Mental Health Professionals' Adaptive Responses to Racial Microaggressions: An Exploratory Study

Pilar Hernández
Johns Hopkins University

Mirna Carranza
McMaster University

Rhea Almeida
Institute for Family Services, Somerset, New Jersey

This study examines adaptive responses that mental health professionals of color use to cope with racial microaggressions in their professional lives. Twenty-four mental health professionals from diverse ethnic backgrounds in the United States and Canada participated in focus groups discussing their experiences with racial microaggressions and how they cope with them. Results of the analysis indicated that 8 primary coping themes illustrated strategies used by the participants. These include: identifying key issues in responding to racial microaggressions, self-care, spirituality, confrontation, support, documentation, mentoring, and collective organizing. Suggestions for mentoring professionals of color are offered.

Keywords: racial microaggressions, training, professional development, resilience, coping

Recent developments in the study of racial microaggressions at university campuses (Solórzano, Ceja, & Yosso, 2000; W. A. Smith, Allen, & Danley, 2007), in the counseling process (Constantine, 2007; L. Smith, Constantine, Graham, & Dize, 2008; Sue et al., Copodilupo, 2007) and among faculty in university environments (Constantine, Smith, Redington, & Owens, 2008) have shed light into the everyday impact of modern forms of racism towards ethnic minorities. Sue (2003) posited that racial microaggressions are more complex and difficult to identify, examine, and confront. Moreover, they also have a more sustained and detrimental impact on those who are regularly affected by them. Sue, Copodilupo, et al. (2007) defined them as "brief, everyday ex-changes that send denigrating messages to people of Color because they belong to a racial minority group" (p. 273). They developed a typology of racial microaggressions identifying the following categories: microassault, microinsult, and microinvalidation at both environmental and interpersonal levels. Sue, Copodilupo, et al. (2007) argued that examining racial microaggressions is necessary to identify, respond, and prevent the threats and harm that they pose in today's society. Solórzano et al. (2007) and Sue, Copodilupo et al. (2007) called for research that investigates how people of color adaptively respond to these everyday aggressions and how to increase the awareness and accountability on those who perpetrate them.

The purpose of this study is to respond to the first issue: how do people of color adaptively respond to this contemporary form of racism? Specifically, how do mental health professionals of color (psychologists, social workers, counselors, and family therapists) engaged in teaching and/or clinical practice adaptively respond to racial microaggressions while performing their professional duties? To date leading authors in this field (Constantine, 2007; Constantine, Smith, Redington, & Owens, 2008; L. Smith et al., 2008; Sue, 2008; Sue, Copodilupo, et al., 2007) have offered a conceptual framework to understand racial microaggressions, examined perceptions of racial microaggressions among African American supervisees in cross-racial dyads (Constantine & Sue, 2007), explored the experiences of Asian Americans (Sue, Brucceri, et al., 2007), African Americans (Sue et al., 2008) and African American counseling faculty in academia (Constantine, Smith, Redington, & Owens, 2008), discussed the implications of this contemporary form of racism in professional psychology training settings (L. Smith et al., 2008), and proposed applications in organizational consultation (Sue, 2008). However, the question of how mental health professionals adaptively respond to racial microaggressions in their daily professional lives is a new dimension in need of exploration. This issue has key practical implications on the professional development and mentoring of mental

PILAR HERNÁNDEZ received her PhD in counseling psychology from the University of Massachusetts at Amherst. She is associate professor and director of the Clinical Community Counseling program in the Department of Counseling and Human Services at Johns Hopkins University. Her areas of research and practice include traumatic stress and resilience, clinical supervision and training, critical postcolonial therapy models, and domestic violence.

MIRNA CARRANZA received her PhD in marriage and family therapy from the University of Guelph. She is assistant professor in the Department of Social Work at McMaster University. Her research interests include immigrant and refugee families issues, grief, ambiguous losses, war and torture, social justice issues and forced migration, children's and women's rights in Latin America.

RHEA ALMEIDA received her master's in social work from Columbia University School of social work and her PhD in Social Anthropology from Makerere University. She is the director of the Institute for Family Services, Somerset, New Jersey and creator of the cultural context model. Her areas of practice include the development and implementation of the cultural context model, domestic violence, and cultural equity.

CORRESPONDENCE CONCERNING THIS ARTICLE should be addressed to Pilar Hernández, Department of Counseling and Human Services, Johns Hopkins University, 2800 North Charles Street, Baltimore, MD 21218. E-mail: pilarhw@jhu.edu

health professionals in contemporary training and practice settings where standards of cultural competence are expected.

Because of the novelty of this area of study and the need to develop a conceptual framework grounded in mental health professionals' experiences, we chose a qualitative inquiry as the best method for our investigation. We formulated a preliminary description of how professionals of color adaptively respond in environments where racial microaggressions are a part of their everyday life through a phenomenological and grounded theory analysis and offer practical recommendations for training, mentoring, and support.

Racial Microaggressions

Sue, Copodupulo, et al. (2007) defined *microaggressions* as "brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults that potentially have harmful or unpleasant psychological impact on the target person or group" (273). They proposed three major categories identifiable in larger social contexts and in interpersonal relationships: microassaults, microinsults, and microinvalidations. Briefly, these authors defined *microassaults* as explicit behaviors intending to hurt a person of color such as name calling, avoidance, and discrimination. Examples in a mental health professional setting include White supervisors calling Chinese supervisees "chink" (Hernández, Taylor, & McDowell, 2009). Microinsults refer to communications conveying a hidden insult demeaning a person's racial heritage, for example, a comment by a White psychologist to a Latino American psychologist from South America about his negative views of people from his country based on his experiences working in the prison system with Latinos. Microinvalidations are characterized by denial, exclusion, and invisibility of a person of color's thoughts, feelings, and experiences as they relate to his or her ethnic heritage. This form of microaggression involves experiences, in which the opinions of professionals of color are typically not taken seriously, especially as they relate to their own ethnic groups. For example, a Latina faculty may find herself teaching in a mental health training program with a training clinic serving Latinos. She may experience that a common response to her efforts to integrate ethnic minority psychology in the curriculum involves acknowledgement about the relevance of this content, yet no one discusses her ideas with depth and moves to explore how to make possible changes to the curriculum.

Studies conducted thus far in the fields of education and counseling psychology have involved qualitative- and mixed-method methodologies. Qualitative studies used purposive sampling and focus group interview formats. They coincide in identifying various forms of racial microaggressions and their negative impact on the lives of those who suffer them. In their pioneer study on racial microaggressions, Solórzano, Ceja, and Yosso (2000) examined the impact of racial microaggressions on the campus' climate in undergraduate education at three predominantly White research university campuses. The authors identified how experiences of racial microaggressions within academic and social spaces impact life on campus in general as well as the academic performance and social interactions of the participating students. Racial microaggressions that occurred in classrooms and in interactions with White peers and faculty involved lower expectations, negative assumptions about the ability to perform academically, and beliefs that their presence on campus was the result of some form of affirmative action. A major effect of this climate on students was feeling drained as a result of the intense scrutiny and offenses faced in everyday life. Students also reported increased self-doubt, frustration, and isolation. The students' response to this climate involved the creation of counter spaces within and outside the classroom. Some of these spaces included study groups, fraternities and sororities, and Black student organizations.

Another qualitative study conducted by Sue, Bucceri, Lin, Nadal, and Torino (2007) explored experiences of racial microaggressions among Asian Americans. Focus groups were conducted with 10 self-identified Asian American students and working professionals from various backgrounds (Chinese, Filipino, Korean, Japanese, and Asian Indian). The following themes were identified: alien in own land, ascription of intelligence, denial of racial reality, exoticization of Asian American women, invalidation of intelligence differences, pathologizing of cultural values and communication styles, second class citizenship, and invisibility. The authors reported that participants had difficulty determining whether a microaggression occurred given that most of the racial microaggressions experienced came from peers, neighbors, friends, or authority figures. They also expressed conflict about whether to respond to microaggressions because they deemed them as unintentional and possibly outside the level of awareness of the perpetrator. Alleyne (2005) explored the impact of racial microaggressions towards ethnic minorities in the work place in England. She interviewed 30 participants mostly from African descent. The participants' narratives concluded that racial aggressions can be verbal or nonverbal, subtle, stunning, and result in shame and hurt. The narratives described workplace cultures that covertly fostered collusion of management and subtly abusive practices with Black workers. For example, one of her participants stated, "they know they just can't get rid of you . . . the law wouldn't allow it these days . . . so they put pressure on you to make damn sure you don't cope" (p. 288). In her view, racial microaggressions continue to wound the psyche of those whose collective history involves carrying the legacy of slavery. Like Sue (2003), Alleyne spoke about the conspiracy of silence; however, she linked it to a legacy of traumatic stress and explained it in terms of the relationship between the traumatic legacy of slavery, structural oppression, and everyday forms of racial aggression toward African Americans.

In the counseling field, Constantine & Sue (2007) and Constantine (2007) conducted studies to examine the impact of racial microaggressions in various aspects of the counseling process. A qualitative study (Constantine & Sue, 2007) explored the occurrence of racial microaggressions towards Black supervisees in supervisory relationships with White supervisors. They found the following themes: invalidation of racial–cultural issues, making stereotypic assumptions about Black clients, making stereotypic assumptions about Black supervisees, reluctance to give performance feedback for fear of being viewed as racist, focusing primarily on clinical weaknesses, blaming clients of color for problems stemming from oppression, and offering culturally insensitive treatment recommendations. In addition, Constantine (2007) conducted a mixed-method study to test a path model examining the various relationships among African American clients' perceptions of racial microaggressions in counseling by White therapists, the

therapeutic working alliance, the clients' perception of the counselors' general and multicultural counseling competence, and the clients' counseling satisfaction. Her findings indicated that African American clients' perceived racial microaggressions were negatively associated with their perceptions of the therapeutic working alliance and White therapists' general and multicultural counseling competence. As in previous studies, it emerged that the racial microaggressions identified could be seen as relatively subtle manifestations of bias or could be considered to be ill defined and vague. She posited that unconscious racial hostility in the therapeutic relationship would negatively impact the working alliance and can potentially be more harmful to the client because it is coming from someone who is supposed to help.

W. A. Smith et al. (2007) argued that in academic contexts there is a need to understand and manage universities' academic policies, historical legacies of racial exclusion, racial behaviors inside and outside the classroom, and to find mentors and support systems. Likewise, professionals of color working as faculty, clinical directors, and therapists in colleges and universities, hospitals, community mental health agencies, government health agencies, and the like need to pay systematic attention to understanding and responding to the ways in which these organizations are structured to maintain contemporary forms of racism.

This study explores how mental health professionals of color in the United States and Canada (psychologists, social workers, counselors, and family therapists), engaged in teaching and/or clinical practice, adaptively respond to racial microaggressions while performing their professional duties. We formulate a preliminary description through a phenomenological and grounded theory analysis. This study does not intend to generalize its findings to all ethnic minorities but to examine the accounts of the participants from the vantage point of meaning construction and interpretation based on personal experience. In addition, we believe that this kind of analysis is similarly applicable to other covert and structural discriminations, such as those based on gender, sexual identity, class, ability, age, or religion.

Method

This qualitative, exploratory study was guided by grounded theory (Glaser & Strauss, 1967; Lincoln & Guba, 1985; Padgett, 1998), and interpretive phenomenological analysis (Creswell, 1998; Moustakas, 1994). It was conducted through a combination of focus groups and individual follow-up interviews. The following guidelines for trustworthiness in qualitative research were followed: interview guideline pilot, data analysis triangulation, transferability, dependability, and data analysis saturation (Denzin & Lincoln, 2005; Lincoln & Guba, 1985; Marshall & Rossman, 1999). The research team included three ethnic minority female doctoral level mental health professionals involved in training and clinical practice in the United States and Canada and two masters' level family therapy interns, a heterosexual Jewish man and a lesbian White woman, both in their early 30s. Interns were trained in grounded theory and interpretive phenomenological data analysis prior to the study. An external reviewer, an ethnic minority doctoral level mental health faculty, examined the data analysis and its results at the end of the process.

Participants

Participants in this study were ethnic minority professionals with master's and doctoral degrees in mental health who were teaching mental health related courses at universities or training institutes, or/and had a clinical practice (counselors, psychologists, social workers, and marriage and family therapists). Forty nine potential participants were invited to participate in the study. Twenty four responded, no one was excluded and no one refused to participate in the study before or during the focus groups. There were 13 participants from the United States (seven women and five men): four Latinas, one Asian, two Asian Americans, and five African Americans. There were 11 participants from Canada (six women and five men): four African Canadians, three Asian Canadians, three Latina Canadians, and one Kurdish Canadian. Ages ranged from 28 to 55 years of age. Fourteen participants worked only in clinical settings, nine participants worked in teaching/training and clinical settings, and one worked in an academic training setting only. Years of practice as clinicians ranged between 5 and 15 years, while practice in teaching/training ranged from 3 to 10 years. Practice settings included counseling (doctoral and masters), marriage and family therapy (masters), and psychology (doctoral and undergraduate) training programs, private practice settings, and outpatient clinics. All participants categorized their current class status as middle class.

The selection of participants was based on (a) intensity sampling that uses the selection of information-rich cases that manifest the phenomenon profoundly; (b) chain sampling, used to identify participants through people who know people who know what cases are information-rich; and (c) politically important cases sampling that involves the selection of sites and participants according to the particular usefulness and interest of a political dimension in the study (Patton, 2002).

Participants were invited on the basis of their public work (publications, presentations, participation in community, and professional activities) in matters of diversity and mental health. They were recruited through professional networks in which the investigators had membership and were referred by colleagues of the investigators who considered the ways in which their backgrounds and interests were suitable to the study. The investigators provided a general overview of the study in their preliminary contact with potential participants via email or phone. If they were interested, an email with a complete description of the study—providing the definition of racial microaggressions offered by Sue, Capodilupo, et al. (2007) but without using this term—a consent form, possible times to schedule a focus group, and a location were sent. Three focus groups were conducted in the United States (San Diego, CA; Baltimore, MD; Sommerset, NJ) and three focus groups were conducted in Canada (two in Kitchener, ON; one in Hamilton, ON) by the principal investigators, who were all trained and experienced in facilitating focus groups. Follow-up interviews were conducted with two participants in San Diego and one participant in Baltimore because they did not have enough air time to share in detail their stories in the focus groups. Debriefing was offered after the focus group and/or interviews were conducted.

Measure

Data was collected through a brief demographic questionnaire (ethnicity, gender, age range, occupation, and education) and a

semi-structured interview protocol (see Appendix). The protocol was developed based on previous studies on racial microaggressions (Solórzano et al., 2000; Sue, Burcceri, et al., 2007; Sue, Copodupolo, et al., 2007). All questions were open-ended and aimed at eliciting the participants' experiences with racial microaggressions, and how they found ways to respond to them. Focus groups lasted between 1 and 1½ hr, and were facilitated by each of the investigators. They were audio- and videotaped. Three follow-up interviews were conducted to get the full stories that some of the participants could not share fully because of time issues. These individual interviews did not follow a specific format. Data from these follow-up interviews was only included in the analysis when it was supportive to the domains emerging from the focus group data.

Procedure

Data analysis was guided by grounded theory (Glaser & Strauss, 1967; Lincoln & Guba, 1985; Padgett, 1998), and interpretive phenomenological analysis (Creswell, 1998; Moustakas, 1994). Prior to data collection the three leading researchers and the two family therapy interns discussed their personal histories involving identity privilege and oppression (i.e., Latinas and heterosexual, White and Lesbian, South Asian and heterosexual, and Jewish and heterosexual). They also discussed their interests, and biases relevant to the topic of the study to make visible their preferences, feelings, and potential close connections to the data. For example, the leading researchers discussed their immigration histories and the relationships between immigration and career choice, teaching and research in multicultural counseling. With regard to their biases, they believe that professors/clinicians of color, and gay or lesbian professors/clinicians would report varying levels of stress, frustration, and sadness associated with experiencing racial microaggressions in the workplace. They also discussed various ways in which professors/clinicians cope with microaggressions in general and racial microaggressions in particular. These involved seeking support from family, friends, and colleagues, confrontation, channeling their energy into positive endeavors, withdrawing from engagement and withdrawal.

Transcripts were coded for each individual interview into domains that were agreed on by consensus within the team. The consensus process involved individual review of each other's analysis, face-to-face meetings and conference calls to discuss how all researchers identified domains. Areas of disagreement were further discussed until all parties felt that their views were included in the analysis. Domains developed were audited by all team members and core ideas were identified for all material within each domain for each individual case; finally, a cross analysis of categories to describe consistencies in the core ideas within domains across cases was performed.

Triangulation methods. The process of corroborating evidence from different individuals, types of data, data collection techniques, and data analysis is used in qualitative research to strengthen accuracy and credibility (Lincon & Guba, 1985). Data triangulation consisted of multiple-focus groups and follow-up interviews conducted in three cities in the United States. Three focus groups were conducted in two cities in Ontario, Canada. Investigator triangulation involved a research team including the authors and an external reviewer. The initial coding on what constituted what kind of racial microaggression was based on the typology outlined in Sue, Capodupolo, et al. (2007). Coding for themes, domains, and core ideas was performed by team members until reaching consensus. An independent auditor revised the data analysis and suggested clarification of themes. As a result of this feedback, the research team discussed and implemented modifications to the data analysis.

Data analysis. A sample of two focus group transcripts was transcribed and used to develop an initial set of basic categories about racial microaggressions, their impact, and coping. The narratives from the transcripts were analyzed along the following domains: (a) identifying racial microaggressions, (b) illustrations of racial microaggressions, (c) impact of racial microaggressions, and (d) coping responses to racial microaggressions. This paper elaborates on the analysis of item (d).

Results

The data analysis resulted in the identification of eight themes emerging from the participants' accounts about how they cope with racial microaggressions. These themes are interconnected and they have been categorized, described, and illustrated with direct quotes from interview transcripts. Data did not reach saturation in regards to age differences and gender. Differences regarding country of residence are noted.

Theme 1: Identifying Key Issues in Deciding How To Respond To a Racial Microaggression

All participants (n = 24) indicated that they follow a processes by which they identify their thoughts, feelings, and responses to a perceived racial microaggession. This process involves multiple steps and decision points. At times, each individual must respond to her or his personal need for self-care and choose how and when to respond to a microaggression individually, collectively, and/or for the protection of others. Participants noted that they must balance their knowledge that racism exists while taking distance from a situation that they may deem as racist or potentially racist. They remind themselves not to interpret every situation as racial. If a situation occurs that is ambiguous enough to require pondering whether it was a microaggression or not, a decision is made as to whether it is worth it to invest energy in pursuing its understanding and possibly responding. However, if appraisal deems it necessary to respond, a decision is made to reflect on the situation alone or with others. An African American female described this process as follows:

> I take a deep breath and sit with it for a minute and second guess myself. Did they really say that to me?! Think about it. Is there any other way I can interpret this other than racism? Is there any other way I can rationalize this and extend this person a little bit of grace before I tell them exactly what my experience is and how I experienced that situation. If it is possible, I want to confront it directly as I am dealing with this person. Another way of coping for me has been to find someone that is going to understand and process it with them whether it be my partner, whether that be a close friend, or whether that means snatching the first African American person I can find on the campus. Processing with somebody who can confirm that I am still sane, that I am not crazy, and that I am not hypersensitive or overreacting or any of that stuff. Then I have a thought process where I think about these

persons and whatever my history is with them and see how this goes with their character and what I expected of them.

Participants posited that being able to talk with others who are supportive and may concur with one's interpretation of situations involving microaggressions is essential to maintain perspective not only in how events are interpreted but also in determining what to do about it in the context of assessing current power structures. In addition, understanding of the possible implications of any decision is a part of a process of strategizing with the support of friends, colleagues, and family.

Theme 2: Self-Care

All participants ($n = 24$) reported that they are mindful of the need to take care of themselves on a regular basis to detoxify from frequent forms of racial microaggressions they experience in their jobs. Self-care involved exercise, meditation, visualizations, acupuncture, chiropractic treatment, taking time off, thinking positively and avoiding negative thoughts, and taking pride in one's ethnic heritage. For example, an Asian American female explained: "My daughters built a labyrinth in our backyard to help me deal with the stress in my department. I use it regularly to meditate and center myself. It helps me release all the bad energies." Two Latinas shared that they used energy work to help each other to regain balance after stressful events with White clinicians at their center. A male African Canadian discussed his involvement in sports and others commented on the benefits of exercise in their lives.

Theme 3: Spirituality

Participants for whom spirituality was relevant in their lives ($n = 18$) explained that their faith played a major role in overcoming frustrations brought up by racial microaggressions. Meditation, prayer, and rituals helped them channel their feelings towards a higher purpose and ponder various perspectives in regards to the aggressor and the situation. This dimension had a practical aspect for most participants including rituals that helped them face challenging situations. For example, an African American female said,

When I sought advice from a Native American friend, I was advised to do a ritual before I go into the domain of this people. That was really helpful to me. As soon as I pull my car into the parking lot and before I walked to the office, I make an offering and call my ancestors to shield me, to be with me, to protect me from any negative energy, and to allow me to connect with my students.

Theme 4: Confronting the Aggressor

More than half ($n = 16$) participants examined ways in which they challenge aggressors in professional settings. Various responses were discussed involving direct responses to microinsults and microassaults, verbalizing that an issue needs to be addressed and discussed, and being proactive about educating others. An African American female described one of her responses as follows:

We can have a dialogue if you want so I get engaged with them and connected, but I don't let them get away with it. That to me is the best

victory—to not do what they do but to rise above that and call it out, and out of my example, tell you that it is not right, and we can have a dialogue about it.

An African American male used humor to confront racial aggressions:

I was working as a program director and founded a program for working with HIV African American men, and we had this art show this White man said to me, "Wow, we are reading about you all over the newspapers. You have done a lot of things. Pretty soon you're going to get your Cadillac!" And I just say, "Oh no, I am a Volvo kind of guy."

Theme 5: Seeking Support From White Allies

More than half of the participants ($n = 15$) discussed how they sought support from White allies in critical situations involving decision making and leadership roles. They noted that it is important to have the support of other clinicians and faculty when they raise challenging issues, have a stake in decision-making processes and lead others in matters of policy, training, and service. When anticipating the possibility of being challenged, they seek support from allies to strategize how to respond. A Latina explained,

I have very good relationships with White gay colleagues and a White heterosexual faculty. They have lived abroad or traveled a lot and understand issues of privilege and oppression. I regularly talk with them to seek validation and support. There was a time when my White peers challenged my nomination to an important committee. They stood by my side, talked to the dean and took the heat for some of the conflict that emerged.

Theme 6: Keeping Records and Documenting Experiences of Microaggressions

More than half of the participants ($n = 16$) reported being mindful about documenting their experience at their workplace. There were country of residence differences, with more U.S. professionals ($n = 10$) speaking to this issue. They noted that although it was time consuming, it allowed them to see patterns of events in time and keep a paper trail. Documenting the history of microaggressions became useful to strategize new responses to further aggressions. An Asian American said,

I document even the nonverbal communication! I create a paper trail of documentation of my work in case they want to minimize it. When the time comes, I communicate with my supervisor. I create a space to develop my own voice.

Theme 7: Mentoring

All participants ($n = 24$) identified mentoring as a highly valuable endeavor in any setting. An African American female indicated that discussing these issues must be done tentatively and delicately to understand the concerns as accurate as possible and to validate the students' needs.

I can only talk about my experience. I always look to describe the scenario to someone else to see if they see it in the same way I do. I trust their reaction to what I describe, so if they say, "You are really overreacting. It could have been this or this," I let it go. But if they say, "No, that was really clearly racism," I go with that. So I explain

how I have handled it in my life, and what I have found is effective for me and hope that would be helpful and encourage them to be prepared, because sooner or later, I would expect that to happen. It's not getting resolved. It's not disappearing. That's the best that I can do—share my experience with them and give them the heads up.

Theme 8: Organizing Public Responses

Most of the participants (*n* = 22) recognized the importance of developing strategies to organize others in similar situations. They stated that individual responses are helpful but limited, and that change requires group effort and public awareness. A Latina explained,

> We created a diversity committee and 10 or eight of us that were directly involved with that incident and that had been noticing the ones calling out certain things going on in the school. We are getting together, we're venting, and supporting each other, but we're also making recommendations to our principle and to people at the district office.

Participants also noted the importance of professional publications and research in the area of racial microaggressions to articulate the issues and provide individual and collective support for their concerns in work settings and interactions with other professionals. A male African American participant explained how he used scholarly literature to support a long standing issue with White colleagues in his department, "I identified what I experienced using the micraggressions typology, highlighting context and patterns in my department. Although the discussion was tense, this allowed me to be heard."

Discussion

This study identified individual and collective adaptive responses that mental health professionals of color (psychologists, social workers, counselors, and family therapists) engaged in teaching and/or clinical practice use to cope with racial microaggressions while performing their professional duties. Although these adaptive responses are described in this paper as a matter of fact existing in the repertoire of these individuals, they evolved over time with regular practice and while experiencing a life time of racism. They illustrate multiple ways to self-regulate emotions and actions that have proved successful in dealing with the perniciousness of subtle racism. However, an examination of the dynamic interplay involving the stress brought by racial microaggressions and how individuals respond to it is needed. It has been documented that stable stress may elicit feelings of hopeless and resignation in people (Czopp, Monteith, & Mark, 2006), thus, the responses from this study's participants may be considered highlights in a continuum of coping in which emotional pain and other responses are a part of dealing with racism.

Implications for Professional Development

Participants in this study identified mentoring as a highly valuable endeavor in any setting precisely because they learned to cope over time and with the help of others who guided the way. Based on the results of this study, we suggest general guidelines to help navigate professional settings at an interpersonal level.

1. Voice and share your interest in addressing the challenges that professionals of color in the mental health field face in training, research, and clinical practice. We

found that as a result of our focus groups, some of the participants were able to express for the first time some of their experiences and connect with others.

2. Faculty and clinicians must challenge racial privilege and its effects by confronting comments that minimize or deny issues related to students and professionals of color. Czopp, Monteith, & Mark's (2006) research corroborates that confronting racism reduces its frequency in the long term.

3. Question the theories and clinical practices you use in regard to the way they address how power, ethnicity, and the other isms intersect. Prepare a video and bibliography that can be handed to colleagues and students as a reference.

4. Use current research and theoretical approaches to racial microaggressoins to articulate your own experience and advocate for yourself.

5. Anticipate difficult dialogical exchanges about multiple identities by understanding your own identity and being accountable with respect to your own power position and privileges.

6. Organize with colleagues and students to create projects, support groups, and task forces to address navigating the professional mental health field from the vantage point of the person of color.

Methodological Limitations

The exploratory nature of this research invites reflections on the methodology and consideration of directions for future research on the topic. We were aware that the results of the study would be significantly shaped by the choice of interview questions. The selection of questions was rooted in the literature on racial microaggressions, and the experiences of professionals of color such as us, who had accounts but no identifying label for them. We attempted to account for our own biases by including an external auditor and using triangulation techniques. The findings should also be considered in light of the limitations presented by the methodology. Although the sample size is consistent with the standard in the field (Lincoln & Guba, 1985), generalizability is limited.

Another issue related to trustworthiness in qualitative research involves credibility (Lincoln & Guba, 1985). Credibility refers to the development of credible findings and interpretations based on the research design, participants, and context of the study. Credibility was established by using investigator and data triangulation. However, this study could have been strengthened by involving the participants' in reviewing the findings and providing feedback in the writing of the results.

Conclusions

The results of this study illustrate how professionals of color cope with racial microaggressions. Although helpful, these individual and interpersonal responses must be connected to the

social contexts that both promote and challenge racism. As we advance multicultural and social justice initiatives in the mental health professions, improvements in training and service settings can be accomplished by expanding our understanding of racism and racial microaggressions. A key dimension in this endeavor involves addressing White privilege, its misuse and abuse. It can be argued that this is what makes possible and sustains overt and subtle racism (Almeida, Dolan Del-Vecchio, & Parker, 2007). As the literature on those whose societal position is at the margin grows with its focus on empowerment, so should the literature on those whose societal position is of dominance grow with a focus on accountability (Cook & Simpson, 2007). Future studies should focus on how to increase the awareness and accountability on those who perpetrate racial microaggressions.

References

Alleyne, A. (2005). Invisible injuries and silent witnesses: The shadow of racial oppression in workplace contexts. *Psychodynamic Practice, 5,* 283–299.

Almeida, R., Dolan Del-Vecchio, K., & Parker, L. (2007). *Transformative family therapy.* Boston, MA: Allyn & Bacon.

Constantine, M. (2007). Racial microaggressions against African American clients in cross- racial counseling relationships. *Journal of Counseling Psychology, 54,* 1–16.

Constantine, M., & Sue, D. W. (2007). Perceptions of racial microaggressions among black supervisees in cross-cultural dyads. *Journal of Counseling Psychology, 54,* 142–153.

Constantine, M., Smith, L., Redington, R. M., & Owens, D. (2008). Racial microaggressions against black counseling and counseling psychology faculty: A central challenge in the multicultural movement. *Journal of Counseling and Development, 86,* 348–355.

Constantine, M., & Sue, D. W. (2007). Perceptions of racial racial microaggressions among black supervisees in cross-racial dyads. *Journal of Counseling Psychology, 54,* 142–153.

Cook, L., & Simpson, J. (2007). *Whiteness, pedagogy, performance: Dis/placing race.* Lanham, MD: Lexington Books.

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* Thousand Oaks, CA: Sage.

Czopp, A. M., Monteith, M. J., & Mark, A. Y. (2006). Standing up for a change: Reducing bias through interpersonal confrontation. *Journal of Personality and Social Psychology, 90,* 784–803.

Denzin, N., & Lincoln, Y. (2005). *The Sage handbook of qualitative research.* Thousand Oaks, CA: Sage.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research.* Chicago, IL: Aldine.

Hernández, P., Taylor, B., & McDowell, T. (2009). Listening to ethnic minority AAMFT approved supervisors: Reflections on their experiences as supervisees. *Journal of Systemic Therapies, 28,* 88–100.

Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry.* Thousand Oaks, CA: Sage.

Marshall, C., & Rossman, G. B. (1999). *Designing qualitative research.* Thousand Oaks, CA: Sage.

Moustakas, C. (1994). *Phenomenological research methods.* Thousand Oaks, CA: Sage.

Padgett, D. K. (1998). *Qualitative methods in social work research: Challenges and reviews.* Thousand Oaks, CA: Sage.

Patton, M. Q. (2002). *Qualitative evaluation and research methods.* Thousand Oaks, CA: Sage.

Smith, L., Constantine, M., Graham, S., & Dize, C. B. (2008). The territory ahead for multicultural competence: The "spinning" of racism. *Professional Psychology: Research and Practice, 39,* 337–345.

Smith, W. A., Allen, W. A., & Danley, L. (2007). Assume the position . . . you fit the description: Psychosocial experiences and racial battle fatigue among African American male college students. *American Behavioral Scientist, 51,* 551–578.

Solórzano, D., Ceja, M., & Yosso, T. (2000). Critical race theory, racial microaggressions and campus racial climate: The experiences of African American college students. *Journal of Negro Education, 69,* 60–73.

Sue, D. W. (2003). *Overcoming our racism: The journey to liberation.* San Francisco, CA: Jossey-Bass.

Sue, D. W. (2008). Multicultural organizational consultation: A social justice perspective. *Consulting Psychology Journal: Practice and Research, 60,* 157–169.

Sue, D. W., Bucceri, J., Lin, A. I., Nadal, K. L., & Torino, G. C. (2007). Racial microaggressions and the Asian American experience. *Cultural Diversity & Ethnic Minority Psychology, 13,* 72–81.

Sue, D. W., Copodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62,* 271–286.

Sue, D. W., Nadal, K. L., Capodilupo, C. M., Lin, A. L., Torino, G. C., & Rivera, P. (2008). Racial microaggressions against black Americans: Implications for Counseling. *Journal of Counseling and Development, 86,* 330–338.

Appendix

Racial Microaggressions Group Interview Guideline

Guidelines for group facilitation:

1. Identify a type or types of racial microaggression that you have experienced consistently in your professional life. Please describe the experiences and their impact on you (emotional, physical, cognitive, relational, occupational, financial, etc.).

2. Are there racial microaggressions that you feel have more or less impact in you? What distinguishes the less from the more harmful?

3. How do you cope/manage with the racial microaggressions that you have experienced consistently in your life?

4. How do you resist them and protect yourself while in a hostile environment?

5. What helps you do this?

6. How do you make sense of these encounters?

7. What helps you to keep going with your life?

8. Do you incorporate the wisdom learned from coping and resistance in your mentoring, training, and clinical practice? How?

9. Is there anything else you would like to add?