

## Chapter #7

# EVIDENCE OF PSYCHOLOGICAL CONSEQUENCES OF RACIAL-ETHNIC MICROAGGRESSIONS ON COLLEGE STUDENTS OVER TIME

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### ABSTRACT

College students of color face a variety of challenges including overt and covert racism on campuses. Racial-ethnic microaggressions constitute one source of covert racism that may negatively impact the mental health of students. Previous studies have investigated cross-sectional relationships of microaggressions with mental health but the potential longitudinal impact of racial-ethnic microaggressions upon mental health are poorly understood. To investigate the potential long-term mental health effects of microaggressions, a sample of 45 university students of color were recruited to participate in a one-year study examining microaggressions and mental health symptoms with the expectation that a significant positive association would be found for number of microaggressions with anxiety and depressive symptoms. Students completed the College Student Microaggressions Measure (CSMM) at baseline, and the Beck Anxiety Inventory (BAI) and Beck Depression Inventory (BDI) one-year later. Multiple linear regression analyses were conducted to test study hypotheses. Controlling for gender, total CSMM scores were found to be significantly and positively associated with total BAI scores (Full Model  $R^2 = .247, p < .01$ ) and with total BDI scores (Full Model  $R^2 = .244, p < .01$ ), supporting study hypotheses. Racial-ethnic microaggressions may constitute a long-term threat to the psychological well-being of students of color.

*Keywords:* anxiety, depression, microaggressions, racism, students of color.

### 1. INTRODUCTION

Microaggressions are typically verbal or symbolic acts of insult or dehumanizing putdown that result from subtle and covert racialized attitudes and beliefs (Sue et al., 2007). Microaggressions tend to target members of minoritized (disempowered demographic or identity groups that are treated as second class citizens in society), and follow from implicit biases and group-based stereotypes (Blume, 2016). Microaggressions are verbal or non-verbal acts that convey demeaning stereotyped beliefs that insult or denigrate racial and ethnic minorities. Microaggressions may occur in any environment, including on university campuses, and contribute to a psychologically unhealthy campus environment for students when they occur. Students of color and regularly face the toxic effects of racial-ethnic microaggressions that may negatively impact their mental health. Evidence suggests that microaggressions targeting race or ethnicity occur regularly on college campuses in the US, and have been associated negative psychological consequences in cross-sectional research studies. Although the impact of racial-ethnic microaggressions has been investigated frequently in cross-sectional studies, little is known about the potential long-term consequences to the mental health of minority students in universities. One would reasonably expect that greater numbers of racial-ethnic microaggressions would be

related to greater negative mental health symptoms among university students over time just as those associations have been found in cross-sectional studies.

College students of color are significantly underrepresented on US campuses upon matriculation, and then subsequently face many additional challenges that threaten their persistence to graduation (Schmaling, Blume, Engstrom, Paulos, & De Fina, 2017). Experiencing additional racialized campus stressors as a result of microaggressions tends to compound normal stress faced in college to the potential detriment of students of color. As an example, microaggressions were found to be an independent source of mental health risks beyond the everyday stressors (daily hassles) that students of color face (Blume, 2018). Psychological stressors on campuses have been linked to health and mental health challenges. On US campuses, for example, the incidence of anxiety and depression have been of concern, with evidence that both mental health concerns have the capacity to negatively impact student academic performance and health outcomes (American College Health Association, 2018; Beiter et al., 2015; Lipson, Kern, Eisenberg, & Breland-Noble, 2018; Mackenzie et al., 2011). Racial-ethnic minority university students in particular typically face significant challenges that may be linked to anxiety and depression, such as an unwelcoming campus climate, lack of a campus support safety net, and the regular experience of biases and discrimination, including those associated with racial-ethnic microaggressions (Blume, 2018; Blume, Lovato, Thyken, & Denny, 2012; Fisher & Hartmann, 1995; Lopez, 2005; Suarez-Balcazar, Orellana-Damacela, Portillo, Rowan, & Andrews-Guillen, 2003). Improving the ability to identify and intervene on all sources of anxiety and depression experienced by university students of color, such as the consequences of racial-ethnic microaggressions, would represent a step forward to improving campus climate, enhancing academic performance and student persistence, and student health and mental health.

## **2. BACKGROUND**

Racial-ethnic microaggressions are experienced by victims as acts of personal insults and put-downs. Since microaggressions often contribute to a great deal of ambiguity about whether the act was intentionally or unintentionally carried out, victims often spend a great deal of time reflecting on how to interpret the event (Sue, 2010; Sue et al., 2007). The ambiguity adds complexity to the initial experience that often compounds the level of stress for the victim. In this way, the consequential stress from microaggressions may persist or even lag, suggesting the potential for compounded harm across time

Racial-ethnic microaggressions are commonly experienced on US campuses—many students report they are daily occurrences (Blume et al., 2012; Suárez-Orozco et al., 2015). In cross-sectional research, higher numbers of racial-ethnic microaggressions have been associated with mental health symptoms including anxiety and depression (Blume et al., 2012; Donovan, Galban, Grace, Bennett, & Felicié, 2013; Nadal, Griffin, Wong, Hamit, & Rasmus, 2014; Torres & Taknint, 2015), suggesting the possibility of a cumulative effect to the negative mental health consequences of microaggressions. With both the potential for persistent, cumulative, and perhaps lagged effects, chronic exposure to racial-ethnic microaggressions may have longitudinal associations with mental health symptoms, including anxiety and depression, but to date the research methods examining those relationships have been cross-sectional rather than longitudinal.

This study intended to fill an existing gap in the literature by utilizing a longitudinal examination of the relationship of racial-ethnic microaggression with symptoms of anxiety and depression among university students of color. Given the existing evidence suggesting

the possibility of cumulative, persistent, and lagged impacts of racial-ethnic microaggressions on mental health, self-reported numbers of racial-ethnic microaggressions at baseline assessment were hypothesized to be significantly associated with 1. anxiety and 2. depression symptoms reported at a follow-up assessment one-year after baseline.

### **3. METHOD**

#### **3.1. Participants**

Forty-five students of color from a predominantly White student majority university in the Pacific northwest region of the US were recruited to participate in a study examining racial-ethnic microaggressions. The mean age of participants was 23.31 years of age (range of 18-43 years). The study sample included a majority of females ( $n = 29$ ; 64.4%). The constitution of the sample was racially and ethnically diverse, with 8 students self-identifying as African American, 17 as Asian American, 3 as Indigenous American, 19 as Latinx, and 3 as Pacific Islanders. The overall  $n > 45$  was due to 5 participants identifying with more than one race or ethnicity.

#### **3.2. Measures**

Study measures included an assessment of racial-ethnic microaggressions known as the College Student Microaggressions Measure (CSMM). The CSMM assessment has been used previously with racial-ethnic minority university students with good results in cross-sectional research (Blume et al., 2012). Items that were assessed included microaggressions that might be specifically associated with a variety of campus and college experiences, such as interactions with students, faculty, and staff inside and outside of the classroom. Items were assessed in a Likert-like scale from 0-6 asking how often a particular microaggression had occurred over the last month (0 = none; 6 = frequently). The version used in this study included three additional items added to assess microaggressions in the classroom specifically. The slightly modified CSMM included 54 items with the 0-6 Likert type scale responses that demonstrated good internal consistency ( $\alpha = .944$ ) for the study.

To assess mental health symptoms, the well-known Beck Anxiety Inventory (BAI; Beck, Epstein, Brown, & Steer, 1988) and Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) symptom assessments were used. The BAI and BDI each consist of 21-items assessed by 0-3 Likert type scale responses that examine the symptoms of anxiety and depression respectively. Both the BAI and BDI were administered one year following baseline during a face-to-face follow-up assessment. The BAI and BDI are broadly considered to be gold standard clinical assessments of anxiety and depression symptoms. In this study, both the BAI ( $\alpha = .833$ ) and BDI ( $\alpha = .872$ ) were found to have good internal consistency.

#### **3.3. Procedure**

The study methods included a quasi-experimental design with two points of face-to-face contact with participants—baseline assessment and a one-year follow-up assessment. Students were recruited by means of advertisements posted around campus on study fliers that announced the study and briefly describing inclusion and exclusion criteria and methods for contacting the study team to express interest. Potential participants interested in the study were asked to contact the study confidentially by phone, and were subsequently contacted by research assistants who screened and scheduled potential participants for the baseline assessment. Racial-ethnic students who qualified for the study were provided study details to inform consent. If the student agreed to participate and

provided informed consent, then the research assistant would complete baseline assessment immediately following consent. Participants provided demographic data and completed the modified College Student Microaggressions Measure (CSMM) at baseline. Contact information was also collected to subsequently schedule the one-year follow-up assessment. At completion of the baseline assessment, participants were thanked for their time, reminded of the follow-up, and compensated with a gift card redeemable at the local campus bookstore.

Approximately one year later, research assistants renewed contact with participants in order to schedule the follow-up. Participants would arrive to the lab at the scheduled time and then complete the BAI and BDI in that order. Participants were thanked for their time and participation, and were compensated with a gift card to the local campus bookstore. The Institutional Review Board of the author's institution reviewed and approved the protocol prior to the conduct of the study. Funding for the study was provided by an internal institutional campus diversity grant award.

### 3.4. Results

Thirty-five of the participants completed the one-year assessment, for a 77.8% follow-up rate. The follow-up rate is consistent with what is often seen in college student studies with a similar length of follow-up. Attrition analyses were conducted and found no suggestion of differential attrition with regard to age, gender, or CSMM scores.

Participants typically reported modest levels of anxiety and depression symptoms at one-year follow-up (BAI *Mean* = 8.31, *SD* = 6.00, *Range* = 0 to 27; BDI *Mean* = 8.28, *SD* = 7.19, *Range* = 0 to 34). All participants reported experiencing racial-ethnic microaggressions over the last thirty days (CSMM *Mean* = 96.56, *SD* = 51.15, *Range* = 14 to 212). The most commonly reported microaggressions had themes related to expressed beliefs in meritocracy, in perceptions of colorblindness to issues and concerns about race, in expressions of negative stereotypes about people who are culturally and linguistically different, and in perceptions of what some refer to as reverse discrimination against the White majority. Many of these microaggressions suggested implicit beliefs that racism is no longer a concern in US society despite significant contemporary evidence to the contrary.

Multiple linear regression models were used to test the study hypotheses. Gender differences were expected for the BAI and BDI scores due to previous research findings, so gender was used as a covariate in models. Both study hypotheses were supported by the findings. First, when controlling for gender, total CSMM scores were significantly and positively associated with total BAI scores as predicted (see Table 1; Full Model  $R^2 = .247$ ,  $p < .01$ ,  $\eta^2 = .32$ ). Secondly, when controlling for gender, total CSMM scores were also significantly and positively associated with total BDI scores (see Table 2; Full Model  $R^2 = .244$ ,  $p < .01$ ,  $\eta^2 = .30$ ). Gender was found to be a statistically significant predictor in the first model for total BAI scores (Table 1) but not in the second model for total BDI scores (Table 2).

*Table 1.*  
*Regression Model of BAI Scores.*

<u>Predictor Variable(s):</u>	<u>Beta</u>	<u>t</u>	<u>95% C. I.</u>
Gender	.358	2.361*	0.611 to 8.229
CSMM Racial-Ethnic Microaggression Scores	.380	2.504*	0.009 to 0.084

Notes:  $R^2 = .25$ ;  $F(2, 33) = 5.40$ ;  $p < .01$  for the full model. Betas, t values, and 95% confidence intervals for each regression coefficient listed are for the full model. \*  $p < .05$

*Table 2.*  
*Regression Model of BDI Scores.*

<u>Predictor Variable(s):</u>	<u>Beta</u>	<u>t</u>	<u>95% C. I.</u>
Gender	.299	1.964	-0.159 to 8.972
CSMM Racial-Ethnic Microaggression Scores	.424	2.786**	0.017 to 0.107

Notes:  $R^2 = .24$ ;  $F(2, 33) = 5.33$ ;  $p < .01$  for the full model. Betas, t values, and 95% confidence intervals for each regression coefficient listed are for the full model. \*  $p < .05$ ; \*\*  $p < .01$

#### **4. FUTURE RESEARCH DIRECTIONS**

The results of this study align consistently with previous research that have suggested that racial-ethnic microaggressions constitute a mental health threat to university students of color. Future research in the area should strive to improve upon the methods of this particular study and build upon the collective body of research to date. Larger samples and longer follow-up studies would be ideal next steps. Future studies should investigate the longitudinal associations of other student health and mental health concerns with racial-ethnic microaggressions as well. Additionally, it would be helpful to examine if constructs such as ethnic identity and acculturation may moderate any deleterious effects from microaggressions or if particular student coping strategies may moderate the potential effects of microaggressions. Researchers should also examine the complex experience of intersectional microaggressions that also impact minoritized college students.

Developing campus interventions to address microaggressions would be a logical next step, utilizing the existing body of evidence to inform their development. Campus interventions that focus on improving campus climate for students of color, that enhance White campus alliances in support of those students on campuses, and that provide campus support networks for students of color would be particularly helpful to improving health and mental health outcomes on campus.

## 5. CONCLUSION/DISCUSSION

Greater experiences of racial-ethnic microaggressions were found to be significantly associated with anxiety and depressive symptoms one-year later, suggesting their potency for harm over time. Strengths of the study included use of well-established measures for anxiety and depressive symptoms, a previously tested assessment of racial-ethnic microaggressions, and the examination of longitudinal outcomes of racial-ethnic microaggressions on university students of color. The results, despite the limits of a small sample that may limit representation and generalizability, suggest the potential for long-term deleterious effects from racial-ethnic microaggressions on student mental health.

Racial-ethnic microaggressions likely compound any stress that students of color may experience on campuses where they are in the minority. It is common for students of color to feel as they do not belong—that they are different and may be viewed as imposters who are expected to fail by others due to societal stereotypes. Stress related to not belonging and imposter concerns may be elevated in the context of perceived discrimination and feeling unwelcomed on campus (Cokley et al., 2017). Certainly, the regular experience of campus microaggressions would magnify the psychological stress of students already inclined to feel they do not belong or are welcomed.

Many universities struggle to recruit and then to retain students of color, often engaging in comprehensive efforts to diversify campuses to compensate. However, addressing issues around campus climate may be paramount to successful recruitment and retention of health students. The results of this study suggest that racial-ethnic microaggressions contribute to a toxic campus climate with the potential for long-term mental health consequences for students of color that likely would hinder student persistence and academic performance. Universities will likely face significant challenges in promoting diverse campus experiences that appeal to students of color without first addressing campus climate issues. One important part of improving the campus climate will be to appropriately reduce the incidences of racial-ethnic microaggressions that students of color face on campus.

The findings of this study also highlight the importance of protecting the health and mental health of minoritized students of color to advance campus diversity initiatives. University administrators must take seriously the inherent risks to students of color who experience racial-ethnic microaggressions. The mental health consequences of bias and discrimination are significant threats to the wellbeing of students of color. Racial-ethnic microaggressions are perhaps the most commonly expressed forms of bias that students of color experience on university campuses, potentially making them an institution priority to address, assuming the campus goal is to reduce the sources of a potentially toxic campus climate. The findings of this study suggest that the persistent experience of racial-ethnic microaggressions on campus may contribute to long-term negative consequences on the mental health of these students.

Ultimately, universities could opt to address these potential threats to mental health proactively through campus policies to educate the student body about microaggressions and efforts to circumvent their perpetration on campus. Promoting an equitable campus code of conduct that specifically includes discussion about the unacceptability of microaggressions, whether intentionally or unintentionally done, would send a powerful message to minoritized students that campus administration expects that the campus be a safe environment for all students. In the inevitable event that microaggressions do occur, the student body would benefit from education on an appropriate response by perpetrators that promotes acceptance of responsibility for the act of perpetration, allowing for the

possibility of healing of all involved, and diminishing an inappropriate response of blaming, minimizing the harm, or acting defensively in such a way that compounds the stress of victimization. Universities could also provide clinical services to provide students of color with support when they do experience microaggressions and counseling for the mental health consequences of those microaggressions when necessary. Previous research has suggested that social support may help to moderate the mental health consequences of acts of discrimination, including anxiety and depression (Sefidgar et al., 2019). Improving these clinical safety nets will enhance the psychological well-being of the student body as the campus learns together how to become more welcoming of students of color.

Modern universities must adapt to the changing student body in ways that promotes the well-being of an increasingly diverse campus. Part of that transition is simultaneously diminishing the risks of racial-ethnic microaggressions while improving programming to support a psychologically healthy learning environment for all students. Universities have the capacity to serve as models in society on how to reduce the costly harm that bias and discrimination unleashes. Helping to eliminate microaggressions would make a profound statement in support of diversifying university campuses.

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