of all White and African American faculty against microaggression; and advocacy to create campus climates that emphasize diversity and inclusion.

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