

RESEARCH ARTICLE



The Trauma of Racial Microaggressions: The Psychological Impact of Discriminatory Actions affecting the Minority Population

Ashley Allahand¹

Abstract

Today's demographics within the United States have become more diverse than ever before. As such, minorities continue to face psychological traumas from conscious and unconscious racial biases of others. Psychological implications in symptomatic forms of depression, anxiety, and post-traumatic stress amongst minorities caused by racial microaggressions were studied. This paper discusses how minorities are constantly at war with a range of social injustices that negatively impact their psychological well-being. As such, the United States must be prepared to integrate justice reforms within the nation to halt these harsh mental inflictions of racism on the minority population. Alongside, the psychologist must be prepared to diversify treatments in the field. This paper discusses the psychological events and effects of these microaggressions and their racial suggestions while offering opportunities for the nation to treat all people with equality and justice. Methodology and findings are recorded, and the literature is thoroughly discussed.

Key words: diversity, racism, microaggressions, psychology, mental health, pathology.

1 | INTRODUCTION

Unfortunately, within the United States minorities are born into a life of trauma shaped by brutal inhumanity, injustice, and repression. Minorities are forced to face prejudice and antagonistic behaviors based on their racial or ethnic identity every day. Racial or ethnic microaggressions are, “the daily common experiences of racial aggression that characterize pervasive racism: commonplace verbal or behavioral indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults.” (Sue et al., 2017, p.62)

A plethora of individuals fail to realize the detrimental effects of what it means to be a minority living in America. An abundance of studies has demonstrated adverse effects, whether physical or psychological

associated with racism and microaggressions. These actions serve as a pivotal factor in the onset of pathology in depression, anxiety, and post-traumatic stress disorders. However, a true historical overview and examination of the trauma associated with the minority population in psychology are needed to accurately conclude any solutions which can reduce the harmful physiological response and produce greater mental health outcomes inflicted upon by this deleterious aspersion.

Studies have found that microaggressions are a substantial cause psychological distress ranging from depression, negative affect, low-self-esteem, health issues, and pain and fatigue. (Ro, 2020, para 7) Elizabeth Gehrman reported on Kristen Lee's 2019 Lecture Hall at Harvard University that Macroaggressions are not always simply visible, however microaggressions are simply hurtful. These brief

¹Nova Southeastern University.

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and commonplace verbal or behavioral mishaps communicate hostile and derogatory slights and insults toward minorities. These onslaughts of injuries cause damage to individual psyche from thyroid problems to high blood pressure. (Gehrman, 2019, para 4) Unfortunately, these aforementioned microaggressions are very subtly noted in society today and even less commonly addressed.

The purpose of this research is to shed light upon the increase in mental health issues due to microaggressions and racism in the United States. The mental health clinicians should be diverse. As such, having diverse physicians that can understand the impact of racial aggressions can be helpful in better meeting the needs of those suffering. Thus, by conducting this research on the trauma of microaggressions and their psychological impact, research can figure out why the rise of mental health issues amongst minorities exists, moreover, why the percentage of minority physicians is lagging. By assessing the impact of microaggressions, consulting on the future course of action, and analyzing the results, relevant conclusions about mental health can be drawn. This research allows researchers to delve deeper into the thought processes of the trauma of racial aggressions affecting the minority population.

2 | HISTORICAL OVERVIEW OF THE LINK BETWEEN SOCIAL BIAS'S AND MENTAL HEALTH

In the 1940s, psychologist Dr. Kenneth Clark and Dr. Mamie Clark conducted a string of experiments that researched the psychological effects of segregation on African American children. They called their experiment the, Doll Tests. To conduct their experiment, they studied African American children between the ages of three and seven years old. The children were presented with four identical dolls except for skin color: two black, two white. The children were asked to identify the race of the dolls along with the doll they preferred. Thus, the majority of the children chose the white doll. The children tended to associate more positive traits with the white doll than the black doll.

Therefore, the doctors concluded that discrimination, prejudice, and segregation had created a feeling of

inferiority among African American children, which severely damaged their self-esteem. (Saad, 2020, p. 61) A similar pilot study was conducted in 2010 by Dr. Margaret Beale Spencer. She tested 133 children from specific economic and demographic backgrounds. Her research showed that nearly 70 years after the initial doll experiment, and more than a year after the election of the United States first black president, white children had an overwhelming white bias, and black children also had a white bias. (Billante & Hadad, 2010, para 3)

Nathaniel Rich's review on the historical connotation of racism questions the present-day diction that is exercised by racial justice advocates and questions whether the terms like "White Privilege" has been substituted for "White supremacy" or "Microaggressions" for "Casual Racism". (Rich, 2016, para 4) He further questions if the United States has retreated from debates over proposed solutions and instead is challenging whether or not the problem of racism even exists. This is a major problem in the contours of institutional racism. It is as though the issue at hand must be spread out on a table, the police killings of unarmed black children, indifference to providing proper medical care, and the access to pure drinking water that is leaving communities in suffrage is a chronic national disease. These incidences affecting people of color are not freak incidences. (Rich, 2016, para 4)

Racism and discrimination are key contributing factors in the onset of mental pathology. They are also responsible for the increasing disparities in the physical and mental health of indigenous people and people of color. A systematic review conducted in 2015 collated 300 studies that looked at how racism affects the physical and mental health of Asian American, Latinx American, and African American people. (White, 2020, para 3) The review concluded that racism is associated with higher rates of stress, ultimately increasing an individual's risk of high blood pressure. Results also showed a significant relationship between racial discrimination and depression among Asian American people. (White, 2020, para 1) Thus, directly experiencing or witnessing racism can have long-lasting effects on mental health conditions.

3 | FINDING THE LINK BETWEEN RACISM AND MENTAL HEALTH

One can argue that racism permeates throughout American institutions, especially on college campuses today. Although, the racism is disguised in a subtle yet invidious way, which when carefully assessed is extremely prominent on white college campuses. Asian American students have reported microaggressions from professors teaching at Universities within the states. Asian students have reported little to no support on campus from their respective universities. Chau Nguyen of Appalachian State University reported, "I personally feel that our community is invisible." (Marin-Lopez, 2021, p.1)

There is a link between mental health and interpersonal discrimination-related social events. These related events predict a greater self-report of anger, anxiety, depressive symptoms, and loneliness. Asian and Hispanic students reported feelings of anxiety, depression, and loneliness on college campuses. (Jochman et al., 2019, p.7) Therefore, discrimination increases distress and negative mental health outcomes. Hence, racial and ethnic minority students in primary white contexts must navigate the complexities of discrimination and social exclusion.

Moreover, the Coronavirus pandemic that began in 2019 has elevated the risk of Asian American racial microaggressions and hate crimes. With the surge of medical pathology associated with the pandemic, the incidents of negative bias and microaggressions began to rise. Since the novel COVID-19 began to spread, an alarming and significant rise in targeting healthcare workers and everyday civilians who identify as Asian, Asian American, and Pacific Islander has significantly increased. However, microaggressions and racial slurs have assumed new forms. The language used by a plethora of individuals term the pandemic the "Chinese Virus" or the "Kung Flu" as it associates the blame of the virus on Asian Americans.

Since the outbreak, the June Pew Research survey found that 58% of Asian American adults say that they have seen more people expressing racist or racially insensitive gestures or words towards Asian Americans. (Ruiz et al., 2020, para 5). Asian Americans have reported that individuals acted as if they

were uncomfortable around them since the outbreak and have been subject to slurs or jokes of others the most since the SARS outbreak. The data from figure 1-1 proves that about four-in-ten Americans have reported that it is more common for people to express racist views about people who are Asian now than before the SARS pandemic. (Ruiz et al., 2020, para 4)

About four-in-ten Americans say it is more common for people to express racist views about people who are Asian than before COVID-19

% saying it is ____ for people to express racist or racially insensitive views about each of the following groups in our society compared to before the coronavirus outbreak



*Asian adults were interviewed in English only.

Note: Share of respondents who didn't offer an answer not shown. White, Black and Asian adults include those who report being only one race and are not Hispanic. Hispanics are of any race.

Source: Survey of U.S. adults conducted June 4-10, 2020.

"Many Black and Asian Americans Say They Have Experienced Discrimination Amid the COVID-19 Outbreak"

PEW RESEARCH CENTER

Figure 1 -1 PewResearch Center AsianAmerican Discrimination Amid Coronavirus Outbreak

Note: This figure was produced by *Pew Research Center* depicting the expression of racist views before and after COVID-19.

There has been a significant depreciation of mental health for those experiencing xenophobia and race-based stigma during the infectious disease outbreak. Research is still in its novel stages, however, there has been a link in the aforementioned discrimination to increases in depressive symptoms, anxiety, and sleep problems for this targeted population. (Abrams, 2021, para 4) Unfortunately, this population is least likely to access mental health services because of the cultural bias and stigma against them.

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4 | RACISM AND MENTAL PATHOLOGY FINDINGS

After relying heavily on published reports, statistical material, and website content that is publicly provided, the findings are striking results. Although the diagnoses of mental disorders seem to be equal across all cultural backgrounds, because of the lack of diversification and eager will to support minority clients, the results showed that there is an increase in symptomatic presentation and diagnosis of depression, post-traumatic stress, and anxiety amongst minority groups. The addition of a cultural misunderstanding among present-day clinicians disables the field in overcoming the rise of mental health issues plaguing individuals within the country's walls.

5 | FINDING 1 - DEPRESSION

Major Depression Disorder (MDD) is one of the most widespread disorders affecting many in the United States. Unfortunately, this disorder tends to be underdiagnosed and untreated for many suffering individuals. The minority population is more likely to suffer from chronic, prolonged, and debilitating depression. Many researchers believe that individuals who live compounded by racism are at a higher risk of developing depression. (Paradies et al., 2015, para 1) Alongside, major depressive episodes have increased from 9% to 10.3% in African American youth, ages 12-17, and 6.3% in ages 26-49 between the years of 2015 and 2018. (SAMSHA, 2018, p.4)

African Americans, Asian-Americans and Hispanics woefully experience microinvalidations or communications that subtly exclude or even negate the feelings and thoughts of reality of a person of color on the daily. (DeAngelis, 2009, para 18) The data in Figure 1-2 shows the odds ratio for a 12-month Major Depression Analysis which provides evidence that African Americans and Hispanics are at a much higher risk for developing a Major Depression episode than White individuals.

Odds Ratios for 12-Month Major Depression: Multiple Logistic Regression Analysis (n = 7690)

Characteristic	Odds Ratio for Depression	95% Confidence Interval
Race/ethnicity		
White	Reference	
African American	0.62	0.49, 0.79
Hispanic	0.92	0.61, 1.38

Figure 1-2 Odds Ratio for 12-Month Major Depression

Note: This figure was produced by *The American Journal of Public Health* in 2020 depicting the Odds Ratio for Major Depression.

Racism is a pathogen which generates depression in people of color. According to Sierra Carter, a professor at Georgia State, racial discrimination is a chronic stressful stimulus that can wear and tear down body systems. (Georgia State University, 2019, para 3) She further studied that symptomatic stressors that form due to the inflicted stress from discrimination and realized that racism greatly influences the health disparities within the minority populations.

Furthermore, Carter hypothesized an interesting study. She evaluated elevated depressive symptoms in minority children ages ten to fifteen and adults ages twenty to twenty-nine. She controlled behaviors such as smoking and alcohol use, to pinpoint if the elevation in depressive symptoms over the years accelerated the aging processes. Results suggested that early life experiences of microaggressions and racist behavior(s) is heavily related to accelerated aging. However, what is ultimately leading to this accelerated aging is the depressive symptoms which were commonly found amongst the group. Thus, she concluded that the mental and physical health factors associated with racism and depression are greatly intertwined within the minority population.

Moreover, research cites an interesting fact that higher levels of overt racial discrimination were associated with lower levels of happiness, life satisfaction and even self-esteem for minority individuals. (Williams, Neighbors, & Jackson, 2003, p.93) The chronic stress that many individuals endure throughout adulthood are embodied in racial and ethnic microaggressions and are signified through social and economic inequalities.

However, there is a lack of understanding in the field of psychology which greatly limits the number of individuals willing to openly discuss their experiences of everyday racism with a licensed professional. According to the American Psychological Association's 2013 Commission on Accreditation, of more than 25,000 doctoral students in the United States, around two-thirds are white. (Smith, 2015, p.52) Thus, many students from diverse backgrounds perceived that their heritage was stereotypically represented in the field. The climate for diverse students is a treacherous one. Unfortunately, many students experience microaggressions in the academic environment. In return, they often leave the field of psychology before completing their advanced degree, limiting the number of qualified psychologists inept to handle such troubling issues.

6 | FINDING 2- POST-TRAUMATIC STRESS DISORDER

The DSM-5 credits a traumatic event to solicit an "actual or threatened death, serious injury, or sexual violation." (American Psychiatric Association, 2013, p.271) Discrimination and microaggression behaviors fit full criteria for trauma. A large portion of individuals who face discrimination in their lives exhibits symptomatic representation of avoidance and dissociation that is associated with PTSD. The symptoms presented can be categorized as traumatic discrimination which is palpable through obvious instances of victimization. However, victimization can also occur through nonviolent overt discrimination.

Bullying someone because of their ethnicity, race, or background is traumatic discrimination. This trauma tends to alter individuals' perceptions of their safety in society. Research shows that minority individuals suffering from PTSD demonstrate lower expectations about the benevolence of the world than their Caucasian counterparts. (Williams, 2015, para 8) African American individual hold a more negative perception of the United States and tend to live a life full of skepticism and mistrust in those around them. As it can be seen in Figure 1-3, the amount of African American, non-Hispanic individuals, whether women or men, suffer more from a

lifetime prevalence of post-traumatic stress disorder (PTSD) than do White, non-Hispanics, and even the Hispanic communities. (Roberts et al., 2011, para 3)

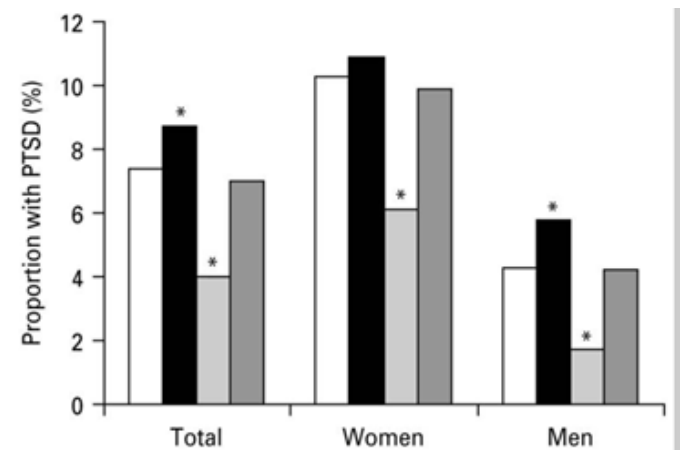


Figure 1-3 Prevalence of Post-Traumatic Stress Disorder by race and ethnicity amongst Men and Women.

Note: The figure was produced by *Psychological Medicine* in 2010 and it summarized the lifetime prevalence of post-traumatic stress disorder (PTSD) in non-institutionalized US residents by race and ethnicity. The Black bar measure Black, non-Hispanic individuals, the dark gray bar measures Hispanic individuals, and the light gray scale measures Asian/Hawaiian individuals, while the White bar measures White, non-Hispanic.

Hispanic immigrants migrate to the United States from approximately 26 other nations around the world. Exposing themselves to noteworthy differences in language, culture, and ethnicity. Studies show that within the next two decades this heritage will be the largest minority group in the United States population. By the year 2060, the Hispanic population is set to reach 111 million. (Bureau, 2018, p.1) However, with this growth there are associated stressors in the migration process, and many researchers have found a link between mental illness' such as depression and post-traumatic stress disorder. Immigrants might suffer PTSD in a plethora of different scenarios. To illustrate, individuals' experiences differ based on the frequency, duration, and multiplicity of traumatic experiences suffered during various stages of migration. (Kouyoumdjian et al., 2003, p.4)

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Latinx Americans experience higher rates of a firm diagnosis of Post-Traumatic Stress disorder due to the differential experiences of racism throughout the immigration process to the states. Racial slurs and/or racist comments can be very traumatic for the Latin community. These racist mannerisms can result in a higher rate of PTSD among this population. These experiences and the distressing nature of events can also be anxiety-producing. However, there is a lack of awareness among modern clinicians that causes PTSD in this community to be majorly underdiagnosed.

A longitudinal clinical study was conducted to examine 139 Hispanic adults with Post-Traumatic Stress pathology along a five-year continuum. The data in Figure 1-4 exemplifies the difference between demographic characteristics of participants in the study of Post-Traumatic Stress Disorder at the Intake interview. Results found that after five years of experiencing discrimination there was a significantly higher predictor leading to a diagnosis of PTSD diagnosis. (Sibrava et al., 2019, para 1)

Table 1
Demographic Characteristics of Participants With Posttraumatic Stress Disorder at Intake

Variable	Total sample (N = 154)		African American (N = 93)		Latinx (N = 61)	
	n	%	n	%	n	%
Gender						
Male	40	25.97	27	29.03	13	21.31
Female	114	74.03	66	70.97	48	78.69
Marital status						
Single	86	55.84	59	63.44	27	44.26
Married	17	11.04	8	8.60	9	14.75
Widowed	6	3.90	2	2.15	4	6.56
Divorced/separated	45	29.22	24	25.81	21	34.43
Education						
High school or less	71	46.10	40	43.01	31	50.82
Some college or more	83	53.90	53	56.99	30	49.18
Employment						
Employed	40	25.97	24	25.81	16	26.23
Unemployed	114	74.03	69	74.19	45	73.77
Disability status						
Physical disability	36	23.38	27	29.03	9	14.75
Psychiatric disability	55	35.71	34	36.56	21	34.43
Annual income						
<\$5,000	20	12.99	17	18.28	3	4.92
\$5,000-\$19,999	65	42.21	38	40.86	27	44.26
\$20,000-\$34,999	24	15.58	13	13.98	11	18.03
\$35,000-\$49,999	8	5.19	6	6.45	2	3.28
\$50,000-\$64,999	6	3.90	2	2.15	4	6.56
\$65,000-\$89,999	2	1.30	2	2.15	0	.00
\$90,000-\$119,999	1	.65	1	1.08	0	.00
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age at intake	40.60	10.60	41.86	10.77	38.67	10.13

Note. Annual income data are missing for 28 participants. Disability status indicates that the participant is receiving disability benefits.

Figure 1-4 Demographic Characteristics of Participants with PTSD.

Note: This figure was produced by the *American Psychological Association* in 2019, and it summarizes the Demographic Characteristics of clients with PTSD at an initial intake interview.

7 | FINDING 3-ANXIETY

Unfortunately, because of a significant number of misdiagnoses and a lack of consistent physical symptoms amongst African American individuals, there has been a shortfall in research correlating anxiety and microaggressions/racism. However, with the limited research, there was a dominant indication associated with anxiety symptoms based on socioeconomic status. (Breslau et al., 2009, para 3) There was also an exquisite amount of fear and discomfort in particular situations associated with minority groups. One study found that social anxiety disorder is more so related to minority status. This is so because of the onset of anxiety dictated by socio-cultural processes in the environment. (Reid, 2017, p.1)

African American's have been battling anxiety and suffering from associated symptoms for numerous years. The rate of anxiety seemed to skyrocket in mid-2020 when George Floyd, a middle-aged black man was blatantly killed by police in Minneapolis, Minnesota. Within a week of this murder, the rates of anxiety and depression amongst African American individuals in the United States soared to higher rates than experienced by any other racial or ethnic group. (Fowers, 2020, para 2) The data in figure 1-4 shows the sudden increase in percent screening positive for anxiety and depression shortly after the killing of George Floyd. No one wishes to have sleepless nights or to live in an endless dark tunnel with no end in sight. This anxiety is not a choice; however, it is a detrimental shortcoming that society forces on black individuals living in the United States today.

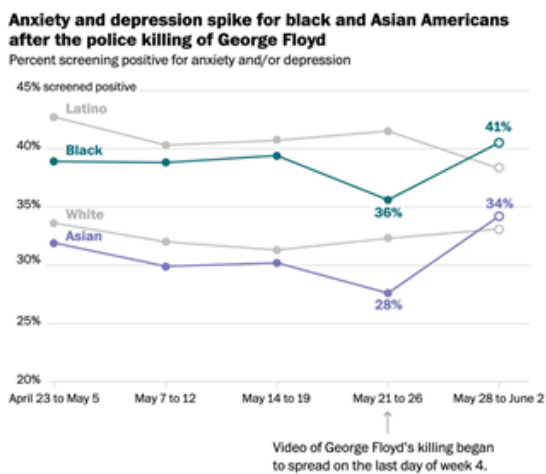


Figure 1-4 Rates of Anxiety and Depression after the police killing of George Floyd.

Note: This figure was produced by *The Washington Post* in 2020, and it summarizes the Anxiety and depression spike for black individuals after the killing of George Floyd.

Anxiety has the ability to manifest itself in a plethora of different ways and in several related DSM-5 diagnoses. Thus, an individual suffering from anxiety induced by microaggression's or racial behavior have an increased risk of being diagnosed with a phobia, obsessive compulsive disorder, or generalized anxiety disorders. Individuals suffering from anxiety inflicted by race often reported feelings such as a racing heart, feeling anxious or afraid, having trouble concentrating, and the development of tension-related ailments, such as headaches or chronic muscle pain. (Geronimus et al., 2006, p. 1) Geronimus et al, argues that African American's even suffer from weathering, or a long-term erosion of mental and physical health due to chronic stress and racism.

Unfortunately, racist ideology exists today and the anxiety stemming from this train of thought is overwhelming. The physical associations with anxiety can trigger immense fear about an individual's health, making daily life extremely uncomfortable and difficult. Psychologist should be aware that racial trauma is an additional risk factor that can lead to strong symptoms of anxiety and many other diagnoses amongst the minority population.

8 | SUMMARY

With conducting sufficient research regarding the trauma of microaggressions and their psychological impact, several steps can be taken to make this country a leading culturally diverse haven that aims to reduce the increasing rates of mental pathology. It is pivotal that the human race continues to listen when microaggressions make an individual uncomfortable. The individuals who face and experience microaggressions are often burdened with the responsibility to educate other individuals on what microaggressions are and how they hurt. However, this burden is not one that minorities should have to carry on their own. Individuals need to educate themselves on microaggressions rather than rely on others for some clear understanding. The American Psychological Association recently published a self-education tool for targets, bystanders, and perpetrators of these racial injustices. These sometimes unintentionally used behavior leads to feelings of alienation, anger, depression, anxiety, and even diagnoses of post-traumatic stress disorder in many individuals apart of this marginalized community.

Diversity training in the professional environment is a prime step to take to help practicing psychologists develop awareness and increase the knowledge and sensitivity to diversity mental health implications. It might seem like a bold vision; however, equal justice is necessary for all individuals. Generation after generation of civil rights activism has led to some critical legal and political gains, but there is a strong need for further social and educational forms of justice throughout the nation. It is evidentially clear that racism permeates throughout the nation's education and criminal system. Unfortunately, large inequalities are affecting disadvantaged communities which are deep-seated through unconscious systematic racism that negatively affects minorities in the modern day.

Moreover, there need to be racial justice programs in place that aim to make the United States more accepting of all people. The term "We the People" should embody all individuals. Systematic racism needs to be dismantled, and as a nation, we need to start repairing the endless years of mental harm that was inflicted on people of color. Mental health clinicians need to become more consciously aware

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of the anxiety, depression, and post-traumatic stress that is placed on these individuals who live through police brutality, racism, and injustices every day. Through great efforts, the nation can reform criminal injustices and lessen the rates of inequality within the United States. In conclusions, this research is one that provides succinct yet pertinent manner that molds the trauma of racial microaggressions impact on the psychological well-being over the minority population.

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Author Biography:

Ashley Allahand is currently a doctoral candidate in the Clinical psychology program at Nova Southeastern University. She is a very individualistic person who has an interest in figuring out how dissimilar personalities unite to work together productively. Her work experience is in the areas of clinical psychology.

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