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Understanding and Confronting Racial Microaggression: An Imperative for Social Work

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Abstract

Racial discrimination is a matter of public health and social justice and an issue that lies at the very heart of the social work profession. Modern forms of racial discrimination are frequently hidden, subtle, and unintended. This type of discrimination, described by the construct of *racial microaggression*, poses significant challenges to social work practitioners, educators, and researchers striving to promote justice and equality. The construct, however, also offers a powerful tool for understanding and intervening in discrimination. This paper defines and traces recent developments related to the concept of racial microaggression and discusses how acts of microaggression perpetuate prejudice and oppression. The tenets of Critical Race Theory, in which the construct of microaggression is grounded, is presented with a discussion for why postracial discourse may be counterproductive toward efforts aimed at deconstructing and eliminating racism. The paper concludes with specific recommendations for how the social work profession can integrate knowledge about microaggression into practice, policy, education, research, and intervention in a way that avoids potential pitfalls associated with addressing this sensitive issue.

Keywords: Critical Race Theory, postracial discourse, racial discrimination, racial microaggression, subtle racism

The Paradox in the U.S. between Social Justice and Racial Disparities

The paradox between the ideals of equality and social justice and the pervasive disadvantage to people who are not White, or in other words “people of color (POC)”, is a persistent problem in the U.S. (Delgado & Stefancic, 2012). Many people believe that our society has achieved a *postracial* state in which equal opportunity is now available to all citizens regardless of race (Goldberg, 2013). From this perspective, some scholars argue that continued discourse about race and racism only serves to increase bias and division (Gilroy, 2000). Conversely, advocates of Critical Race Theory (CRT) assert that a privileged status is afforded to those who are White, racism is integral to every aspect of society, and ubiquitous racial discrimination serves to perpetuate oppression and inequality toward racial and ethnic minorities (Delgado & Stefancic, 2012).

The reality is that 50 years beyond passage of the Civil Rights Act, racial inequities across individual, social, and economic domains still exist (Wise, 2013). There is unequivocal evidence that discrimination has major adverse impacts on health and well-being among POC (Surgeon General, 2001). POC are disproportionately represented in official indicators of poverty (DeNavas-Walt & Proctor, 2014) and racial disparities are found across major social institutions, such as housing lending and residential segregation (Shapiro, Meschede, & Osoro, 2013), employment (Smith, Craver, & Turner, 2011), education (Gregory, Skiba, & Noguera, 2010), health care (Clark, Anderson, Clark, & Williams, 1999; Smedley & Smedley, 2005), and the criminal justice system (Stevenson, 2011). Acknowledging the perpetuation of racial discrimination and continuing efforts to reduce it is a matter of public health and social justice. Further, it is an issue that lies at the very heart of the social work profession.

A recent rash of highly publicized cases of unarmed Black men dying at the hands of White police officers has stirred controversy among Americans that is demonstrative of the ongoing salience of race in the U.S. One of the most controversial of these cases was the shooting death of Michael Brown (age 18), in Ferguson, Missouri in August 2014. The events surrounding this case reveal some of the complex dynamics of racism and discrimination. In the events leading up to Brown’s death, the police were responding to an incident in which Brown stole tobacco products from a convenience store. Brown had shoved the store clerk and was aggressive with the police officer who was attempting to apprehend him. Some witness accounts stated that Brown’s hands were raised in a gesture of surrender when he was shot, and that his death was a result of an unnecessary act of excessive force (BBC News, 2015). The officer’s account of the incident, however, stated that he was acting out of self-defense, as Brown advanced toward him. Witnesses also corroborated the officer’s account, and in November 2014, a grand jury investigation concluded that there was no evidence of wrongdoing. Outrage and chaos ensued. Ferguson police responded to protests, riots, and acts of arson with riot gear and tear gas, and more than a thousand National Guard troops were called in to gain control of the situation (BBC News, 2015; U.S. Department of Justice, 2015).

In the wake of controversy and violence surrounding Brown’s death, the Department of Justice (DOJ) conducted a civil rights investigation. At the same time, the DOJ confirmed there was no evidence of civil rights violations made by the police officer who killed Brown. The investigation also found that the Ferguson police department and municipal court system were

wrought with unconstitutional practices including stops without reasonable suspicion, arrests without probable cause, and frequent use of unreasonable force (U.S. Department of Justice [DOJ], 2015). The report also concluded that the practices were at least in part due to intentional discrimination (U.S. DOJ, 2015). Even when the evidence unquestionably reveals that institutionalized discrimination is blatant and rampant, holding specific individuals accountable remains elusive.

The discriminatory practices exposed in Ferguson are a small reflection of a massive over-representation of POC in the U.S. who are involved in the criminal justice system. To illustrate, the rate of illicit substance use among Black people is only slightly higher than the rates among Whites, with the rate of use the lowest among Hispanics (10%, 9.5%, and 8.8% respectively) (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). In addition, approximately 13% of the U.S. population is Black and 17% are Latino; however, together Hispanic and Black people make up 77% of those in federal prisons for drug violations (Carson & Golinelli, 2014). The length of sentences and time spent in jail for the same crimes are also higher for POC (Carson & Golinelli, 2014). Importantly, once a person has a record of a convicted crime, and spent time disconnected from society, they often face lifelong marginalization and exclusion, including job discrimination, elimination from juries and voting rights, and disqualification from food stamps, public housing, and student loans (Alexander, 2012). The overall impacts of the institutionalized discriminatory practices are devastating to the individuals, their families, and entire communities (Pew Center on the States, 2009). Thus, the criminal justice system has been an especially effective mechanism for systematically maintaining the oppression of POC. Still, the criminal justice system is just one example of systemic racism. Wherever there are racial disparities, racial discrimination and prejudice are also at play.

Clearly, we have not achieved a postracial state in the U.S. Findings from recent U.S. Census data indicate that in fact many White people are apprehensive about the growing racial and ethnic diversity of the American population and are responding with renewed prejudice to the perceived threat of becoming the non-majority (Craig & Richeson, 2014). More interesting, the prevailing tendency seems to be for people to hold liberal belief systems for equality and tolerance, while at the same time maintaining personal prejudicial attitudes toward people from different cultural groups (Wise, 2013). Findings from a recent investigation with a nationally representative sample of 3,000 emerging adults, ages 14 to 24 years old, illustrate the ambivalence of the American psyche concerning race (David Binder Research, 2014). The study found that the participants tended to believe that colorblindness should be our goal, and that we have already begun to accomplish a postracial society in which race is no longer a barrier to accomplishments (David Binder Research, 2014). At the same time, most participants indicated that America is still a deeply divided nation. Also troubling is that most participants believed that more open constructive conversations about bias would help people become less prejudiced, but the majority of the participants worried that confronting bias would make the situation worse (David Binder Research, 2014). Out of the desire to demonstrate postracial beliefs and values, efforts to combat racial and other types of bias are effectively stifled. Most of the participants in the study also said that they regularly observe subtle indications of racial bias among family, friends, and themselves. Importantly, when compared to White people, POC indicated that racial inequities are more prevalent and persistent in the U.S. (David Binder Research, 2014). Rather

than truly deconstructing racism and racial inequities in America, we appear to perpetuate a culture in which racism and inequality persist in subtle forms.

The concept *racial microaggression* is appearing with increased frequency in the scholarship about racism and discrimination to describe small subtle events of perceived discrimination (Essed, 1991; Solórzano, Ceja, & Yosso, 2000; Sue, Capodilupo, & Holder, 2008). The concept of microaggression offers a powerful tool to understand and explain how racial discrimination is perpetuated in society. Microaggressions are such commonplace, casual occurrences in everyday interpersonal exchanges, and environmental messages, that they are frequently overlooked or perceived by recipients as not worth confronting. Perpetrators meanwhile are often unaware they have said or done something hurtful. When the concept of microaggression is discussed, however, people tend to readily recognize common specific microaggressive acts, and the reality of racial discrimination can be brought to the surface for discussion. Therefore, discourse on microaggression may lead to a deeper understanding of how institutionalized racial discrimination is perpetuated and may provide a powerful tool for combating discrimination.

The purpose of this paper is to provide some depth for understanding the role that microaggression plays in perpetuating prejudice and oppression, and to raise awareness for the social work profession about the need to recognize and prevent microaggression. Toward these objectives, the definition of the concept of racial and ethnic microaggression is further explicated and contextualized within Critical Race Theory. Ensuing discussion argues that postracial discourse may be counterproductive to efforts aimed at deconstructing racism, and that microaggression is likely valuable to any discourse about modern racism. The empirical evidence about the effects of microaggression is next reviewed. Finally, implications and practical strategies for the social work profession to address microaggression are presented.

Defining Racial Microaggression

Numerous scholars have suggested that the dynamics of racism in modern U.S. society occurs in daily micro interactions involving derogatory actions and insults targeted at oppressed populations (Feagin, 2014; Harrel, 2000). Often these actions are reflections of common stereotypes and socially defined expectations broadly recognized in our society, and are perpetrated without intent to harm. Frequently acts of discrimination occur in subtle ways, through small behaviors, and within daily interpersonal interactions, such that they are often overlooked and dismissed (Pierce, 1995). These types of experiences, coined by Dr. Chester Pierce in 1970 as *racial microaggressions*, serve as constant reminders of the pervasive consciousness of group differences and serve to reinforce reduced status (Harrel, 2000). Although this paper maintains a focus on racial microaggression, the concept has also been applied to understand marginalization regarding religion, sexual orientation, gender, disability status, age, and mental health problems (Sue, 2010).

Microaggressions are sometimes enacted knowingly toward others with the intent to inflict harm, such as the use of overtly racist slurs. However, most forms of microaggression tend to be unintentional and are often subtle in nature. Congratulating someone for being the exception to what is stereotypical or expected based on skin color, having one's opinion ignored,

and making false assumptions that a POC has a low paying job or does not speak English, are common examples of racial microaggressions. These acts relay negative, degrading, and exclusionary messages such as: “You are expected to have lower career and economic success”; “Your opinions don’t contribute anything worthwhile”; “You are not really American” (Sue, et al., 2007). Another form of microaggression occurs when people say that they do not “see color”, or that “skin color doesn’t matter” such that it discounts the recipients’ lived realities that racism and discrimination exist and present barriers to success for POC (Sue, et al., 2007). While most microaggressions occur interpersonally, they can also be relayed in broader environmental messages (Sue, et al., 2007); for example, when Asians are stereotypically portrayed as over-achieving perfectionists in the media or Black males are characterized as violent gangsters. The specific manifestations tend to differ depending on which racial group is targeted (Torres, Driscoll, & Burrow, 2010). To illustrate, many Blacks experience microaggressions relaying assumptions that they are criminals, or expectations that they will not achieve academic or career success (Forrest-Bank, Jenson, & Trecartin, 2015; Sue, Capodilupo, & Holder, 2008). Asians and Latino/Hispanics are more likely to experience microaggressions in which people assume they do not speak English, thus relaying the message that they are foreigners in their own country (Forrest-Bank, et al., 2015; Sue, et al., 2008).

Incidents involving acts of microaggression are varied, complex, and elicit a range of responses. For example, people may struggle to determine if what they just experienced was actually racist or discriminatory, or what the intentions of the perpetrator were (Sue, et al., 2007). Experts indicate that subtle forms of discrimination are often insidious, difficult to interpret, and may cause more psychological distress than blatant forms of discrimination (Dovidio & Gaertner, 2004; Noh, Kaspar, & Wickrama, 2007; Sue, 2010). To confound matters, perpetrators are often unaware, or fail to grasp, the gravity and consequences of microaggressive acts toward POC (Sue, 2010). One irony of these dynamics is that it is often the value and belief in postracial equality that effectively blinds perpetrators from recognizing their own racial bias and the impacts of their microaggressive behaviors (Sue, et al., 2007). Thus, postracial discourse allows people to simultaneously perpetuate racial discrimination while believing that racism no longer exists. Additionally, marginalized status based on color is reinforced while denying the presence and influence of structural oppressive forces that reinforce the marginalization. Examining the propositions of Critical Race Theory (CRT) helps to expose racial discrimination that occurs in the lives of POC, and the pitfalls associated with postracial discourse.

Critical Race Theory and the Danger of Postracial Claims

The social construction of race is central to CRT (Delgado & Stefancic, 2012). Many people tend to think that the divisions between racial groups have some biological basis (Smedley & Smedley, 2005). However, the phenotypical differences that define race are superficial physical characteristics that have very little genetic variation between them (American Anthropological Association, 1998). Categories defining race are arbitrary and fluid in nature. Latino/Hispanic, for example, refers to anyone of Latin American or Hispanic descent. Although an ethnic group per U.S. Census data, it represents multiple nationalities, cultures, and racial groups. Many people perceive the group in the same way race is understood and consider Latino/Hispanic to be a distinct racial group (Navarro, 2012). In addition, race is defined by the sociocultural context. If one travels to another country, there is likely to be a different

conceptualization than what is experienced in the U.S. Every member of our society is acculturated to the rules of racial classification and has an internalized sense of identity that is informed by race and ethnicity (Payne, 1998).

The term “people of color (POC)” is often used in scholarship on subtle forms of racial bias and discrimination to refer to people from minority racial and ethnic groups as a whole (e.g. Harrell, 2000; Sue, 2010). The use of this term in itself is problematic since it strips people of their cultural and ethnic identities and positions everyone in reference to Whites (American Psychological Association, 2010). However, in the context of examining racial and ethnic microaggression, it seems optimal to use the term “people of color” because it is inclusive of all racial and ethnic minorities. The term also realistically captures the social construction of what it means to not be White that is integral to the construct of microaggression (Sue, 2010).

In the U.S., there exists a stratification system based on race and defined by skin color that grew out of the exploitation of Africans. The immense wealth and prosperity that resulted from slave labor of people of African descent led many Whites to be highly motivated to maintain institutionalized slavery and find a way to rationalize it morally. This was accomplished by drawing distinct polarization between Whites and Blacks and solidifying the stratification through official and legal determination that Black was considered an inferior race (Payne, 1998; Smedley & Smedley, 2005). Pseudo-scientific explanations of innate differences, particularly of the inferiority of Black intelligence, were devised and became the basis for policies that served to perpetuate the hierarchical structure with Whites in power and Blacks holding the lowest status (Payne, 1998; Smedley & Smedley, 2005). Native Americans were classified somewhere between White and Black (Smedley & Smedley, 2005), and as other groups immigrated into the U.S. after the nineteenth century, a classification system based on skin color was further solidified. For example, during the Gold Rush of the mid-1800s when Chinese and Japanese began immigrating to America, they found their class rank to be in the middle of the social order. Around the same time, Irish and Jewish immigrants found position below Whites but above Asians (Smedley & Smedley, 2005). Although homogenized into White over time, Jews in the U.S. were once considered by many White Americans to be a lower race; especially at the beginning of the twentieth century. Brodtkin (1998) explains that the sociocultural context of post-war depression, combined with the massive influx of European immigrants, gave rise to theories of eugenics that called for the preservation of genetic superiority of the Protestant elite and promoted ideas such as forced emigration and sterilization to prevent mixing races. When the sociocultural context shifted after World War II, the GI Bill made it possible for many Jews and other “lower race” European-descended American veterans to attend college - and thus to ascend into the middle class. At the same time, homogenizing more people into the White race allowed for further polarization between White and Black, which helped reinforce and defend segregation when the Civil Rights Movement was gaining momentum (Brodtkin, 1998).

Pseudo-scientific explanations of racial differences continues to be a powerful mechanism in the conceptualization of racial attributes today (Finch, Kolody, & Vega, 2000; Omi, & Winant, 2006). For example, there is a tendency to believe that genetic racial differences serve as underlying causal risk factors for a number of adverse health conditions in Black people. However, in other regions of the world where Blacks represent the majority (e.g., the Caribbean), problems like hypertension are not major health risks (Omi & Winant, 2006; Payne, 1998). A

more likely causal factor of the prevalence of hypertension in Black Americans is the immense stresses suffered by Blacks as a result of discrimination and economic hardship (Surgeon General, 2001). Every non-majority racial group in America has distinct stories of historical oppression that are linked to reduced status and compromised well-being (Sue, 2010).

The dominance of majority culture is reinforced through the privilege and status afforded to White people of European descent, particularly Christian, heterosexual, men (Sue, 2010; Young, 2009). Any person not considered a member of the dominant culture – the “other” – is perceived to be deviant and inferior (Young, 2009). Members of non-dominant groups are stereotyped, marginalized, and oppressed and these experiences of being the “other” become part of shared identities with people who share similar differences from the majority norms (Young, 1990). Although the categories of race and ethnicity are socially constructed, they have real meaning and material influence in the lives of POC. Removing race from discourse and allowing a rhetoric that is “colorblind” avoids addressing the inequities caused by racism and discrimination (Wise, 2013). If people believe that historical oppression and racism no longer influence the opportunities and well-being for POC in the U.S., then how will the disparities be explained? There is danger that distorted rationales about genetic predisposition or deficits in cultural group morality and work ethic will gain even more power to obscure discrimination and create barriers to deconstructing racism (Henry & Sears, 2002; Wise, 2013).

Another central tenet of CRT is that the system of racial categorization benefits White people so that there is more incentive for Whites to maintain privilege more than there is for ending racism (Delgado & Stefancic, 2012). Some scholars assert that Whites continue to believe in their dominance and privilege and that this belief remains just under the surface, cloaked by a false veneer of principles of individualism, equal opportunity, and meritocracy (Bonilla-Silva, 2006; McIntosh, 1988). Others explain that Whites may not even be cognitively aware that they possess negative attitudes and tendencies that promote the marginalization of POC (Dovidio & Gaertner, 2004). Postracial discourse protects White people from recognizing their role in systemic racism. Even White people who acknowledge the disadvantages ascribed to POC are likely to be in denial of their own White privilege (McIntosh, 1988). Not only is it painful for many White people to recognize their own role in systemic oppression, but facing the realization that meritocracy is a myth leads to recognizing the role that privilege – more than sweat and toil – has had in establishing their own place in society (McIntosh, 1988). An additional complexity to mention about the issue of privilege is the tendency for White people to deny their White privilege based on marginalized status they hold in other dimensions of their identities; for example being female, Jewish, or lower socioeconomic status. It may be an understandable defensive impulse for someone who has had their own experiences of being stigmatized and oppressed to deny their participation in racism. In addition, it can be difficult to differentiate between bias and privilege. Nonetheless, that does not change the fact that White people benefit from White privilege in innumerable ways — from not having to worry about racial profiling, to inheriting wealth from home ownership that was available to White people’s parents when Black people were denied it. It is virtually impossible to be a member of society in the U.S. without participating in the system of stratification reinforced by racism and discrimination toward POC and privilege for Whites (McIntosh, 1988).

A final central tenet in CRT is that discourse on racism must be grounded in the perspectives of marginalized groups, so that it is their understandings of their own lived experiences that define what is reality (Delgado & Stefancic, 2012). It is from this vantage, that CRT, contrary to postracial claims, asserts that racism is in fact so normal and integral to society that POC have no choice but negotiate it constantly in their daily lives (Delgado & Stefancic, 2012; Ford & Airhihenbuwa, 2010). Rather than avoiding discourse on race and racism, active discourse about how racism is perpetuated in the U.S. is crucial.

Impacts of Racial Microaggression

Even though blatant racism is generally unacceptable in modern U.S. culture, there are ample reminders that some White people maintain strong, racist beliefs. The shooting rampage that killed nine people in an African American church in Charleston, South Carolina the summer of 2014 by a 21 year-old man fueled by blatant racist beliefs (Ellis, Payne, & Ford, 2015), is a clear example. In addition, as discussed earlier, POC are often recipients of institutionalized racial discrimination actively at work – even in the social systems that exist to ensure safety and justice. Consider further that many White people hold negative or ambivalent attitudes toward POC, many people are unaware of their racial bias, and there are social and personal pressures that motivate people to hide and deny their racial bias. Given these complexities, how can POC distinguish between people who actively believe that POC do not have equal worth or potential, from those who truly desire equality?

The ambiguity about racial prejudicial attitudes and complexities of interpretation are part of the insidious nature of microaggression. An important note is that the question of “perception” tends to complicate discourse about microaggression. After all, once we acknowledge that microaggressions are often not intended, frequently subtle, and left to interpretation, how can one be sure they really occurred? Congruent with CRT, integral to the concept of microaggressions is that they are defined by the perception of the recipients. POC enter every social context aware of the range of racial attitudes that anyone at any given time, in any given interaction, might possess. Many recipients of microaggressive exchanges describe being confused about the interactions and are left to wonder about the intent of the exchange (Sue, 2010). Importantly, it is just as likely that a POC will recognize racial bias and discrimination in microaggressive acts and/or perceive them as intentional. Regardless of how overt or intentional microaggressions are, however, recipients are also likely to struggle with how to respond and often make conscious decisions not to respond (Sue, 2010). At the very least, confronting microaggression risks uncomfortable interpersonal dynamics. For example, friendships and work relationships might become strained. Furthermore, in situations when POC are interacting in systems with individuals who hold positions of power, confronting microaggression might have serious repercussions. For example, employers might decide to offer a position to someone else, health and mental health care clinicians might shorten visits by not ordering tests, teachers might give a lower grade, and probation officers, judges, and child welfare caseworkers might make decisions that have enormous negative impacts to the POCs’ families and life trajectories. Therefore, microaggressions tend to be a permitted form of discrimination that can occur in every social system, at any time, and impart a range of negative impacts. Whether they occur as verbal indignities, automatic unintentional physical responses of fear or disgust, subtle environmental cues that POC do not belong, or negative stereotypes

perpetuated in the media, they serve as frequent reminders and reinforcement of reduced and marginalized status.

People cope with microaggression through any range and combination of responses, often depending on the perceptions of intent and potential for consequences (Sue, et al., 2007). In some situations, people may struggle to determine if what they just experienced was actually racist or discriminatory, or if the event was important or severe enough to warrant confrontation. In other instances, microaggressive exchanges trigger emotions from prior experiences (Sue, et al., 2007). Recipients may blame themselves or question why they are sensitive to acts that might be unintentional in nature. In cases when someone respected by the recipient perpetrates microaggression, they are likely to feel especially hurt and disappointment (Sue et al., 2009). Other responses include becoming angry, mistrustful, or depressed (Dovidio & Fiske, 2012; Sue, 2010). Some might display a sense of helplessness, while others might adapt and “get used to it,” as a normal part of what it means to be a POC in America (Sue, 2010).

The primary causal process forwarded to explain how racial and ethnic discrimination impacts health and well-being is through indicators of stress (Mays, Cochran, & Barnes, 2007; Williams, Yu, Jackson, & Anderson, 1997). That is, microaggressive experiences contribute to the cumulative impacts of stress or *allostatic load* that in turn contribute to chronically elevated cortisol level, a stress response associated with health problems, such as hypertension and depression (Geronimus, Hicken, Keene, & Bound, 2006). Additional scholarship relates what is understood about trauma responses to how people are impacted by microaggression. People who experience painful, traumatic events of overt racism often experience difficult emotional reactions (Sue, et al., 2007). Smith and Colleagues (2007) found that Black males who experienced microaggression related microaggression to psychological stress responses, symptomatic of what the authors called *racial battle fatigue*, including frustration, shock, anger, disappointment, resentment, anxiety, helplessness, hopelessness, and fear. Some studies indicate that microaggressive experiences may function like other forms of trauma and link the responses to those of post-traumatic stress (Evans-Campbell, 2008; Franklin, Boyd-Franklin, & Kelly, 2006).

Influences from intergenerational transmission are also being implicated as a factor in how people receive and are impacted by microaggressions (Evans-Campbell, 2008). For example, unresolved grief and historical trauma across generations are thought to contribute to the elevated rates of social problems among American Indians (Heart & DeBruyn, 1998). On the other hand, historical oppression experienced by groups is also part of what adheres group members together; resilience is often fostered through sharing stories, losses, and honoring those who faced oppression in earlier generations (Evans-Campbell, 2008). These differential effects of historical oppression are likely to vary in how they influence current perceptions of bias.

An individual's sense of racial and ethnic identity is another important element in discussions of the impacts of microaggression (Umaña-Taylor & Updegraff, 2007; Yip et al., 2008). Cultural aspects of identity play a role in identity formation and become integral to the worldview, and how POC negotiate decisions they make (Markstrom-Adams, 1992). Scholars on ethnic identity posit that as people experience different social contexts and manage various dynamics related to their race/ethnicity; they might develop a strong sense of self and enhanced

self-esteem and efficacy that can provide protective qualities and emergent resilience. Those who have not explored their ethnic identity, on the other hand might have an unresolved sense of ethnic identity that contributes negatively to impacts of discrimination (Phinney et al., 1997). Research from the racial discrimination literature suggests that ethnic identity can mediate the impact of racial discrimination on the well-being of POC (Sellers and Shelton, 2003; Umaña-Taylor & Updegraff, 2007; Yip, Gee, & Takeuchi, 2008).

Studies examining the impact of microaggression on POC have reported adverse effects in a number of domains, including education, mental health, and employment. Racial microaggression is associated with inequities in education (Steele, 2003) and perceptions of hostility in school (Smith, Allen, & Danley, 2007). Students of color have reported subtle racial discrimination in curricula, lowered academic expectations, and discounted opinions (Solorzano et al., 2000). Furthermore, experiencing racial microaggression has been shown to have a negative relationship with academic self-efficacy among young adult college students (Forrest-Bank & Jenson, 2015). Microaggression has also been linked to the underutilization of mental health services and to high attrition rates of POC from mental health programs (Burkard & Knox, 2004). Studies have found that microaggressions received by clients who are POC predicted weaker therapeutic alliances, lower perceptions of counselors' cultural competence, and less satisfaction in therapeutic relationships in which clients were POC and the counselors were White (Constantine & Sue 2007). Racial microaggressions also have been found to detrimentally affect White supervisor–Black trainee relationships (Beaumont, 2010), and have shown to lead to unsatisfactory work relationships (Constantine & Sue, 2007).

Research findings also link microaggressive experiences to a number of negative mental health outcomes. One study, for example, found that racial microaggressions were correlated with anxiety and binge drinking among college students of color (Blume, Lovato, Thyken, & Denny, 2012). Sellers and colleagues (2006) found associations between racial microaggression and depression and perceived stress among Black adolescents. Two longitudinal studies have established predictive evidence of microaggressions on mental health outcomes. Torres, Driscoll, and Burrow (2010) found that microaggressions were associated with depression, mediated by stress, and that the negative influence of racial microaggression on participants' mental health persisted over a year. In addition, Sellers and Shelton (2003) found that psychological distress occurred as a consequence of microaggressive events in a sample of first-year college students.

Implications for Social Work

A litany of empirical evidence supports the assertion that racial discrimination adversely affects the health and well-being of POC. The concept of microaggression helps explain *how* racism continues to marginalize POC in America despite social norms that promote equality and justice, and the pervasive belief that we are a postracial society. Addressing microaggression offers a way to confront racism beyond current conversations about whether or not racism exists and outside of common discourse speculating about prejudicial attitudes that underlie discriminatory behavior. Instead of focusing on who is or is not responsible, or means harm or not, the focus of understanding microaggression lies in how commonplace they are such that everyone readily recognizes specific microaggressive manifestations. Recognizing and acknowledging the occurrence of microaggressions compels people to acknowledge the

continuing presence of racism and provides an important counterforce to the postracial belief that discrimination no longer exists. In other words, much of the power in the construct of microaggression lies in how *malleable* they are. When people recall witnessing, perpetrating, or experiencing microaggressions, they are able to think about what can and should be done to prevent and cope with these forms of discrimination. Since microaggressions are by definition often unintended, the conversation can be moved beyond defensive responses about what was intended by the perpetrators of microaggressive acts to focus on their potential harm to individuals and the role they play in perpetuating systemic oppression. Institutionalized oppression is complicated and can be quite difficult to grasp. In addition, not all people are motivated to value the experiences of POC. Social workers, however, are both committed to social justice, and positioned to influence prevention and intervention of discriminatory impacts, particularly with vulnerable and disadvantaged POC.

Recommendations for Understanding, Preventing, and Addressing Racial Microaggression

Engage in difficult conversations about race. There is a tendency to avoid talking about race because the topic often evokes conflicting and strong opinions that make people uncomfortable. Sue (2010) offers guidelines for facilitating *difficult dialogues* that can be used by social work educators and managers who wish to confront the issue of microaggression. An important beginning point is that social work educators and leaders must be able to examine their own biases. In addition, they must strive to be knowledgeable about and comfortable discussing racism and microaggression, and to be skilled in facilitating discussions of race in classroom and work settings (Sue, 2010). In order to be prepared to facilitate conversations, planned or in response to microaggressions when they occur, social workers can hone their skills by engaging in dialogue about difference with people from different racial and cultural groups who they know in their personal lives. Another important point is to no longer permit microaggressive acts to go unnoticed. Such situations can instead be opportunities for learning and growth for those involved (Sue, 2010).

Do not get defensive. If implicated in microaggressive behavior themselves, social workers should be prepared to genuinely apologize if they have said or done something that was harmful, regardless of whether or not it was intended. Almost everyone can identify a time when s/he have witnessed microaggression. It is more difficult to acknowledge one's own involvement in committing microaggressive behaviors, but also much more powerful. Defensive responses are natural reactions, but are only likely to serve as an obstacle to meaningful discourse. Social workers should be more concerned about the well-being and empowerment of oppressed populations than their own personal needs to be seen as unbiased. Social workers should strive to understand how historical and systemic oppression, as well as prior personal damaging experiences might factor in to the perceptions of microaggression. In addition, social workers should be in an ongoing process toward being aware of one's own bias. We should encourage POC to confront microaggressions if they observe them from us, and be thankful when someone is willing to take the risk to raise our awareness of how we relayed discriminatory messages. Social workers should aim to validate the perceptions of POC so that they might help us understand their experiences. There a sense of liberation for people in being able to define their own racial experiences, and it may very well be healthy for people to be vigilant to the potential trauma from microaggression (Sue et al., 2008). It is also critical to respond to the concerns by

developing and implementing explicit plans to change the behavior or to be more aware and inclusive.

Focus on proximal goals of fostering discourse and reducing microaggressive actions and impacts as steps toward the ultimate goals of ending racism and discrimination.

Postracial beliefs are not the same as racial prejudice. In our effort to educate people about how we perpetuate racism in our society through microaggressions, we risk shutting down the conversation before it even starts if people holding postracial beliefs feel their values are discounted or feel accused of possessing prejudices they do not believe they hold. People should be encouraged to strive to shed microaggressive behavior, but also encouraged to recognize how automatic and unintentional it is, and that everyone makes mistakes. Increasing research evidence supports the potential for intervening in implicit bias (Greenwald & Krieger, 2006). Once someone becomes aware of their bias and microaggressive behaviors, they can be modified. However, when someone is upset that s/he is perceived as racist, rather than trying to force them to realize they hold bias, it is likely to be more beneficial to acknowledge that they found it painful to be perceived that way. From there we can align around what steps they can take to ensure they are not perceived that way again —by recognizing and not engaging in specific microaggressive behaviors. It is also important to strike a balance between intervening in microaggression and not over-emphasizing race and ethnicity. There is both the potential to create an aversion to discourse if people feel constantly forced to talk about race, as well as the potential to divert attention from other issues by conflating them with race.

Develop policies to prevent and respond to microaggression. At the same time we are creating safe spaces for dialogue and working through mistakes, there is also a need to develop policies that acknowledge that microaggression is a form of discrimination and should not be tolerated. One of the difficult challenges in bringing microaggression to the surface is that acknowledging microaggression implies that an act of discrimination occurred. It is possible that universities or human service agencies are likely to have concerns about creating opportunities for students, clients, patients, and/or employees to lodge formal complaints of racial discrimination. To prevent potential problems, administrators should proactively discuss how to respond when concerns and complaints about microaggression are raised. A potential pitfall would be to create a “laundry list” of microaggressions and threaten punitive action if they occur. This is likely to lead to avoiding conversations about race, discrimination, microaggression, and diversity, rather than encouraging them to take place. Furthermore, an investigation into any specific incident is likely to lead to dynamics like those discussed earlier regarding Ferguson, MO. Whether people are aware of their bias or not, they are likely to vehemently deny it, and there is unlikely to be proof that discrimination occurred. Overly punitive responses to well-meaning individuals are likely to be divisive, painful, and foster anger and mistrust. A suggestion instead is for agencies to have written protocols. Optimally addressing interpersonal conflict starts with conversation directly between the individual who was perceived as microaggressive and the recipient. Most conflicts do get resolved at this level, but if the conflict is not resolved, then it should be taken up chain of command. Agency leaders are encouraged to take the time to listen carefully to concerns that are raised so that specific forms of microaggression can proactively be targeted for prevention. If there are repeated reports that a particular individual is perpetrating microaggression despite being made aware of the offensive nature of their behavior, corrective action should certainly be taken.

Meanwhile foster an agency culture in which the entire staff and clinicians are oriented to understand what microaggressions are and foster norms that promote inclusive and respectful behavior. Agency personnel should be encouraged to talk about difficult microaggressive or racially loaded dynamics that occur with the intent to support each other around difficult clinical issues and generate recommendations that promote high ethical standards and cultural competence for everyone.

Integrate microaggression into curriculum and clinical training. The construct of microaggression can be a powerful educational tool for helping social workers develop an understanding of how oppression is perpetuated in society. To begin, students should be encouraged to recognize their own participation in microaggression. In doing so, they are likely to be able to gain a deeper understanding of their own biases beyond just labeling differences and acknowledging when their comfort zone is challenged. There is a significant difference between putting aside one's own bias to be able and willing to tolerate difference, and acknowledging one's own role in perpetuating racism and other forms of prejudice. Narratives about microaggressive experiences from the perspective of the recipients are likely to be particularly powerful tools in teaching empathy and enhancing understanding of subtle prejudice (Hall & Fields, 2012).

A particularly promising educational strategy explicated in the literature involves *intergroup dialogues* in which members of different walks of life are placed in small groups and encouraged to respectfully discuss and acknowledge each other's perspectives and experiences with oppression. Evidence suggests that this approach has been effective in developing insight and empathy with regard to how members of other groups perceive and experience oppression; it has also been linked to increasing motivation necessary to bridge racial differences (Gurin, Nagda, & Zúñiga, 2013).

Include microaggression in client assessment and treatment protocols. Clinical assessment protocols should include an evaluation of the extent to which clients perceive threats and impacts of racial discrimination in their histories and daily lives. This could be accomplished by integrating assessment tools into the intake protocols or by asking open-ended questions that encourage participants to explain how they believe race and ethnicity has impacted them over their life course and influences their current happiness and well-being. It may be beneficial to explore client perceptions and experiences of racial bias in the same way practitioners approach other difficult and sensitive issues; namely by striving to understand each client's individual perspective and the meaning discriminatory experiences have in their lives. It also may become evident with some clients that developing coping strategies for managing microaggressions when they occur could be an important focus in treatment. The specific strategies will need to be developed individually with the clients based on their needs and specific contexts they are likely to experience them. Confronting perpetrators of microaggression may be empowering; especially when perpetrators are open to receiving feedback and making change. Conversely, when there are likely to be negative consequences, confronting perpetrators about their microaggressive behaviors might not be in the recipient's best interest, and strategies such as mindfulness or cognitive interventions for tolerating and managing emotional responses to them might be preferable.

Target research to understand, prevent, and respond to microaggression. Social work praxis holds crucial opportunities to investigate the role of microaggression as a barrier to accessing treatment, premature treatment dropouts, and substandard treatment that are implicated in disparities in health outcomes but not understood (Institute of Medicine, 2003). Longitudinal studies in particular are needed to better understand the onset, persistence, and long-term effects of microaggression on POC. Such studies are the key to assessing changes in the nature and impact of microaggression over time and central to finding ways to account for the cumulative effect of microaggressions over the life course as well as inter-generationally. Research on the differences in exposure and frequency of microaggression between groups should consider diversity within racial and ethnic groups as well as between them. Differential coping responses and impacts to microaggressive experiences gained from longitudinal investigations may also hold important keys for intervention (Sue, et al., 2007). Furthermore, longitudinal research may lead to increased knowledge about how racism influences broader issues of access, retention, and quality of treatment for POC.

Finally, content pertaining to microaggression should be included in school, family, and community interventions that seek to promote positive development and social culture. Possible interventions include social learning programs that teach children how to respond to situations involving microaggression incidents in the content of bullying or aggression. Interventions with families might intentionally strive to foster racial and ethnic pride. Schools and communities should be encouraged to participate in promising interventions, such as *Courageous Conversations*, a program that uses an interpersonal dialogue strategy to develop cultural competence in K-12 educators (Pang, et al., 2011). Research investigations should be integral to these efforts in order to build evidence for efficacious programs.

Conclusion

As social workers, we know that the social stratification based on skin color and oppression of POC is fundamentally wrong, and often experience painful and frustrating emotional responses when we recognize how powerful systemic oppression is. It is even more painful to recognize how we all participate in it. However, as we know, the uncomfortable learning edge is where real change occurs. Postracial claims are dangerous because they allow people think they are promoting equality and justice by ignoring inequality and injustice. We can use the concept of microaggression to examine our own bias and privilege and make immediate changes in our own behaviors, agencies, and communities, and colleges. Microaggression also offers tangible examples from everyday experiences that bring discourse about racism and discrimination to the surface. By focusing on the impact to POC rather than the intentions of those perceived to perpetrate microaggressions, we can disarm the difficult dynamics that tend to shut down the dialogue and instead strive to identify and intervene in specific microaggressions. We can apply this tool to use in the classroom to help social work students gain a deeper understanding of how racism and discrimination persist. We can also use it to recognize and remove specific forms that contribute to hostile contexts in the therapeutic relationships, agencies, and communities where we are trying to help people. We are likely to bring much greater depth of understanding to how people's lives are impacted by racial discrimination if we assess for it intentionally as part of conceptualizing client systems. Finally, once we crack open

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the dialogue, social workers are positioned to gain the knowledge needed to inform broader policy and intervention for combating discrimination.

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