



Racial Microaggressions and Psychological Distress Among Undergraduate College Students of Color: Implications for Social Work Practice

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Abstract

This study examines the relationship between racial microaggressions and psychological distress among undergraduate students of color and seeks to inform social work practice with that population. Participants in this study (n = 216) were from a medium-sized research university which is a predominantly White institution (PWI) in the Northeast region of the United States. Multiple regression analyses were conducted to examine the relationship between racial microaggressions and psychological distress. The findings indicated a positive relationship, particularly for those students that lived off campus. Among other implications, findings demonstrate the need to further explore social and environmental factors in off-campus residential communities compared to on-campus residential communities.

Keywords Microaggressions · College students · Students of color · Psychological distress

Introduction

For most young people in the United States, the transition to college can be an exciting period in their lives as they navigate a new degree of independence (Arnett 2000). However, it can also be a stressful time as studies indicate that during late adolescence into their twenties, college students experience an onset of mental health problems that can impair daily functioning (Kessler et al. 1999; Zvolensky et al. 2016). Psychological distress for students of color results, more often than for their White peers, from exposure to high levels of discrimination (Bynum et al. 2007; Kessler et al. 1999). Specifically, anxiety and depressive disorders tend to be higher among college students with racial and ethnic

backgrounds, and these problems are often associated with perceptions of discrimination (Cokley et al. 2017; Soto et al. 2012; Zvolensky et al. 2016). Students of color may face social, emotional, and academic challenges related to levels of college preparedness while also experiencing burdens associated with racial microaggressions (McGee and Stovall 2016; Smith et al. 2011; Zvolensky et al. 2016).

Racial microaggressions—verbal, behavioral, and environmental slights or insults toward those who identify as a racial/ethnic minority—are known to be detrimental and can cause impairment to the subjected person (Sue et al. 2007). Racial microaggressions are everyday subtle acts of racism (Sue et al. 2007) expressed as either explicit or implicit messages that cause confusion and stress for individuals trying to figure out how to identify, confront, or accommodate an oppressive offense (Pierce 1974; Sue et al. 2008). From the perspective of the perpetrator, the act may appear harmless or be perceived as an implicit bias, although more egregious microaggressions may be intended to exert racial power over another (Sue et al. 2007).

However more or less innocuous on the surface, the denigrating messages can leave significant psychological scars over time (Sue et al. 2007; Fleras 2016). Experiences with racial discrimination are generally associated with trauma and stress and contribute to poor mental and physical health (Sanders-Phillips et al. 2014). Specifically, students of color

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report experiencing significant distress from encountering multiple racial microaggressions by white faculty and students (Hollingsworth et al. 2017; Smith et al. 2011; Sue et al. 2007). Being treated as if they were “invisible,” intellectually inferior, or do not belong or fit into their campus community (Boatright-Horowitz et al. 2013; Tovar-Murray and Tovar-Murray 2012) can have a dramatic impact on Black students’ quality of life, physical health, and identity (Sue et al. 2008; Hill et al. 2007). Internalized racial microaggressive messages can impact a student’s self-esteem, (Kohli 2012) ability to focus, and induce psychological distress (Hollingsworth et al. 2017).

As college and university campuses become increasingly diverse racially and ethnically, diversity is not necessarily synonymous with inclusivity. According to a report published by the JED Foundation titled “Equity in Mental Health Framework” (2018), findings from a survey given to 1056 racially diverse students that elicited their views on mental health issues indicated; “first-year black students are significantly more likely than white students to say they tend to keep their feelings about the challenges of college to themselves” and “students of color are less likely than white students to describe their campus climate as inclusive”(p. 4). Students of color who attend predominantly white institutions (PWIs) are particularly susceptible to race-related stressors that result in feelings of isolation requiring specific attention to be given to their mental health (Geller et al. 2014; Mwangi et al. 2018).

Critical Race Theory and Racial Microaggressions

Connecting the concept of racial microaggressions and critical race theory (CRT) can support research into race, racism, and power as a structural problem of pervasive concern in educational and clinical settings (Crenshaw et al. 1995; Graham et al. 2011; Kohli 2012; Kolivoski et al. 2014). As an explanatory framework to identify and challenge racism and other forms of subordination (Pérez and Solórzano 2015), CRT was born out of an intellectual movement of critical legal scholars and radical feminism, both part of a long tradition of human resistance and liberation (West 1995; Delgado and Stefancic 2001). The cornerstone of CRT, also its first tenet, is the understanding of racism as an ordinary phenomenon, not an aberration, which is endemic in our society (Delgado and Stefancic 2001). In line with CRT, microaggressions are offensive maneuvers that stems from an attitude of superiority (Pierce 1974) and reflects expressions of racism that occur as a common experience for people of color (Pérez and Solórzano 2015).

Research on racial microaggressions has resulted in an expanded body of recent scholarship, however the term

“microaggression” is only micro in name as its effects have significant psychological and physiological effects (Pierce 1974; Pérez and Solórzano 2015). Studied for over 40 years, the research of microaggressions was undertaken by Dr. Chester Pierce, a Black psychiatrist. Pierce (1974) emphasized in his work that society must not only focus on the more obvious and egregious acts but the subtle, cumulative miniassaults contributing to the “substance of today’s racism” (p. 516). Today, as the enrollment of students of color increases in predominantly White institutions (PWIs), many of those institutions are struggling with a racial climate that reflects inequitable treatment, microaggressive behaviors, and limited representation of both faculty and students (Mwangi et al. 2018) resulting in students of color feeling isolated, misunderstood, unaccepted, and ignored (Caplan and Ford 2014; Griffith et al. 2017).

Mental health research has begun to incorporate the underpinnings of CRT, highlighting voices of color in counter-narratives that address race-related stress (Graham et al. 2011; McGee and Stovall 2016; Moodley et al. 2017). Many of the growing body of qualitative studies focus on specific intersectional identities (e.g. race, gender, and sexual orientation) to examine the social-psychological responses to racial microaggressions (Grier-Reed 2010; Smith et al. 2007; Smith et al. 2016; Sue et al. 2009). Previous research has also separately explored racial microaggressions and the health of college students (Boatright-Horowitz et al. 2013; Gerrard et al. 2012; Harwood 2012; Mincey et al. 2017; Solórzano et al. 2000) however very few quantitative studies have examined the relationship between racial microaggressions and psychological distress of undergraduate students of color attending PWIs (Hurd et al. 2014) and we did not identify any with a CRT framework. As scholars of color from diverse ethnic backgrounds (two African American females and one Asian male), we believe that the application of racial and cultural consciousness in our scholarship and research process (Milner 2007) will add to the literature to inform both future research designs and clinical social work practice that promotes mental health equity by contextualizing racism (Borrell 2018).

Conceptual Framework of Critical Race Theory

We employed CRT as an interpretive view of racial microaggressions and their potential negative impact on college students’ psychological and physical well-being. CRT is pragmatic in its application of the research process and transformative for individuals, communities, and institutions, as it raises race consciousness, particularly of those who advocate for social and racial justice (Campbell 2014; Ford and Airhihenbuwa 2010). By shifting the discourse to

the perspective of those groups that have been marginalized (Delgado and Stefancic 2001; Ford and Airhihenbuwa 2010), CRT frames microaggressions as a form of racism that shapes the lived experiences of people of color (Fleras 2016) and also regards the complexity of intersectional identities.

Delgado and Stefancic (2001) outlined below six tenets that underpin CRT:

- *Racism is ordinary* and a common everyday experience for most people of color in this country and overtime has been proven to be difficult to cure or address (p. 7).
- *Interest convergence or material determinism* means that racism advances the interests of both white elites (materially) and working-class people (psychically), and large segments of society have little incentive to eradicate racism.
- *Social construction* recognizes that race and races are products of social thought and relations. Race is not objective, inherent, or fixed, and corresponds to no biological or genetic reality; rather, races are categories that society invents, manipulates, or retires when convenient (p. 7).
- *Differential racialization* is the dominant society racializing different minority groups at different times, in response to shifting needs such as the labor market or for political gain. Stereotypes of minority groups also shift over time for the advantage of the dominant group. The objectification of Blacks has included stereotyped attributes from shiftless, lazy, and happy-go-lucky to super-predator, criminal, and “naturally” athletic (p. 8).
- *Intersectionality and anti-essentialism* assert that no person has a single identity and that everyone has conflicting and overlapping identities, loyalties, and allegiances.
- *Unique voice of color* holds the notion that because of their specific histories and experiences with oppression, Black, Native Indian, Asian, and Latino/a writers and thinkers can share their perspectives to educate their white counterparts (p. 9).

Critical race theorists position race at the center of inquiry, not at the margins (Crenshaw et al. 1995). While all six tenets are potentially applicable to our topic, we have focused mainly on centralizing race and racism. Our efforts also echo the position of Pérez and Solórzano (2015) who describe a CRT perspective that works toward “identifying and challenging all forms of subordination.”

Social justice is a foundational value of the social work profession, but the principles of CRT are not always embodied in social work practice. CRT can equip and embolden social work practitioners to recognize, analyze, and effect change by addressing systemic racism within all ecosystems (Abrams and Moio 2009; Kolivoski et al. 2014; Moodley

et al. 2017). Acquiring knowledge and understanding the complexity of racial microaggressions through a theoretical lens that critically analyzes race, racism, and power can guide clinical social workers and social work educators in becoming more self-reflective of their own biases, increase their cultural awareness of and sensitivity to students of color, and build their proficiency in addressing oppressive ideologies and behaviors that enable the persistence of structural racism.

Methods

Participants and Recruitment

During the fall semester of 2017, this study enlisted 216 participants to complete an online questionnaire. Participants were undergraduate students, ages 18 to 25, enrolled in a medium-sized PWI, a Division I university in the Northeastern US. Data were collected through an online survey. The consent procedure was administered electronically and only students 18 and over could participate. To preserve anonymity no identifiers were linked to the consent or survey. Student participants were recruited by the researchers, who were both employed by the university and who developed relationships with key stakeholders leading offices that served primarily underrepresented students of color. In that way, the researchers gained access to student groups’ meetings and conducted informational sessions. They also disseminated a URL link to the survey through student e-mail listservs and flyers. Social media networking among students also helped with recruitment. Researchers informed potential participants both verbally and electronically that the purpose of the study was to examine the experiences of students of color. No compensation was granted to participants; however, as an incentive, every participant was given an opportunity to participate in a weekly drawing for gift prizes (by providing only their school e-mail address in a separate questionnaire after completing the survey). This study was reviewed and approved by the university’s Institutional Review Board to ensure that all ethical standards were fully met in its design and conduct.

Measures

Derived from a study conducted by Torres-Harding et al. (2012), the Racial Microaggressions Scale (RMAS) is a multidimensional tool used to assess the perceptions of racial microaggression by people of color. A 35-item questionnaire, the RMAS is a quantitative scale that assesses themes and categories reflected in comments, observations, and reactions that are perceived as race related (Sue et al. 2007). The themes are categorized as (a) *Invisibility*—of

lower status, not visible or seen as a “real” person; (b) *Criminality*—aggressive, dangerous, or a criminal; (c) *Low-Achieving/Undesirable Culture*—(a racial/ethnic group) characterized as uniformly incompetent, incapable, low achieving, and dysfunctional; (d) *Sexualization*—overly sexual, subject to sexual stereotypes; (e) *Foreigner/Not Belonging*—not a “true” American or not really belonging due to racial background. A final category, (f) *Environmental Invalidations*, comprises observations about a group’s absence or minimal representation in work, school, or community settings or positions of power (Torres-Harding et al. 2012). Sue and colleagues place specific themes in larger categories of microinsults and microinvalidations, and these categories serve as the foundation for the questionnaire items (Torres-Harding et al. 2012). The RMAS uses a four-point Likert-type scale (0 = never, 1 = a little/rarely, 2 = sometimes/moderate amount, 3 = often/frequently).

To measure psychological distress, we selected the ten-item Kessler Psychological Distress Scale (K10). It is used as a brief screen to identify levels of psychological distress by asking respondents how frequently they experience symptoms of distress (e.g., “feeling so sad that nothing can cheer you up”) during the past 30 days (Kessler et al. 2003). Each of the K10 questions uses a five-level Likert scale (5-All of the time, 4-Most of the time, 3-Some of the time, 2-Little of the time, and 1-None of the time) (Kessler et al. 2003). Because the survey can be easily self-administered or interviewer-administered in 2–3 min, studies have found that its use in clinical studies could be the bridge between clinical research and community epidemiological research (Kessler et al. 2002). Studies also indicate that the K10 outperforms other health screening instruments (Kessler et al. 2002; Furukawa et al. 2003).

Results

The majority of our sample identified as female (68.16%). Among the 216 participants, who were all students of color, 24.27% were first-year students, 16.74% sophomores, 21.76% juniors, and 33.89% seniors. Nearly 49% of participants lived in off-campus housing (e.g. Greek housing, apartment, or house) while the other half (48.57%) lived on campus in residential halls. Over 60% were actively involved in a student club or organization. Their mean number of school activities was 1.15 (SD = .85). The mean of the psychological distress scale was 26.57 (SD = 8.75) with the range of 10 to 50. According to previous research (Andrews and Slade 2001; Kessler et al. 2002), the mean score of 26.57 is considered to be moderate psychological distress. Approximately half of the study participants reported good health status (50.93%). Table 1 shows the sample characteristics.

Table 1 Sample characteristics (n = 216)

	Mean (SD) or frequency (%)
Psychological distress	26.57 (8.76)
Socio-demographic variables	
Age	
18 under	135 (62.79)
19 older	80 (37.21)
Gender	
Male	61 (28.77)
Female	151 (71.23)
Sexual orientation	
Others	46 (21.40)
Hetrosexual	169 (78.60)
Living status	
On-campus	111 (51.63)
Off-campus	104 (48.37)
Health status	
Poor	15 (6.94)
Fair	54 (25.00)
Good	110 (50.93)
Excellent	37 (17.13)
School related variables	
Academic year	
Freshmane/sophomore	89 (41.98)
Junior/senior	123 (58.02)
School activity	1.15 (.85)
Microaggression variables	
Invisibility	7.71 (6.07)
Low-achieving/undesirable culture	16.01 (7.97)
Foreigner/not belonging	4.29 (2.91)
Environmental	10.84 (5.47)
Criminality	5.35 (4.34)
Sexualization	3.97 (2.86)

In terms of students’ perceptions of microaggressions by type, mean scores were computed for invisibility (7.71, SD = 6.07), low-achieving/undesirable culture (16.01, SD = 7.97), foreigner/not belonging (4.29, SD = 2.91), environmental (10.84, SD = 5.47), criminality (5.35, SD = 4.34), and sexualization (3.97, SD = 2.86).

We conducted multiple regression analyses to examine the relationship between racial microaggressions and psychological distress (Table 2). The analysis was a two-step process: Model 1 included only socio-demographic and school related variables; then in Model 2 microaggression variables were included. The results of Model 1 analyses (n = 181) indicate that college students with better health status were less likely to report psychological distress than those with worse health status ($\beta = -3.08$, 95% CI $-4.62, -1.54$, $p < .001$). None of the other study variables were

Table 2 Results of regression models

	Model 1 (n = 181)			Model 2 (n = 145)		
	β	95% CI	p	β	95% CI	p
Socio-demographic variables						
Age (years)	.04	–3.24, 3.32	.98	.32	–3.06, 3.69	.85
Gender (female = 1)	2.01	–.68, 4.77	.14	1.42	–1.74, 4.59	.37
Sexual orientation (heterosexual = 1)	–1.93	–4.95, 1.09	.21	–2.79	–6.05, .47	.09
Living status (off-campus = 1)	1.03	–2.07, 4.14	.51	3.75	.48, 7.01	.03
Health status (higher, better)	–3.08	–4.62, –1.54	< .001	–2.34	–4.09, –.58	.01
School related variables						
Academic year (junior/senior = 1)	.93	–2.53, 4.40	.60	–2.10	–5.84, 1.64	.27
School activity (higher, more)	.39	–1.09, 1.87	.60	–.67	–2.22, .87	.39
Microaggression variables						
Invisibility				.10	–.28, .48	.60
Low-achieving/undesirable culture				.33	.01, .65	.04
Foreigner/not belonging				.47	–.22, 1.15	.18
Environmental				–.31	–.72, .09	.13
Criminality				.06	–.49, .62	.82
Sexualization				–.17	–.90, .57	.65
Constant (b)	33.44	27.28, 39.60	< .001	29.06	21.70, 36.42	< .001

significantly associated with psychological distress. Next, we ran the full model with all study variables including the six microaggression factors. The results of Model 2 analyses (n = 145) indicate that students living off campus were more likely to report psychological distress compared to those living on campus ($\beta = 3.75$, 95% CI .48, 7.01, $p = .03$). In addition, students with better health status were less likely to have psychological distress compared to those with worse health status ($\beta = -2.34$, 95% CI -4.09 –.58, $p = .01$). Among the six microaggression factors, low-achieving/undesirable culture was found to be significantly associated with psychological distress ($\beta = .33$, 95% CI .01, .65, $p = .04$).

Discussion

Experiencing racial-ethnic microaggressions along with other stressors associated with college life can result in negative outcomes for students of color academically, socially, and emotionally (Sanchez et al. 2018). Due to the historical patterns of oppression and institutionalized racism, microaggressions may be minimized or dismissed, with deleterious consequences for those who experience the offenses. This research further validates the connection between this ubiquitous form of racism and the occurrence of psychological distress among college students of color. Among our significant findings was an association of psychological distress with the microaggression factor identified as *low-achieving/undesirable culture* (Torres-Harding et al. 2012). This theme indicates that students were made to feel they were members

of a racial group perceived as uniformly incompetent, incapable, and low achieving, and therefore any of their successes must be due to unfair entitlements and special treatment (Torres-Harding et al. 2012). Further,

Steele and Aronson (1995) suggest negative stereotypes that are demeaning to one's intellectual ability have the potential to impair intellectual performance. Students of color who experience this type of racial microaggression may not only be more vulnerable to psychological distress but also at risk of impaired academic performance due to thoughts of self-doubt.

Our results also showed that students living off campus experienced racial microaggressions and reported higher levels of psychological distress compared to those who lived on campus, suggesting that students may experience more isolation and racialized stigmatization within the community. A factor in this finding may be that the university where this study was conducted is more racially and ethnically diverse than the county in which it is located. Further research is recommended to investigate the environmental factors that affect the experiences of students of color living off campus. Also, the availability of social counter spaces (discussed below) might be especially valuable to these students.

Our analyses produced a positive relationship between physical health and mental health. Students of color who report having good physical health also report fewer symptoms of psychological distress. This finding is in accord with the World Health Organization's assertion that "there is no health without mental health" (World Health Organization 2004, p. 10) with the definition of mental health framed as

a state of well-being that is often determined by both socioeconomic and environmental factors. Further exploration to identify the protective factors that contribute to positive health outcomes among this population would support the success and wellness of students of color attending PWIs.

Our study was not without limitations. We were unable to determine a response rate due to our recruitment procedures, which could have generated sampling bias as well as a sample not representative of our population of interest. In regard to the selection of the instruments for this study, the RMAS was selected to measure racial microaggression experiences (Sue 2010) because it has been studied as a reliable and valid measure for individuals from diverse racial backgrounds (Torres-Harding et al. 2012). We used the K10 to measure psychological distress due to its cultural considerations. It was important to us as researchers to reduce the risk of pathologizing students of color in relationship to racial microaggression experiences. We deliberately chose this screening tool that is endorsed by the World Health Organization for use as a global mental health survey (Kessler et al. 2003). We acknowledge that neither of these quantitative instruments, however, could capture the details of students' lived experiences as well as qualitative methods, which would be appropriate for further inquiry.

Implications for Social Work Practice

The data from this study support the need for campus-based mental health services to promote cultural inclusivity and racial consciousness. Further, it is vital for social workers who provide these services to acknowledge this form of racism. Not responding to racial microaggressions can not only have deleterious effects on the helping relationship but also result in a loss of a student's integrity and confidence or lead to pent-up anger and frustration that take both a psychological and physical toll (Sue et al. 2007). As generalist practitioners, social workers are trained to be client-centered by using a strengths-based perspective in practice (Walsh 2009). They can also effectively provide psychoeducation to students of color about their mental health symptoms and stress the importance of self-care (Walsh 2009).

Unfortunately, studies indicate that many clinicians remain uncomfortable, disinvested, and/or lack the skill to navigate difficult discussions on racism and discrimination with their clients (Moodley et al. 2017; Houshmand et al. 2017). An understanding of CRT can help social work practitioners recognize their own social location by understanding the significance of the client/social worker power dynamic (Solórzano et al. 2000). It can also strengthen a social worker's cultural knowledge of racism within the intersectionality of other forms of oppression (gender, socioeconomic status, sexual orientation, and religion). With

knowledge of CRT, social workers can build skills to more effectively respond to the pervasiveness of systemic racism and address its psychological toll on students of color from both a macro and micro level (Abrams and Moio 2009; Kolivoski et al. 2014).

Social workers are knowledgeable about how to support students' mental health and well-being both in and outside of mental health settings. Due to their multifaceted skills, they are considered valuable assets in college settings with changing demographics and student needs and are found in professional positions beyond counseling centers. Administrators must also understand how ignoring or downplaying racial microaggressions contributes to the manifestation of institutional racism, referred to by Sue et al. (2007) as a "conspiracy of silence." Failing to recognize these incidents in the context of either a clinical or an academic setting can discourage students from accessing needed services, resulting in negative outcomes for the student and exacerbating the racial climate on campus (Houshmand et al. 2017; Solórzano et al. 2000).

This study also has implications for social work education. As they assess students' learning environment, social work educators of BSW programs may find value in exploring racial microaggressions with students of color enrolled in their programs. The Council on Social Work Education (CSWE) mandate now includes the implicit curriculum, described as the educational environment in which the explicit curriculum is delivered (Peterson 2014). Social work students may be exposed to racial microaggressions not only on campus but in their field placements as well. Social work educators can inform students about the forms and impact of racial microaggressions at the same time they accept the responsibility to help them identify barriers that may impede their learning, professional competence and character (Peterson 2014).

As academic scholars and researchers considering empowerment-based approaches in the development of assessment tools and strategies to improve the BSW curriculum (Peterson 2014), we should also be aware of the subtleties of microaggressive acts that impact the educational environment and emotional well-being of students. Especially at predominantly White institutions, it is important to contextualize the racial climate of a campus within students' perceptions and experiences when considering implicit curricula (Mwangi et al. 2018).

Finally, the National Association of Social Workers (NASW) Code of Ethics lists social justice as its second ethical principle and directs social workers to "challenge social injustice to pursue social change on behalf of vulnerable and oppressed individuals and groups of people" (National Association of Social Workers 2017, p. 5) adding to the importance of awareness, social workers also have an ethical responsibility to "understand culture and its function in

human behavior and society, recognizing the strengths that exist in all cultures” (National Association of Social Workers 2017, p. 9). Promoting the health and wellness of college students of color aligns with these ethical responsibilities. Social workers in college settings can effectively exercise their privilege to advocate for social justice by speaking up about racial injustices within their institution while supporting students that experience microaggressions.

They may also choose to help students of color create social counter spaces to promote affirmation of racial identity and validation of microaggressions and/or overt discrimination. In a supportive environment, students may feel free to vent and share their experiences, which can promote healing and empowerment (Solórzano et al. 2000). Counter spaces can also provide opportunities for faculty and staff of color to connect with students for mentoring and networking opportunities (Griffith et al. 2017; Solórzano et al. 2000; Smith et al. 2007; Smith et al. 2011). More broadly, social workers can assist with the development of partnerships among community-based organizations and multicultural student organizations for additional support.

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