

Diversity Thoughts: Microaggressions

The American Psychological Association recently published a book entitled “Microaggressions and Traumatic Stress: Theory, Research and Clinical Treatment” (Nadal, 2018) as part of its Concise Guides on Trauma Care series.

It is controversial to speak about microaggressions. They are questioned in the same way as “climate change;” i.e., the phenomenon of microaggression is questioned despite good evidence that it exists and creates significant suffering and oppression. Just like persons belonging to dominant groups defend against the perception of ourselves as prejudiced or racist, we are easy to judge “microaggressions” as an exaggeration of “innocent” comments or behaviors, and a term that is seen as fostering excessive perceptions of victimhood within target groups.

Nadal (2018, pp. 41-42) proposes that “microaggressions theory is a model of understanding modern and subtle discrimination in the United States and throughout the world...[involving] microassaults, microinsults, and microinvalidations (Sue, 2010).” For example, a dominant group person easily interprets his or her language as innocuous, whereas a target group member feels hurt or demeaned by the words chosen. This can occur, for instance, when we substitute dominant group terms like “white” or “heterosexual” with “normal.”

Nadal (p. 43) also points out that “persons socialized with dominant group norms and beliefs...[may have an implicit bias towards various marginalized groups. For instance, many able-bodied people often do not realize how certain buildings or spaces are not accessible for people with physical disabilities, because they have the privilege of never having to worry about accessibility.”

Dominant group members who act in microaggressive ways then tend to become defensive when the impact of their speech or behavior is pointed out. Just like it was pointed out in the useful book “White Fragility,” (DiAngelo, 2018), nobody likes to consider themselves prejudiced. When called on a microaggression, the tendency is then for the perpetrator to deny the behavior, rationalize it, or to overcompensate (proving, for example that they are not prejudiced by mentioning an alliance with somebody from the same target group).

There is a strong tendency to minimize the harm caused by microaggressions, considering that “such experiences do not cause much grief or damage in people’s lives. Despite many studies supporting the relationship between microaggressions and negative mental health outcomes (Nadal, Whitmanm Davis, Erazo & Davidoff, 2016; Wong, Derthick, David, Saw & Okazaki, 2014), some people believe those who perceive microaggressions are weak or oversensitive” (p. 43).

Furthermore, it is not easy to respond to a microaggression, as this could be unsafe (lead to dangerous aggression, reduce a chance of professional advancement etc).

Microassaults most resemble traditional forms of “overt discrimination.” An example cited by Nadal is when President Trump called Mexicans lazy” and “rapists.” Some celebrity figures who make stereotypical comments may even apologize, but often they insist that they are not prejudiced.

Microinsults are verbal or non-verbal ways of conveying a stereotype. Nadal cites an example of gawking at a same sex couple holding hands (p.44). A common example in our clinics can be to ask a patient “where are you from,” which can convey the feeling that they belong here less than persons who descend from early European immigrants. Another example cited by Nadal is when “an able-bodied person...speaks exceptionally slowly, loudly, or patronizingly to a person who uses a wheelchair for mobility...[conveying that] people with disabilities are unintelligent, helpless, or childlike” (p.44).

Microinvalidations, he continues “are verbal communications that dismiss, refute, or undermine the lived experiences of people of various marginalized groups” (p.45). Dominant group members often cannot relate to the experience of marginalization and struggle to empathize. “For instance, imagine a White man who tells a woman of color that she is “too sensitive” or “angry” and passionately claims that racism and sexism do not exist...Because of his privileged worldview, he believes his perspective is the norm and therefore all other perspectives are insignificant, erroneous, or preposterous” (p. 45).

Groups subject to microaggressions suffer in similar ways as persons experiencing adversity, including trauma. Physical and mental health are negatively impacted, and Nadal cites an National Institute of Health study (2010) that “historically marginalized groups face multiple health disparities that make them susceptible for lower quality of life, disabilities, and even premature death” (p. 45). The effect is heightened by “intersectional microaggressions” (p.46) when multiple target identities are present in the same person.

Nadal then lays out Sue et al.’s (2007) theoretical taxonomy of the different types of racial microaggression, which include:

- assumptions of criminality for certain racial groups like Black or Latinx
- alien in one’s own land—treating some ethnicities like perpetual foreigners
- second class citizen—when second rate assistance is given to people of color or they are passed up for promotions
- ascription of intelligence—some groups are assumed to be less intellectually capable, such as an African American student being assumed to have received an athletic scholarship
- colorblindness—the ease with which persons of Caucasian phenotype tell persons of color that they do not see race or that racism does not exist. (p.60).

Nadal, Rivera and Corpus (2010) propose the following themes in the microaggressions directed at LGBTQ people:

- Use of heterosexist terminology (that demean non heterosexual people)
- Discomfort with or disapproval of the LGBTQ experience, for example lack of interest in a same sex wedding compared to heterosexual wedding
- Exoticization: objectification and tokenism “Will you be my new lesbian best friend?”
- Assumption of universal LGBTQ experience—assumed similarity for everyone in a group, like assuming a gay man will have fashion advice to give
- Assumption of sexual pathology or abnormality: when heterosexual people act distant or fearfully because they assume that LGBTQ are sexually promiscuous, sexually deviant, or even sexually predatory (p. 79).

Nadal has additional chapters about sexist microaggression and microaggression towards trans people.

What I take from this is that I want to try and be more mindful about how my unconscious and dominant membership-socialized prejudices may result in microaggressions. I may also reflect about effective ways to respond and practice self-care around microaggressions directed at me in my target group memberships. Microaggressions can be insidious, subtle, but have real deleterious and additive effects on person’s mental and physical health. As we discussed yesterday in the HealthPoint Group supervision session, telomeres may be shortened, cellular immunity compromised, and the HPA axis chronically activated from frequent exposure to the repeated traumas of microaggression. Let’s try to shine a flashlight on these phenomena.