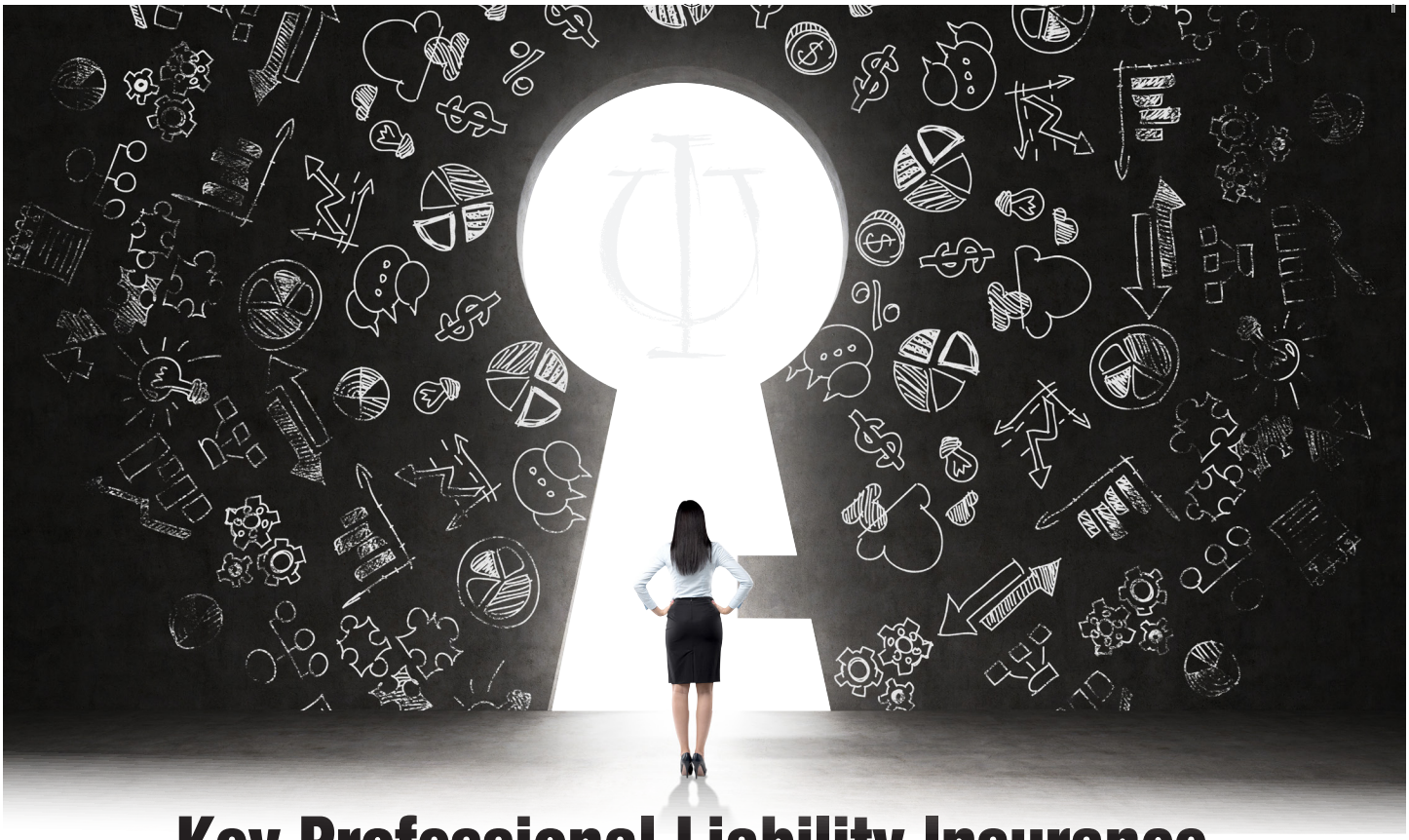
NYS Psychologist
Special issue of the NYSPA Notebook

THE OFFICIAL JOURNAL OF
THE NEW YORK STATE
PSYCHOLOGICAL ASSOCIATION

FALL, 2017
VOL XXIX / NO. 3

Addressing Microaggressions and Macroaggressions in Diverse Contexts



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POSTMASTER: Send any address changes to NYSPA Notebook, 3 Pine West Plaza, Ste 308, Albany, NY 12205.

NYS Psychologist: Vol XXIX Issue 3

Presidential Letter

Herbert Gingold, PhD
President, NYSPA, 2017

I have always been excited that NYSPA publishes the *NYS Psychologist*. Early in my involvement with NYSPA, I was invited to be on the editorial board and for several years had the enjoyable experience of soliciting and editing articles for journal. I even submitted a few articles that were published in it.

During the last few years, David Glenwick has been organizing the *Psychologist* and has delegated each yearly issue to a different division of NYPSA. This year the honor went to the Division of Culture, Race and Ethnicity (DCRE). This edition consists of the proceedings of a conference on micro-aggressions organized by the Diversity Committee and the DCRE board, of which Drs. Vivi Hua, Daniel Kaplin, and Vernon Smith served as editors.

I want to thank DCRE for organizing a superb conference and this important edition of the *New York State Psychologist*. This volume presents both an important concept and concrete ways to use it in one's professional and private life. The conference was an exciting demonstration of the micro-aggressions concept as it brought animated discussion of this provocative idea. Many attendees worked hard to look past their assumptions and develop a more nuanced view of the experiences of those experiencing micro-aggressions in everyday life. NYSPA is richer for the work of the editors, presenters, and authors.

Welcome to this edition of the *NYS Psychologist!*

Dinelia Rosa, PhD

I consider this issue of the *NYS Psychologist* a unique edition on many fronts. This edition was co-edited by three special NYSPA members, Drs. Vivi Hua, Daniel Kaplin, and Vernon Smith, excellent early-career psychologists involved in that effort. They represent various diverse groups and have a strong commitment to diversity. Last but not least, Drs. Hua, Kaplin and Smith all are graduates of the NYSPA Leadership Institute and, like many other alumni, are assuming leadership roles within NYSPA, its divisions, and/or regional affiliates. Some of the articles included in this issue were originally part of last spring's NYSPA conference, *Addressing Microaggressions and Macroaggressions in Diverse Contexts*.

This successful conference was co-sponsored by 11 NYSPA divisions (Academic, Addiction, Adult Development and Aging, Clinical, Culture, Race & Ethnicity, Group, Independent Practice, Neuropsychology, Organizational, Consulting & Work Psychology, Psychoanalysis, and Women's Issues), four regional psychological association affiliates, Brooklyn, Manhattan, Queens, and Suffolk County, and three universities, CUNY College of Staten Island - Division of Humanities and Social Services, Office of Post Graduate Professional Development Programs - St. John's University, and Teachers College Dean Hope Center or Educational & Psychological Services. This speaks to team efforts by NYSPA's divisions and regions, along with highly-regarded academic institutions to increase diversity awareness and disseminate information about its relevance to the problems of microaggressions and macroaggressions.

The articles presented here reflect an array of perspectives on microaggressions and macroaggressions. The contribution by Fiani and colleagues represents research conducted with people that identify as transgender or gender-nonconforming (TGNC) in criminal justice systems that demonstrates the impact of microaggressions on TGNC individuals. Based on the findings, they offer recommendations for psychologists who work both in and out of criminal justice systems. Furthermore, they present ways psychologists can advocate for transgender or nonconforming individuals. Their article is a great example of research at the intersection of culture and gender relevant to clinical practice.

Dr. Kaplin addresses religious microaggressions toward religious minority group members, with an emphasis on microaggressions toward Jews and Muslims. His article speaks to the relevance of the topic to current events where there has been a spike in religiously-motivated macroaggressions. Kaplin concludes by proposing several ways members of religious majority cultures and minority groups can respond to microaggressive attacks.

Dr. Aranda's contribution focuses on the long-term impact of microaggressions experienced by Hispanics. Aranda offers the reader examples of subtle devaluing statements made about Hispanics. Additionally, he provides a brief description of a case involving microaggressions experienced by a female Hispanic immigrant and also includes practical tips for psychologists who may work with Hispanic clients.

Finally, Miss Parente's & Dr. Kaplin's article responds to critiques of the concept of microaggressions, a term developed by Dr. Chester M. Pierce (Pierce, 1974) but most recently developed by Dr. Derald

Wing Sue. Parente and Kaplin discuss and refute the main criticisms of research on microaggressions and demonstrate the impact of intentional and/or unintentional aggressive acts toward others. They challenge the emerging thought that the term 'microaggression' is used to promote a victimhood culture and address the misconception of a lack of research in this area.

While for many the discussion of diversity may sound like a broken record, the question remains, how much mindfulness of diversity issues relevant to our client (s) we bring into the clinical space? How often do we include the diversity of our clients in our daily thinking and preparation before meeting with them? How comfortable do we feel when diversity issues come into the therapeutic space? How do clinicians address issues of diversity in therapy? Regardless of the therapeutic approach, culture has a place in psychotherapy. The relevance of diversity and aspects of the external world, such as oppression, stigma, and prejudice on dehumanization and human pain are central and essential to the clinical work. As you consider the contributions in this issue of the *NYS Psychologist*, I invite you to reflect on them from a psychodynamically-informed perspective.

Among contemporary psychoanalysts and psychodynamically-oriented therapists, the integration of cultural diversity and clinical work is not new. Apart from the general view, psychoanalytic approaches to culture and its relation to human beings is longstanding. Altman (2010) offers a comprehensive historical review of the trajectory of psychoanalysts and contemporary psychodynamic psychotherapists integrating culture and clinical work. Danto (2005) documents the work of early psychoanalysts in bringing free psychoanalysis to the poor and describes their early efforts to develop free clinics. In the last decade we have seen an increase in scholarly work stressing a progressive psychoanalysis that integrates culture, politics and social advocacy (Altman, 2015; Aron & Starr, 2013; Layton, Caro Hollander, & Gutwill, 2006). Yet, there is still some skepticism about psychodynamically-oriented approaches being able to integrate cultural diversity, and diversity more broadly, into clinical practice.

Let me share three points I consider highly relevant. The first one, mindfulness, was mentioned earlier. We must allocate time and effort to develop awareness around issues of social class, sexual orientation, race, ethnicity, religion and disabilities, and about what it is like to be a member of the minority on any of these groups. Microaggressions can be intentional or unintentional, the latter meaning not done on purpose, inadvertent, or unconscious. Lack of mindfulness and awareness about aspects of culture and diversity may increase unintended aggression towards others. Thus, it is important for us to be aware of our own countertransferential reactions, including those elicited by a client's race, ethnicity, gender, sexual orientation, religion, social class, and physical abilities.

People with membership in the majority of any of the groups mentioned above have the privilege to 'opt out' of having to think about what it is like to be a member of the minority on a daily basis. Individuals with membership in any minority group(s) lack the ability to 'opt out' as members of majority groups do. With respect to race, it is not part of the common daily life of White Americans to keep alert and mindful about how the world reacts to behaviors and relatedness. This has been coined White privilege (Altman, 2010; Du Bois, 1935/1995; McIntosh, 1989). Some suggest that becoming aware of one's privilege can result in despair and guilt (Altman, 2010; Aron, 2013; Suchet, 2007). Regardless of the feelings evoked by becoming mindful, clinicians are encouraged to face those feelings as a means of empowering themselves to empower others.

Adding cultural curiosity to our clinical curiosity is my second point. We not only ought to instill curiosity in our clients, we also must apply it to ourselves. According to Buechler, (2004), curiosity motivates a good deal of active effort and it motivates through selective focusing. Selective focusing as selective attunement implies the capacity of the clinician to opt in or out in discerning ways. There are many contributing factors and explanations as to why this may occur. However, becoming mindful of opportunities to become curious about diversity will increase opportunities for dialogue and exploration. Curiosity makes the strange familiar (Buechler, 2004). A clinician with curiosity can create the conditions and opportunities for clients of minority groups to talk about their feelings of oppression, dis-

crimination, and stigmatization in a safe place, particularly if the clinician is a non-member of the minority group(s) represented by the client. The question here would be, what is our level of comfort with delving into strange spaces with our clients? Is our selective attunement keeping us at a distance from becoming curious about aspects of diversity unfamiliar to us?

Finally, the promotion of courage is among psychologists' many clinical endeavors. Courageousness in exploring and facing dark places within themselves and in world, in new and different ways, and face unknown emotional, unconscious, and interpersonal territories is particularly important in addressing microaggressions and macroaggressions experienced by our clients. Clinicians must have courage to facilitate and to hold the intensity of the darkness that emerges. Buechler (2004) states that patients and analysts both show courage each time demons are confronted. She also states that the courage of the patient is not very different from that of the analyst in that both struggle with difficult judgment calls and both make their most courageous choices when the alternatives seem evenly matched and the stakes are high (Buechler, 2004; pp. 74-75). As clinicians sensitive to matters of diversity, we must demonstrate our courage by allowing uncomfortable conversations into the clinical space. Many of the demons that are held clinically are the consequences of racism, discrimination, oppression, prejudice, and stereotypes, as well as macro- and micro-aggressions that can be painful to hear and hold.

Mindfulness, curiosity, and courage are three fundamental components of clinical intervention particularly useful in addressing micro-aggressions and macro-aggressions in clinical settings. Furthermore, these qualities and values will empower the clinician who works interpersonally and perceives themselves as a tool facilitating change. This perspective offers the opportunity to look into transferential and countertransferential material from a broader and more integrated perspective. Including matters of diversity into our clinical mindfulness, curiosity, and courage should be an essential, rather than selective, part of our interactions with members of minority and marginalized groups. It is the most responsible thing to do.

We hope that this edition of the *NYS Psychologist* contributes to the interest, awareness, knowledge, and understanding of diversity in productive ways. We look forward to continuing this dialogue throughout all the activities and endeavors of NYSPA members.

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A System of Transphobic Injustice: Microaggressions toward Transgender and Gender Nonconforming People in the Criminal Justice System

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Research indicates that people who identify as transgender or gender nonconforming (TGNC) are more likely than cisgender individuals to encounter criminal justice systems (e.g., police, courts, and prisons/jails). During these contacts, TGNC persons face heightened rates of mistreatment and victimization, including microaggressions (or subtle forms of discrimination that typically manifest toward historically marginalized groups). The present investigation utilized a focus group methodology to explore experiences of TGNC people (N = 11; three focus groups run) within criminal justice interactions. Participants (self-identified TGNC adults in the United States) described nine themes of microaggressions experienced within interactions with the criminal justice system, including: 1) Dehumanization; 2) Assumptions of Criminality, Pathology, or Abnormality; 3) Use of Derogatory Language; 4) Second-Class Citizenship; 5) Intentional Misgendering; 6) Microinvalidations; 7) Invasion of Bodily Privacy/Exoticization; 8) Systemic Microaggressions; and 9) Internalized Stigma. Examples are discussed in relation to existing Microaggression Theory, while providing recommendations for policy and practice, to address systemic change.

A System of Transphobic Injustice: Microaggressions toward Transgender and Gender Nonconforming People in the Criminal Justice System

In recent years, the terms "transgender" and "gender nonconformity" have gained a great deal of attention and momentum, partially facilitated by the increased visibility of various TGNC celebrities in the mainstream media. In 2009, Chaz Bono (son of Sonny Bono and Cher) disclosed his transgender identity; in 2014, actress Laverne Cox became the first transgender person to grace the cover of Time Magazine; and in 2015, former Olympic champion Caitlyn Jenner documented her transition through her reality show *I Am Cait*. Further, celebrities like Miley Cyrus and Steven Tyler recently began identifying as genderqueer or gender nonconforming – stating that their gender identities fall somewhere along the spectrum between the traditional male-female binary. When musician Prince died in 2016, many journalists wrote about how he defied gender norms in the 1980s, serving as a model for many genderqueer and gender variant people to express themselves more openly. Despite these advances in visibility, poor understanding of the actualities of transgender or gender nonconforming identities persists.

Throughout this paper, we will discuss and define specific groups when necessary, while referring to the larger umbrella group as transgender and gender-nonconforming (TGNC) people. For a summary of terms and definitions, see Table 1. The term "transgender" describes individuals whose gender identity differs from the sex they were assigned at birth (Hanssmann, Morrison, & Russian, 2008), while also serving as an umbrella term that encompasses various identities within and outside the gender binary, such as bi-gender, intersex, or androgynous (Case, Stewart, & Tittsworth, 2009). The terms "gender nonconforming" or "genderqueer" describe individuals who do not conform to strict societal expectations of dichotomous and mutually exclusive masculinity and femininity (Wyss, 2004). Such cultural stereotypes regarding TGNC identities and populations have contributed to the perpetuation of discrimination against TGNC-identified individuals,

Table 1. Terms and Definitions	
Transgender	An umbrella term that can be used to refer to anyone for whom the sex one was assigned at birth is an incomplete or incorrect description of oneself
Cisgender	A term used to refer to a person whose gender identity aligns with one's sex assigned at birth
Gender Nonconforming	The trait or identity of not adhering to traditional gender role expectations
Bi-Gender	A term used to refer to an identity encompasses two genders
Intersex	A term used to describe a variety of conditions in which an individual's reproductive, hormonal, or sexual anatomy does not conform to typical expectations of binary gender
Androgynous	A term used to describe gender identities or presentations that are ambiguous or blend characteristics typically viewed as masculine or feminine
Queer	An umbrella term used to describe individuals who do not identify as cisgender, heterosexual, or both
Pansexual	A sexual orientation identity that is used to describe one's romantic or sexual attraction to individuals irrespective of gender or gender identity
Genderqueer	A term used to refer to an individual with a non-binary gender identity

largely through their permeation of influential systems such as the criminal justice (CJ) system (Buist & Stone, 2014).

TGNC individuals are at heightened risk of interactions with the criminal justice system for several reasons including unjust stops, searches, and arrests and incorrect profiling as sex workers (Stotzer, 2014) which contribute to increased rates of incarceration (Goodmark, 2013). In one study, Clements-nolle et al. (2001) found that approximately 65% of male-to-female (MTF) transgender women and 30% of female-to-male (FTM) transgender men in the United States have experienced incarceration, a rate believed to be higher among TGNC people of color due to intersecting marginalized identities (i.e., race/ethnicity and gender identity; Emmer, Lowe, & Marshall, 2011; Grant et al., 2011; Graham, 2014; Griffin, 2016). Once in contact with the police or incarcerated, TGNC people face verbal harassment, intimidation, and physical assault from the police officers (Stotzer, 2008; Wolff & Cokely, 2007; Knight & Wilson, 2016), victimization which TGNC people attribute to their gender identity and/or presentation (Nadal, Quintanilla, Goswick, & Sriken, 2015). Thus, it is not surprising that violence against TGNC people may be widely underreported to police, due to fears of secondary victimization (Testa, et al., 2012; Wolff, & Cokely, 2007) and distrust of police (Redfern, 2013).

TGNC people also face discriminatory treatment during trial procedures, where they face over-criminalization, judicial bias, trauma during pre-trial incarceration, and disproportionate sentencing (Mogul, Ritchie, & Whitlock, 2011). For example, some researchers have found that defendant gender identity acts as an aggravating factor, negatively influencing perceptions and actions of juries, attorneys, and judges during criminal trials (Marksamer, Spade, & Arkles, 2011), leading to harsher sentencing for TGNC individuals (Mogul, et al., 2011).

In criminal justice custody, TGNC populations face considerable additional discrimination and disparities. Results of a national survey of 27, 715 transgender people, indicated that more than half (58%) of TGNC individuals who interacted with the police encountered bias in criminal justice settings, including physical and sexual assault and police coercion to participate in sex acts to avoid incarceration. When incarcerated, TGNC people in the U.S. are five times more likely to experience sexual assault at the hands of facility staff and nine times more likely to be sexually assaulted by other inmates compared to the U.S. population (James, Herman, Rankin, Keisling, Mottet, & Anafi, 2016). In a systematic profile of 314 transgender inmates in California, Sexton, Jenness, and Sumner (2010) found that transgender inmates fare worse than any other demographic group in prison, a circumstance exacerbated and maintained by the strict binary gender norms of incarceration settings (Jenness & Fenstermaker, 2013). Because of these widespread experiences of discrimination within criminal justice systems, TGNC people report reluctance to seek police assistance or report

victimization (Alhusen, Lucea, & Glass, 2010; Calton, Cattaneo & Gebhard, 2015; Stotzer, 2014) and that TGNC people find police officers to be indifferent and ineffective (Wolff & Cokely, 2007). In light of these disparities, it is crucial to know how discrimination may manifest specifically within the criminal justice system for TGNC individuals.

When seeking to better understand the complex role of discrimination in CJ settings, it is important to emphasize both overt (e.g., physical or sexual victimization) and covert forms (e.g., microaggressions). "Microaggressions" are subtle forms of discrimination that manifest based on perpetrators' biases, and communicate derogatory messages to and about marginalized groups (Nadal, 2013; Sue, 2010; Sue et al., 2007). Microaggressions have been linked to negative mental health outcomes including depression, substance use, increased risk of suicidality, and increased stress (Nadal et al., 2016; Wong, Derthick, David, Saw, & Okazaki, 2014), thus rendering the a crucial area for continued study. Nadal, Skolnik, and Wong (2012) examined microaggressions faced by TGNC individuals and found several consistent themes including the use of incorrect gender terms, exoticization, and assumptions of abnormality or pathology. Despite such emergent literature on microaggressions against TGNC people, as well as evidence of prolific explicit discrimination toward TGNC people in the CJ system, there are no known studies that examine anti-TGNC microaggressions, thus leaving a vast realm of potential disparities un-explored and prone to misunderstanding and/or perpetuation.

The Present Study

It is evident that anti-TGNC prejudice has permeated the criminal justice system, creating a sense of fear and mistrust among TGNC communities toward law enforcement, corrections, and the judicial system. Extant research highlights vast experiences of overt discrimination in the form of unjust profiling by police, over-criminalization based on gender identity, and failure to provide equal protections in incarceration settings. Additionally, research indicates that implicit biases and lack of sensitivity training among police likely contribute to the perpetuation of such overt discrimination. However, to date research has failed to assess the role of microaggressions within criminal justice settings. it is important to understand how the CJ system may create an environment which perpetuates anti-TGNC microaggressions, which then negatively impacts the mental health of TGNC people.

The current study examined perspectives of TGNC adults in the United States who have interacted with the CJ system (in the form of arrests, seeking assistance, and/or demonstrations) to identify and better understand nuances in these experiences.

Table 2. Participant socio-demographic self-identifications.

Age	Race	Ethnicity	Sexual Orientation	Gender Identity	Occupation	Religion
51	White	Jewish-American	Queer	GNC Queer Woman	Writer	Jewish
31	White	White	Gay	Male	Student	Jewish
34	White		Gay	Female	Chef	Atheist
28	All	All	All	All	Mystic	All
28	Black	African American	Heterosexual	Transgender	Student	Buddhist
30	Latino	Puerto-Rican/Sephardi	Bi/Queer	Male/Neutrois	Freelance writer/ artist	Jewish
27	White		Queer	Transmasculine Genderqueer	College writing instructor	Unitarian Universalist
39	White	American	Queer	Trans	Student	Agnostic
25	White	Irish/Italian	Bisexual	FTM	Government	Wicca
23	Black	African	Straight	Transgender Male	Customer Service Rep	Christian
46	White		Bisexual			Jewish/Buddhist

Methodology

Participants

Participants (N = 11) included adults in the U.S. who self-identified as transgender or gender nonconforming (TGNC). Participants were recruited from a community sample in a large urban region of the Northeastern United States and were compensated $20. On average, participants aged 32.91 years (with a range of 23- 51; SD = 8.90) and reported a wide range of sociodemographic characteristics in terms of race (white n = 7, Black n = 2 and Latina/o/x n = 1), ethnicity (including Jewish-American, White, African-American, Puerto-Rican/Sephardi, American, Irish/Italian, and African), sexual orientation (Queer n = 3, Bi/Queer n = 1, Gay n = 2, Bisexual n = 2, and Heterosexual/Straight n = 2). Lastly, participants endorsed diverse singular gender identities (Male n =1, Female n =1, Transgender n =2, Trans n =1, and FTM n =1) as well as composite identifications (e.g., GNC Queer Woman, Male/Neutrois, and Transmasculine Genderqueer). See Table 2 for detailed socio-demographic breakdown.

Researchers

A team of five data analysts trained in both qualitative research and qualitative analysis applied the Consensual Qualitative Research (CQR, for more information see Hill, Thompson, & Williams, 1997; Hill et al., 2005) approach. This team included cisgender female students and a cisgender male professor. While the analytic team identified as cisgender, there were an array of sexual orientations and identities (e.g., queer, gay, asexual, pansexual, and heterosexual) and racial/ethnic identities (e.g., white, Asian, Asian American, Latina, and Mixed Race). The CQR approach allows for counter-balancing of potential biases among coders, as all coding decisions require group consensus and thorough discussion. To further minimize the impact of researcher bias, coders underwent a thorough discussion of their own identities and expectations and biases related to the data, prior to the inception of coding discussions.

Measures

This study included two measures: an open-ended demographic questionnaire and a semi- structured focus group interview. The demographic questionnaire inquired about participants' age, race, ethnicity, sexual orientation, gender identity, occupation, and religion. The semi- structured interview consisted of 14 facilitator-directed questions exploring participant beliefs and experiences regarding the CJ system (i.e., police, prisons/jails, security personnel, TSA, etc.)

Procedure

Three focus groups were scheduled based upon researcher and participant availability. Focus groups were run until the total sample size reached between eight and twelve participants to provide sufficient heterogeneity for analysis. Focus groups lasted 60-90 minutes, and took place in a private conference room at a metropolitan public college. Participation included an informed consent procedure, demographic questionnaire, semi-structured focus group interview, and receipt of counseling resources and $20 compensation.

Analyses

Focus groups were audio recorded and later transcribed to maintain the integrity of participant responses during data analysis and interpretation. Four coders met on five occasions to analyze the three transcripts according to a Consensual Qualitative Research (CQR) approach (for a detailed description of these steps and the theoretical foundations of CQR, please see Hill, Thompson, & Williams, 1997). During the first meeting, the coding team examined and discussed their individual and group-level pre-existing biases and expectations regarding TGNC experiences and CJ system interactions and perceptions. All coding decisions required group consensus, and thus the coders participated in an iterative discussion process until consensus was reached following all instances of coder disagreement.

Results

Through their narratives, participants described interacting with the CJ system in three unique ways: (a) arrests/police apprehension, (b) seeking assistance, and (c) uprisings/demonstrations. Nine themes emerged from participant narratives regarding microaggressions in the CJ system: 1) Dehumanization, 2) Assumptions of Criminality, Pathology, or Abnormality, 3) Use of Derogatory Language, 4) Second-Class Cit-

izenship, 5) Intentional Misgendering, 6) Microinvalidations, 7) Invasion of Bodily Privacy/Exoticization, 8) Systemic Microaggressions, and 9) Internalized Stigma. Each theme represents a unique category of messages received by TGNC individuals during their interactions with the CJ system, exemplified by participant quotes.

Theme 1: Dehumanization

Participants reported an array of negative behaviors of various agents of the CJ system, in which they were spoken to, treated, or depicted as less than human and not worthy (e.g., "I'm no longer looked at as even a human being", "We are not really looked at as people and it should it should change"). One participant described being processed into a jail, being strip-searched before approximately ten corrections officials who reportedly mocked and derided the participant making statements such as "what do we do with *it*?"

Theme 2: Assumptions of Criminality/Pathology/Abnormality

Narratives in this theme describe instances in which participants were assumed to be psychologically, socially or legally deviant because of their gender identity. Specifically, many participants described being profiled as assumed sex workers: "She got picked up and the cops said she looked like a prostitute and they held her." Additional participants described police and fellow bar patrons profiling them as they waited in line for the restroom and "getting locked up for like little offenses like public urination when you don't have proper use to bathrooms." Lastly, participants described experiences where their behaviors were assumed to be deviant or criminal simply by virtue of their gender identity or presentation. For example, one participant revealed experiencing the "blaming the victim" phenomenon when reporting a crime to the police: "I've had experiences where I've had to call to the police to diffuse situations, and it felt like they were always turning it, somehow, against me as being the aggressor." Overall, participants demonstrated a high degree of recollection and insight into experiences, where agents of the CJ system provided them with differential treatment, services, or protection due to their gender identity or presentation.

Theme 3: Use of Derogatory Language

In addition to more subtle experiences of derogatory assumptions, participants also experienced hateful and hurtful language directed towards them by CJ personnel regarding their gender identity or presentation. In one poignant example, a participant reported being described as "an object" rather than a human being by security guards: "I'll show my license to the security guards often times, not always but often um I present more masculine these days depending on the day. Um I'll get like a double take or like a raised eyebrow or is this fake? *What are you*?" Other examples included slurs directed at TGNC individuals by police: "Things such as: faggot-ass nigga...used to describe my ethnicity and my, um, sexuality by New York's finest" and "he brings it up to me that I'm a transvestite. Not even transgender or whatever."

Theme 4: Second-Class Citizenship

This domain included participant narratives describing experiences of receiving unequal treatment or services from the CJ system. Such narratives included feeling, being perceived, and being treated as "other". Often, these narratives described constant denial of basic rights due to their TGNC identity or presentation. For example, one participant said: "I'm treated like an individual who has to take what is in fact being given to them…because I don't have anyone to fight for me." Another participant stated: "We aren't seen as valuable as someone else...not taken seriously." The fact such unequal protections persist within criminal justice settings is particularly alarming given the fact that all citizens are guaranteed equal protections and due process by the United States constitution (for further elaboration see Edney, 2004; Whitman, 2016).

Theme 5: Intentional Misgendering

"Misgendering" is the act of referring to an individual with gender markers (e.g., pronouns) which do not represent their gender identity. While misgendering can frequently occur without maleficent intent, participants described several instances of being intentional misgendered by CJ personnel. One participant reported facing a prosecutor who intentionally used the wrong identifier (i.e., "Mr." instead of "Ms.") to produce bias in the courtroom and sway the court's decision in his fa-

vor. Another participant described a domestic dispute in which their partner at the time intentionally misgendered them to the police in order to gain the officer's preference in the dispute, a tactic which effectively led to over-criminalization (and explicit mocking) of the participant who had been physically assaulted by their partner. In this case, the officer assisted in the continued verbal abuse of the participant rather than mediating the dispute for the safety of all parties.

Theme 6: Microinvalidations

Microinvalidations occur when the lived experiences of a marginalized group are ignored or minimized. Participants described feeling that the police had dismissed their experiences and their needs, and that they were not being taken seriously. One participant described experiences when reporting a crime: "My partner and I had a few incidents where we felt enough dismissed by the police because of our perception of them being a little demeaning because we're women and we're over reacting." Such experiences often involved objectification (e.g., you're treated just like paperwork") and explicit mockery of participant distress (e.g., "I've had officers make jokes in front of my face"). Notably, participants described these profound discriminatory experiences as normalized within the CJ culture and expressed a degree of expecting such mistreatment as par for the course.

Theme 7: Invasion of Bodily Privacy/Exoticization

Invasions of bodily privacy/exoticization included reports that a CJ agent's behavior (verbal or otherwise) sexualized their bodies or inappropriately mandated access to their bodies without their consent. One trans male participant reported that when going through TSA body scanner, a member of security personnel shouted "boobs!", a behavior which was neither necessary nor appropriate. Others described more direct invasions of bodily privacy including in appropriate physical and visual intrusions in restrooms (e.g., "When it was my turn to go use the restroom, he was right there, saying like "Buddy, take a piss") an during searches by police (e.g., "I've been stopped and frisked, and some dude like definitely scurried his way across my waist line... but like took like 5 seconds too long... borderlining on non-consensual touching."

Theme 8: Systemic Microaggressions

Systemic microaggressions are reflective of systems and institutions, rather than coming from individuals. One common systemic microaggression involved the difficulties and expenses regarding legal name and gender marker changes on identity and other government documents (e.g., social security card, medical insurance): "I recently had to renew my Medicaid...I changed my name on the forms, and they called me out and said "This isn't you because your social security says something different." Specific to the criminal justice system, participants described correctional facility housing policies which inappropriately categorized their identity/presentation: "I felt like he purposely put me in the felony cell with the bigger crazier [man]... they put me in the male felon's cell". Such strict systemic norms have the potential to risk the safety of TGNC inmates housed inappropriately.

Theme 9: Internalized Stigma

While the abovementioned themes highlight types of microaggressions in the CJ system, internalized stigma involves participants' negative thoughts and beliefs about being TGNC as a result of perpetual microaggressions within the CJ system and larger society. For example, one participant stated, "Something that never gets covered is no one ever really talks about how our culture, gender nonconforming culture is transgressive, it is abnormal. We are not functioning as people should." Another participant shared a similar sentiment: "I assume, um, and then accept, a certain level of disrespect, sadly, more than I think a straight person would." Such internalized stigma, perpetuated through CJ experiences and interactions and resulting from systemic normalization of pathologizing TGNC identities, experiences, and bodies poses monumental risks to the well-being of TGNC individuals, particularly during CJ interactions.

Discussion

The present investigation sought to complement existing research on microaggressions, by examining TGNC experiences in and perceptions of the CJ system. Thus, our results form a bridge between two domains of research: Microaggression Theory and transgender

health disparities. Substantial theoretical and empirical support indicates that microaggressions have profound impacts on mental health and quality of life of TGNC people (Nadal, Griffin, Wong, Hamit, & Rasmus, 2014; Nadal et al., 2016). Furthermore, extant literature suggests that TGNC people are at heightened risk for interactions with the CJ system, particularly with police, due to gender profiling, survival crimes (e.g., homelessness), and hate crime victimization (Grant, et al., 2011; James et al., 2016).

While previous literature has examined manifestations of microaggressions in media, educational settings, and psychotherapy settings, (Nadal, 2013; Sue, 2010; Sue, et al., 2007), our findings demonstrate that microaggressions manifest pervasively in the CJ system, indicating their widespread and versatile nature. These microaggressive experiences have exacerbated potential to cause grave harm within criminal justice interactions because of the inherent power hierarchy in which TGNC individuals (particularly those with multiple marginalized identities such as TGNC people of color) are often without power or adequate representation (for a summary of treatment of TGNC inmates and violations of constitutional rights see Edney, 2004; Whitman, 2016). As such, CJ microaggressions have profound potential to cause ongoing harm to TGNC individuals, compounding the effects of chronic societal microaggressions. Future research should continue to expand upon these findings, particularly utilizing a variety of data analytic processes by different research teams to tap into more generalizable and nuanced understandings of microaggressions in CJ settings.

While previous studies indicate that incarcerated TGNC people are susceptible to both physical and sexual assault while in prison, police harassment outside prisons (Grant et al., 2011, and other overt transphobia (Stotzer, 2008), our results demonstrate a preponderance of more subtle forms of discrimination (e.g., microaggressions) within CJ settings. As a result, TGNC people must learn to navigate a wide range of discrimination – some that involve protecting their physical selves (e.g., avoiding or navigating hate violence), while others that may be to protect their emotional or psychological selves (e.g., coping with stereotypes of criminality). Navigating a world that consists of both overt and subtle forms of discrimination can be psychologically taxing for TGNC individuals, likely exacerbating profound disparities in mental health and quality of life.

Limitations and Future Directions

In addition to its strengths, the present investigation includes several limitations. First, the limited sample size ($N = 11$) and sociodemographic characteristics of the sample render the results preliminary and exploratory, as they may not represent the experiences of TGNC communities overall. While participant self-reported gender identities demonstrated a great degree of heterogeneity, most the sample identified their race/ethnicity as white, with only three who identified as Black or Latina/o/x. Second, our sample was recruited from a metropolitan region of the Northeastern U.S., and may not generalize to the experiences of TGNC individuals across the country or beyond. Finally, given the small sample size, we were not able to thoroughly analyze within-group differences, particularly in understanding how gender identity, race, ethnicity, age, and other factors may influence various TGNC people's experiences. This intersectionality should be carefully integrated into future investigations.

In light of these limitations, we suggest the following future research directions: First, individual interview methodologies may produce a greater degree of depth and topic-centered information than our focus group methodology which may have limited the extent to which individuals could portray the complexities of their experiences. Second, research may explore specific sub-categories of CJ experiences, as well as identity groups, in order to discern whether differences exist (e.g., experiences within a rural prison system may differ from those during silent demonstrations or reports of self-experienced victimization). Third, examining intersectional identities through qualitative methods (e.g., interviewing all Black transgender women) or through quantitative methods (e.g., analyzing interaction effects of race and gender identity) can be helpful in fully understanding TGNC peoples' lived experiences.

Recommendations for Policy and Practice

Redfern (2013) provided a series of recommendations to improve relations between TGNC populations and the criminal justice system. The author's first and most heavily supported recommendation is for police departments to integrate comprehensive sensitivity training for all officers regarding TGNC identities and experiences, with the goal of increasing appreciation of gender diversity, awareness and reduction of implicit biases toward TGNC persons, and to improve communication between police and TGNC individuals when such interactions do occur. Second, Redfern recommended that police actively seek to improve relations with TGNC communities by speaking at local and/or national transgender organizations or conferences to increase positive contact between the two groups and to facilitate progressive dialogue.

While many promote increased training to minimize bias against TGNC people, previous studies have found that such trainings may not be as effective with police, given the long history of systemic anti-TGNC prejudice within police culture (Israel, Harkness, Delucio, Ledbetter, & Avellar, 2013). Such trainings may be limited due to their brevity/time-limited nature, lack of oversight/compliance monitoring, and failure to address implicit biases. Thus, training is likely to be improved by implementation of episodic compliance reviews with tangible consequences for non-compliance (i.e., perpetuation of biased behaviors). Psychologists can assist police departments in administering measures like the Social Dominance Orientation (SDO) scale—a measure that explores how people feel about different demographic groups (Pratto, Sidanius, Stallworth, & Malle, 1994) and the Implicit Association Tests (IAT)—measures of unconscious biases (Greenwald, McGhee, & Schwartz, 1998).

Police departments and other sects of the CJ system may develop tenets of community-based policing, or practices focused on strengthening community ties which have led to increased inclusion of people of color, LGBTQ people, and others who are historically marginalized into CJ spaces (Cordner, 2014). These models facilitate community trust in police rendering them more likely to cooperate, seek help, and believe in a fair and just system (Trinkner, Tyler, & Goff, 2016). To further these efforts, police departments and other CJ contexts may consider inviting more LGBTQ and TGNC people to serve on community boards and in leadership roles (i.e., chiefs, sergeants) to model appropriate culturally sensitive policing behaviors and interactions and begin to promote inclusivity in CJ spaces.

Psychologists' Roles

Forensic psychologists or other clinicians who work directly with prisons and other CJ institutions should be vocal about the ramifications of keeping the status quo of binarism and anti-TGNC prejudice. For instance, when TGNC people are housed in prisons according to their sex assigned at birth rather than their gender identity, they face increased liklihood of sexual assault by prisoners or even correctional staff (Grant et al., 2011; James et al., 2016). Relatedly, when prisons place incarcerated TGNC people in solitary confinement as a rough approximation of protective custody, those incarcerated individuals are at risk for committing suicide, particularly when they are transgender, or specifically transgender people of color (Grant et al., 2011). Further, as described in detail by Whitman (2016), such misunderstanding and misplacement of TGNC inmates violates several of their constitutional rights. Ensuring that supervisors and administrators are aware of the current literature is one way that psychologists can serve as advocates for TGNC people.

For psychologists and other practitioners who do not directly work within the CJ system, it is crucial to recognize that their TGNC clients are at higher risk of encountering the CJ system than the general population. Given this, it is crucial for psychologists to be knowledgeable of the different federal, state, and local laws that affect their TGNC clients, as well as the various existing resources that their TGNC clients can use. For instance, if a TGNC person experiences harassment or mistreatment by a police officer, a psychologist should know where they can go to report such abuse, or if such an abuse is actually permissible due to biased laws and lack of legal protections for TGNC people. By understanding the realities of systemic transphobia in society, practitioners can help their clients to not only survive, but also to thrive.

At present, identifying as TGNC in American society places a person at heightened risk for experiencing violence at interpersonal and systemic levels, in subtle and overt forms. Regardless of gender identity or presentation, all individuals have a right to equal protections under the law. At present, that promise of equal protections is too often replaced by profound disparities, dehumanization, and mistreatment for TGNC people. To eradicate this disparity requires reform at personal, interpersonal, and systemic levels and the motivated input of mental health care providers, educators, and criminal justice personnel at all levels. Multiple systems including mental health care providers, educators, and criminal justice systems and personnel must now begin the work to bridge the disparities faced by TGNC individuals, and to restore a sense of justice and equality to this historically marginalized group, with a particular mindfulness toward the crucial role that intersectionality of race/ethnicity and socio-economic status plays.

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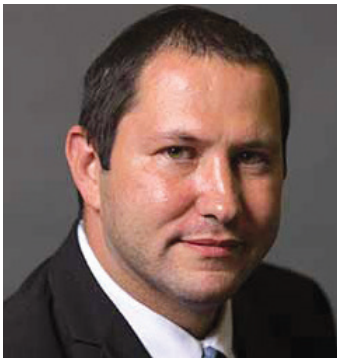

Microaggressions and Macroaggressions in Religiously Diverse Communities

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In this article, I present how various cultural identity factors can result in either having privilege or vulnerability. According to the latest hate crime statistics, the prevalence of religiously-motivated bias crimes is second only to racial/ethnic bias crimes. More specifically, Jews and Muslims are the most common victims of these incidents. This is concerning because there recently has been a spike in religiously-motivated bias crimes. However, on a subtler level, religious microaggressions threaten the self-concept of religious minorities. Examples are provided of how those who commit microaggressions might (a) endorse religious stereotypes, (b) engage in exoticization of Jews and Muslims, (c) pathologize different religious groups (d) assume their religious identity is the norm, (e) assume that all members of a religious faith practice their faith similarly (f) deny the existence of religious prejudice. I conclude the article by proposing several ways members of religious majority cultures and minority groups can approach microaggressions.

Microaggressions and Macroaggressions in Religiously Diverse Communities

According to Hays (2016), culture refers to "all of the learned behaviors, beliefs, norms, and values that are held by a group of people and passed on from older members to newer members, at least in part to preserve the group." Pamela Hays' (1996, 2016) ADDRESSING Framework is designed to reflect sociocultural diversity. Consideration of age, developmental disabilities, acquired disabilities, religion, ethnicity, sexual orientation, socioeconomic status, indigenous group membership, nationality, and gender contributes to a complete understanding of cultural identity (Hays; as cited in Kaplin, 2014).

Another important aspect of Hays' (1996, 2016) model is her recognition that a person can be part of a majority or minority group. Being part of a majority group comes with a series of privileges and power; whereas, being part of a minority group creates vulnerability and the potential to be targeted by members of the majority or other minorities (Hong, 2012; Perlmutter, 2002). Each identity factor must be integrated into a composite identity. As such, a person could be part of a majority group in one domain, but be a minority in another domain, or have multiple minority status (Lytle, De Luca, Blosnich, & Brownson, 2015; Purdie-Vaughns, & Eibach, 2008; Sterzing, Gartner, Woodford, & Fisher, 2017). The more minority groups a person belongs to, the more vulnerable they are to marginalization, invisibility, and intersectional microaggressions (Banks, 2012; Nadal et al., 2015; Purdie-Vaughns, & Eibach, 2008). Moreover, being in the "majority" or in the "minority" changes in different social contexts. Lastly, different identity factors will have greater salience in different social contexts.

According to Hays (2016), one concern is that minorities can be victims of biases. These biases could result in prejudice, discrimination, and hate crimes. In addition, minorities can be victims of subtler slights called *microaggressions*. According to Sue (2010), the term *microaggressions*, refers to "brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership."

These slights can come in the form of explicit deg-

radation (*microassault*), insensitivity (*microinsults*), or attempts to negate the thoughts, feelings, or experiences of minorities (*microinvalidations*) (Sue et al., 2007). Christians continue to be the religious majority in the United States (Pew Research Center, 2015; U. S. Census Bureau, 2012). Religious minorities include, but are not limited to, members of the Jewish, Muslim, Hindu, and Buddhist communities (Hays, 2016). However, because Jews and Muslims are disproportionately the target of hate crimes and discrimination, I will examine religious microaggressions toward members of these communities.

It is noteworthy to preface this article by saying that while interest in the general concept of microaggressions has grown, research on religious discrimination and microaggressions continues to be underrepresented in the literature (Husain & Howard, 2017; Nadal, Issa, Griffin, Hamit, & Lyons, 2010). My June 2017 EBSCOhost search of the term "microaggress*" yielded 2,390 results. When adding the term "religio*", the results dropped to 80.1 Only 3.3% of the article reviewed had a focus on religious microaggressions. Thus, there remains a significant gap in this research area, requiring additional attention to reduce the expression and impact of religious microaggressions.

Bias Crimes Against Religious Minorities

Religious minorities continue to be vulnerable to marginalization from religious majorities (Bowman & Toms Smedley, 2013; Nadal et al., 2010; Thames, 2005). According to the Federal Bureau of Investigation (FBI, 2016), religious hate crimes are the second most prevalent type of bias against minorities behind racial/ethnic hate crimes. According to the FBI, there were 1,354 religious bias incidents reported to law enforcement. Of these cases, 695 were anti-Jewish (or 51.2%) and 301 were anti-Muslim (21.9%). As such, these two groups were victims of nearly three-fourths of all bias crimes. Shammas (2017) concluded that Muslims might underreport discrimination due to concerns about surveillance and the potential backlash.

Members of the Jewish community routinely experience oppression through anti-Semitism (Cohen, Kaplin, Jussim, & Rubinstein, 2016). While, my colleagues and I noted that Antisemitism in the U.S. has been on the decline between 2005 and 2015 (Cohen et al., 2016), there has been a notable increase in 2016 and the early months of 2017 (Anti-Defamation League [ADL], 2017). The ADL has an 11-item index to assess anti-Semitic attitudes include items such as, "Jews have too much power in the business world," "Jews still talk too much about what happened to them in the Holocaust," and "Jews are responsible for most of the world's wars."

Members of the Muslim community share similar experiences of microaggressions with members of the Jewish community. On the macro-level, Muslims experience Islamophobia and hate speech (Nadal et al., 2010; Nadal et al., 2012). According to the Federal Bureau of Investigation (FBI, 2016), Muslims, as a group, suffered sharper increases hate crime victimization than any other religious group (an increase of 67% from the previous year). Moreover, levels of aggravated assault experienced by Muslims were similar to those reported in 2001 (FBI, 2016; Pew Research Forum, 2016; Southern Poverty Law Center, 2016). According to the Council on American Islamic Relations (2010), Islamophobic acts continue to occur in private, in public, and in the media. Anti-Muslim discrimination is prevalent in the form of hate crimes, workplace and school discrimination, religious profiling, vandalism, denial of religious accommodations.

Religious Microaggressions

Researchers have proposed six types of religious microaggressions that take the form of (a) endorsing religious stereotypes (b) exoticization of religious minority faiths (c) pathologizing marginalized religious groups (d) assuming one's own religious identity is the norm (e) assuming religious homogeneity and (f) denying religious prejudice (Nadal et al., 2010; Nadal et al., 2012). Below, I present several examples of microaggressions directed towards the Jewish and Muslim communities.

1 Using an asterisk at the end of a word allows the search engine to complete each word with every possible suffix. Thus the term "microaggress*" would produce articles with the terms microaggress, microaggressed, microaggression(s), and so forth. Similarly, the term "religio*" would produce articles with the terms religion, religions, religious, and so forth.

Religious Stereotypes

The expression or endorsement of Jewish stereotypes leads to discriminatory behavior and treatment of Jews. Jewish stereotypes include beliefs that Jews are excessively powerful, disloyal to the United States, excessively materialistic or have negative personality traits (Patrias, 2007; Schneider, 2004). For example, people might state or believe "Jews are cheap," "Jews are difficult people to get along with," etc. Some stereotypes appear positive, such as "Jews are rich," but result in discrimination. Similarly, stereotypes about Muslims include that they are detached from American society, excessively religious, and that they pose a threat of violence and terrorism (Alsayegh, 2016; Fischer, Greitemeyer, & Kastenniüller, 2007; Read, 2015). Stereotypical statements about Muslims might be that "Muslims are terrorists," "Muslims are sexists against women," or "Muslims are fanatics." Endorsing religious stereotypes is a microassault because it implies that a person can be reduced to a stereotype or is inherently evil because of their religious beliefs (Nadal et al., 2010; Nadal et al., 2012).

Exoticization

Exoticization occurs when an individual or group is made to feel like their beliefs or actions are "foreign" or "bizarre" (Nadal et al., 2010; Nadal et al., 2012). This routinely occurs when a person incessantly asks questions about a person's religious beliefs or practices. For example, some devout Jewish and Muslim men and women cover their head as a form of identity, reverence to G-d, modesty, or reduction of sexual objectification (Feder, 2013; Loewenthal, & Solaim, 2016; Tavory, 2010). Excessively asking questions about why a person wears a *kippah* or *hijab* might send a message to a member of the Jewish or Muslim community that their religious practices are "bizarre" or "foreign". Alternatively, when a person dons traditional religious garb as a fashion statement or as part of a costume party, this might send a message that religious garments are a novelty (Nadal et al., 2010). Exoticization of Jewish and Muslim customs is an example of a microinsult (Nadal et al., 2010; Nadal et al., 2012).

Pathology of Different Religious Groups

Implying that a person's actions are sinful, immoral, or that a person's religious belief or practice is inherently wrong would be a microaggression (Nadal et al., 2012). Judaism and Islam have laws that provide instruction on the proper code of conduct for all aspects of daily life. Jewish law, referred to as *halachah*, includes both the 613 Biblical commandments and their Rabbinical derivations (Brague & Cochrane, 2008; Kaye, 2014) Similarly, *sharia* is the code of Muslim law (Brague & Cochrane, 2008). Examples that represent how Jews and Muslims are pathologized include, "I couldn't be Jewish because there are too many rules" or "*sharia* is an antiquated and extreme judicial system." As such, conveying to adherents of Judaism and Islam that their practices are somehow wrong constitutes microinsults (Nadal et al., 2010; Nadal et al., 2012). Given the assumption of religious homogeneity, statements such as those also could be considered microaggressions.

Assumption of One's Own Religious Identity as the Norm

Self-identified Christians are the numerical majority in the United States (Pew Research Center, 2015; U.S. Census Bureau, 2012), and it is not uncommon for people in the U.S. to assume that the people they interact with are also Christian. This is amplified by Christian privilege, which is pervasive in society. Playing Christian music for the holidays, having and enforcing laws that prohibit certain activities on Sunday, granting time off from school and work to celebrate Christian holidays, and having Christian churches on public campuses all represents Christian privilege (Schlosser, 2003; Seifort, 2007). As such, wishing a Jewish or Muslim person "Merry Christmas," is a microinsult because it sends the message to religious minorities that Christianity is the appropriate way of life and implies that non-Christian traditions do not matter (Nadal et al., 2010; Nadal et al., 2012).

Assumption of Religious Homogeneity

According to the *outgroup homogeneity effect*, we tend to perceive members of outgroups to be more

similar to one another than ingroup members are (Quattrone & Jones, 1980). When applying this principle to religious minorities, one might believe that all Jews practice Judaism (or Muslims practice Islam) the same way. However, as noted in Kaplin (2013), members of the Jewish community are ethnically (e.g., Ashkenazic, Sefardic, Mizrachi) and religiously (Orthodox, Conservative, Reform, Unaffiliated, etc.) diverse. Similarly, Muslims may be members of various sects (Shia, Sunni, Sufi) and have varying levels of adherence to belief and practices. Thus, the assumption that all Jewish or Muslim people share the same beliefs and practices could be experienced as a microinsult or microinvalidation (Nadal et al., 2010; Nadal et al., 2012).

Denial of Religious Prejudice

According to Kleiner (2010), airport screening disproportionately targets religious minorities and reinforces harmful racial stereotypes. For example, after the September 11, 2001 attacks, individuals with Middle-Eastern appearances were preemptively screened at higher rates than their counterparts (Pal, 2005). Yet, many people will deny their religious prejudices (Nadal et al., 2010; Nadal et al., 2012). For example, you might hear a person describe the profiling of Muslims at airports as just a "random screening." This denial of profiling would constitute a microinvalidation (Nadal et al., 2010; Nadal et al., 2012).

Tips for Majority Group Members Who Might Commit Microaggressions

As noted earlier in this article, unconscious biases impact how we relate to others and serve as a basis of prejudice, discrimination, and hate crimes (Hays, 2016). Most perpetrators of microaggressions are well-intentioned and are largely unaware of how their actions cause harm to minorities (Sue, 2010). Thus, a slight to a religious minority (triggering incident) may result in cognitive, affective, and behavioral reactions, including internal dialogue of "Did that just happen?" and "Is it because I am Jewish/Muslim? (Sue, 2010)." Despite denials by offenders, the long-term impact of microaggressions usually are detrimental to the self-concept and physical and mental health of the offended party. With this being said, it is essential for members of the majority culture to maintain an awareness of religious biases and striving to reduce their activation.

The next tip for members of the majority culture to reduce the occurrence of microaggressions is to avoid defensiveness. When a religious minority notes that you might have slighted them, try to remain as open-minded as possible. This recommendation might seem easy, but it is not uncommon for the offending individual to engage in a mental or verbal dialogue of "that is not what I meant" or "you are being sensitive." Rather than reducing the harmful effects of religious biases, these statements merely help the aggressor reconcile the cognitive dissonance between their self-perception and actions (Heitland & Bohner, 2010; Rasinski, Geers, & Czopp, 2013). To challenge microaggressions, we have to shift away from the intent of the offending individual to the impact it has on the victim. Using open-ended questions can be helpful. For example, you might ask, "when I made this religious joke, how did this trigger pain?" Afterwards, it is useful to actively listen to their response. This perspective-taking exercise will help the offending individual develop a fuller understanding of the impact of their words and potentially issue an apology (Takaku, 2001; Takaku, Weiner, & Ohbuchi, 2001).

A third suggestion is that members of majority groups speak up when they observe a microaggression. Seeing or hearing a microaggression but saying nothing could be perceived as an endorsement of the microaggression (Tummolini, Andrighetto, Castelfranchi, & Conte, 2013). Consistent with Ahluwalia (2011), I implore members of religious majority communities to adopt the role of ally and speak out against religious intolerance. This could help us avoid another Holocaust.

Let us learn from the words of Martin Neimoller:

> *First they came for the Socialists, and I did not speak out—Because I was not a Socialist.*
>
> *Then they came for the Trade Unionists, and I did not speak out— Because I was not a Trade Unionist.*
>
> *Then they came for the Jews, and I did not speak*

out—Because I was not a Jew.

Then they came for me—and there was no one left to speak for me.

(United States Holocaust Encyclopedia, 2017)

This poem is just as relevant today as it was when he wrote it in opposition of the Nazi regime. The political climate has shifted in the past two years such that there is a renewal in anti-Semitic and anti-Muslim hate crimes (FBI, 2016; Pew Research Forum, 2016; Southern Poverty Law Center, 2016). Thus, in order to prevent a regression in values, society must be vocal in opposition of hatred of any kind.

Tips for Religious Minorities Experiencing Microaggressions

Religious minorities also play an important role in the reduction of microaggressions. I propose several actions that could reduce the expression of microaggressions. The first is to balance the role of bringing awareness to the offending party with picking one's battles (Fujisaki, 2014). Several factors can impact this decision. First, if the person experiencing the microaggression is a subordinate (e.g., employee, student, intern. etc.), confronting an offender could make them vulnerable to further antagonism or retaliation (Cowan, 2009). A second consideration is the receptivity of the offending party. If this individual will not be open to exploring how they might have caused harm, it could result in the aggressed-upon person experiencing further frustration and marginalization (Sue, Rivera, Capodilupo, Lin, & Torino, 2010). One should consider the effect of microaggressive stress and how this informs their decision to address an incident with a person (Carter, 2007; Sue, 2010).

A healthy form of coping with microaggressions includes sharing one's experience with mentors, peers, and family (Atkinson, Casas, & Neville, 1994; Atkinson, Neville, & Casas, 1991; Fong, Ficklin, & Lee, 2017). This can be helpful in exploring the thoughts, emotions and reactions to experiencing a microaggression, particularly when the victim of microaggressions believes that the offending party will not be open to a dialogue. Moreover, because they individuals have a bit of distance from the incident, they could help develop more constructive interpretations of the events. This could result in the microaggression having less of an impact on the victim's self-concept.

Lastly, it can be helpful for fellow religious minorities, who observe a religious-based microaggression, to serve as a supportive and encouraging ally to the victim of that microaggression (Ahluwalia, 2011; Willison & Garcia, 2015). It is worth noting that allies can be members of majority groups or members of one's minority community. Assuming the role of an ally might seem inconsequential. However, having such support can be empowering should the victim decide to bring awareness to an offending party.

Concluding Remarks

As noted above, there is little coverage on the experience and manifestations of religious microaggressions (Husain & Howard, 2017; Nadal et al., 2010). While I do not believe that writing this article will result in the elimination of religious microaggression, it may bring the concept of religious microaggressions to the forefront of one's consciousness. My hope is that the reader considers how seemingly innocent comments, questions, or jokes could be perceived as a slight to a religious minority. The explicit degradation, and insensitivity, as well as the minimization of the thoughts, feelings, or experiences of minorities could have a negative impact on a person's identity (Sue et al., 2007). Moreover, chronic microaggressive stress has a deleterious effect on one's health (Sue, 2010). As such, we must continue to find ways to reduce the expression of microaggression.

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Microaggressions and Hispanics: Far Reaching Consequences of Marginalizing Statements and Attitudes

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The United States is a huge melting pot that provides fodder for the proliferation of multi-racial and multi-cultural bigotry. Among its many forms, the most frequently occurring are microaggressions.

Microaggressions are generally defined as slights and putdowns based on race, gender, gender identity, age, sexual orientation, disability, culture, national origin, language, ethnicity, religion, and socioeconomic status that can make a group marginalized. Prevalent stereotypes set the stage for microaggressions. And the consequences of marginalizing statements and attitudes that stem from stereotypes can have significant and potentially devastating consequences.

The current political climate adds fodder to this marginalization and reinforces stereotypes. Concomitant with threats of deportation, separating children from parents, the pardoning of a racist, anti-immigrant former sheriff, and push to revoke DACA (Deferred Action for Childhood Arrivals), has resulted in heightened anxiety and fear among many Hispanics.

There are many ethical tenets that psychologists must be familiar with, among these rendering competent multicultural services. The challenge to our profession requires that we recognize, understand, and develop skill sets necessary to provide competent services that are consistent with our ethical standards (Pew Research Center, 2014). This is a tall order but cannot be ignored or minimized given that approximately 55.3 million Hispanics reside in the United States making it the second largest country in the world with a Hispanic population.

We are in a world in which culture and diversity are cornerstones of the health care industry. Working with Hispanics in multiple settings demands an awareness of and sensitivity to diversity and cultural competence. Psychologists who evaluate and treat Hispanics must employ culturally sensitive and valid methods in their assessments and be aware of their own limitations (American Psychological Association, 2012).

Although there are shared similarities, family values, rituals, and many factors that comprise "culture" are unique to every country. Assumptions and erroneous beliefs about the many different Hispanic cultures find their way in verbal, non-verbal, and environmental microaggressions, and given the current climate, perpetuate stereotypes.

The author provides examples of microaggressions he has encountered in his work with Hispanic patients in his private practice, reviews prevalent stereotypes, the consequences of marginalizing statements and stereotypes, reviews the case of "Maritza", and offers strategies for working with Hispanics.

What Are Microaggressions?

A microaggression is the degradation of any marginalized group. Sue refers to microaggressions as "brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership" (Paludi, 2012). The term encompasses the degradation of any socially marginalized group or persons with what the American Psychological Association refers to as "vulnerabilities" based on "age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status" (American Psychological Association, 2017).

Racial microaggressions have been defined by Sue

and colleagues as "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color" (Sue et al., 2007). These authors discuss several forms and themes of microaggressions. Among the themes this author has encountered in his work with Hispanic patients in his private practice spanning almost 30 years are being referred to as a "second-class citizen", making assumptions of criminality ("assumption of criminal status"), and inferences about intelligence ("ascription of intelligence"). The following are some examples:

1. "The IME doctor (independent medical examiner) told me that despite my accent he was able to understand me" (patient from El Salvador with 6 years of schooling examined by a psychologist after an occupational injury; message: Hispanics are not as intelligent as Whites)

2. "The IME doctor commented that there are many drug dealers in Colombia after I told him I was Colombian" (Colombian patient examined by a psychologist after an occupational injury; message: people from your country are criminals)

3. "My teacher told me that when I grow up I'll be just like my mommy" (child's mother works as a housekeeper; message: Hispanic women are servants and do not occupy high-status positions)

4. "I was told by a patron at a restaurant as I walked past his table to please hurry up and clean the table" (dark-skinned Panamanian patient; message: you look like the busboy because of your color)

5. "I was told by my guidance counselor when talking about applying to colleges that I probably wanted to get married and have children" (message: let's not waste time and money by sending you to school because girls like you get pregnant and don't finish school anyway)

6. "What a cute baby! The first anchor baby I've ever seen up close. Congratulations! (sounds like a compliment but the message is: you and your baby don't belong here)

Yosso (2006) offers a broader definition of racial microaggressions: "subtle verbal and nonverbal insults directed at people of color, often automatically or unconsciously; layered insults based on one's race, gender, class, sexuality, language, immigration status, phenotype, accent, or surname; and cumulative insults, which cause unnecessary stress to people of color while privileging Whites."

Impact of Racial Microaggressions

Yosso's (2006) definition above more neatly encompasses the many microaggressions my Hispanic patients encounter daily, as well as the impact of prolonged microaggressions that stem from racial stereotypes that in turn reinforce the microaggressions. Hence, the cumulative impact has an adverse effect on psychological well-being. The term "Racial Battle Fatigue" coined by Smith refers to the psychological and physiological effects of longstanding exposure to racial microaggressions and aptly applies to many of my patients who endured years of distress stemming from the onslaught of discrimination (Smith, Hung, & Franklin, 2011).

It is important to note that the "micro" portion of the word "microaggressions" does not convey a meaning of "less than." Perez-Huber and Solorzano (2015) observe that the prefix, "micro", means "in the everyday", and that "racial microaggressions matter because they have debilitating and sometimes deadly consequences." These consequences include high blood pressure, depression, anxiety, cardiovascular disease, and increased death rates; and they are consistent with the notion of racial battle fatigue.

Perez-Huber and Solorzano (2015) emphasize that their theory of racial microaggressions "is not as concerned with the intent of the perpetrator as with the impact that the microaggressive assault has on the targeted person", and "can be best explained as the enactment of implicit biases on people of color."

Sylvia Mazzula (2013), who I was privileged to

know when I served on the Board of Directors of the Latino Psychological Association of New Jersey, in a paper she and Kevin Nadal presented at 2013 APA Convention concluded that 98% of their Hispanic participants had experienced some type of microaggression within the last six months.

Hispanic immigrants experience acculturative stress. Dillon, De La Rosa, and Ibanez (2013) refer to acculturative stress as "the psychosocial strain experienced by immigrants in response to challenges encountered while adapting to cultural differences in a new country." And these stem from factors such as "immigration status, language barriers, economic deficiencies, and discrimination" and apply to a sizeable portion of my patient population.

Prevalent Stereotypes about Hispanics

Prevalent stereotypes about Hispanics include the following:

1. All Hispanics are the same; they constitute one homogenous cultural or ethnic group
2. They are less educated
3. Less intelligent
4. Less productive
5. Less well-adjusted
6. They are more physically violent
7. They have greater criminal tendencies
8. Hispanic immigrants are taking away jobs

There are approximately 55.3 million Hispanics residing in the United States (Pew Research Center, 2014). It is estimated that by 2050 the Hispanic population will be 103 million. Presently, the United States has become the second largest country in the world with a Hispanic population. There are one or more millions of the following Hispanic groups in the U.S.: Mexican, Puerto Rican, Cuban, Salvadoran, Dominican, Guatemalan, and Colombian. California, Texas, Florida, New York, Illinois, Arizona, New Jersey, and New Mexico have a Hispanic population of one or more millions.

Despite shared similarities, there are many differences unique to every country. Assumptions and erroneous beliefs, in many cases driven by stereotypes, find their way in racial microaggressions.

These prevalent stereotypes are fodder for microaggressions that in turn reinforce stereotypes, thus creating a vicious cycle:

1. Hispanics are more likely to be asked for ID, likely fueled by suspicions of legal status; this was the case in Arizona under Sheriff Arapaio who racially profiled and stopped drivers based on appearance to investigate immigration violations ("Arizona Sheriff", 2013, May 24).
2. There is negative effect on psychological well-being, mental health, and physical health as was noted above
3. Hispanics are less likely to experience a sense of belonging
4. Hispanics are perceived to be second class citizens; thus, they are aliens in their own land
5. Hispanics are the subject of racial jokes
6. They are subjected to institutional microagressions
7. Hispanics are less worthy of services because they are "illegals"
8. Hispanics are invalidated because of their speech or accent
   They are invalidated because of appearance

Consequences of Stereotypes to Hispanics

The consequences of marginalizing statements and attitudes that stem from discrimination and stereotypes can have significant and potentially devastating consequences. For instance:

1. Denial of treatment
2. Substandard or inadequate treatment
3. Misdiagnosis
4. Denial of needed services

5. Loss of income
6. Loss of benefits
7. In criminal or civil commitment cases: incarceration, prolonged incarceration or detention; poorly performed competency or commitment evaluations; denial of parole/early release
8. Enduring emotional and physical conditions

Approximately 11 million Hispanics are undocumented aliens. The current political climate has resulted in heightened anxiety and fear that not only chills the hearts of those who are undocumented, but has affected immigrants who are lawfully in the U.S. and Hispanic citizens who worry about being placed in harm's way by virtue of being Hispanic, because of possible separations from family members who are undocumented, and for any of a number of reasons such as ICE stops and law enforcement sweeps targeting Hispanics with criminal records or outstanding warrants.

What impact might the President's pardon of Sheriff Arpaio have on immigrants, of various races and cultures, whether or not documented? And what impact will the repeal of DACA (Deferred Action for Childhood Arrivals established by the Obama administration in June of 2012 that allowed approximately 800,000 individuals who entered the U.S. as minors to remain U.S.) have on these "Dreamers" and the society that has embraced them as productive, law-abiding members, and in which they have been assimilated?

Challenges for the Profession of Psychology

Working with Hispanics demands an awareness of and sensitivity to diversity and cultural competence. There are many ethical tenets that psychologists must be familiar with, among these rendering competent multicultural services. Psychologists are required to abide by the 2010 Amendments of the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2017). These standards are mandatory and provide for minimal competencies. The Specialty Guidelines for Forensic Psychology of August 3, 2011 delineate a broad spectrum of aspirational guidelines for psychologists who perform work in forensic contexts.

And, consistent with the tenets of cultural and diversity-based competence, it is imperative that health and mental health professionals who work with these individuals receive proper training about the populations they serve, the conditions in their countries of origin, and the specific problems they face. This obligation also extends to interpreters whose assistance is often required because of a language barrier. There are well-defined cultural and diversity-based mandates. The Guidelines on Multicultural Education, Research, Practice, and Organizational Change for Psychologists, like the Specialty Guidelines for Forensic Psychology, are not mandatory and may be viewed as aspirational (American Psychological Association, 2012).

Keeping the above in mind, the challenge to our profession requires that we recognize, understand, and develop skill sets necessary to provide competent services that are consistent with our ethical standards and result in better outcomes, even as we navigate a sea of political uncertainty when it comes to working with Hispanic immigrants. The challenge of becoming culturally sensitive and competent is a tall order, but one that cannot be ignored or minimized.

Becoming racially and culturally sensitive hinges on the following:

1. Developing awareness of and sensitivity to diversity and cultural competence
2. Receiving proper training about the populations served
3. Becoming familiar with cultural differences
4. Developing an awareness of nuances stemming from age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status
5. Employing culturally sensitive and valid methods when conducting assessments
6. Becoming aware of one's own limitations

Case of Maritza

19-year old Maritza, from Intibucá, Honduras, endured terrible, callous, inhumane treatment, threats, and abuse at the hands of mareros (gang members). Maritza was attending university and outside the university was seen and targeted by a marero. There are several major gangs in Honduras, among them: Mara 18; Mara 13; Ultrafiel; Revos ("Las barras", 2012, February 9; United Nations High Commissioner, 2012).

Once approached, Maritza was told by a marero that she had to make extortion payments in the amount of 500 Lempiras (approximately $22 U.S. dollars) monthly to pay for her passage to and from the university. If you don't pay they kill you. She said that a medical student had been killed about 6 months before she was approached. Maritza made the first payment. Her second payment was short by about 150 Lempiras. She was threatened and asked if she understood what the "terms" were. Two weeks later her left cheek was cut and she was told that the next time she'd be killed. The mareros found out that Maritza had a son. They asked her laughing maliciously how she'd like to see him killed: by decapitation; tortured to death; or by a bullet in the head.

Maritza did what seemed to be a reasonable thing: she alerted the police. Soon after, someone banged at her door. She looked and saw a cop whom she let in. He made a phone call and five minutes later her "marero" came by wearing a cop uniform. After insulting her, threatening her, cutting her left foot, and touching her, he raped her. When he was finished, he raised the "rent" to 2,000 Lempiras a month.

Maritza was afraid to go to the hospital. She did, however, make a second complaint. The cop laughed and told her she was wasting her time and to go home. Maritza realized that there was no place she'd be safe and that the police would not protect her, so she planned to escape with the financial assistance of a brother in the U.S. Maritza went with her son to Siguatepeque from Tegucigalpa where they were picked up by a coyote for the long journey across Honduras, Guatemala, and Mexico (almost 3,000 miles) heading to the Rio Grande Valley.

Maritza did not journey on the infamous "La Bestia" (the Beast), the huge freight train that crosses some 1,300 miles of Mexico. She and the others journeyed by foot and local transportation. Maritza crossed the Rio Grande at the U.S. border alone with her son into Texas with a different coyote at about 4am. She was scared. She inflated a garbage bag and got on it with her mochila (knap sack) and her son held onto her neck. She was terrified in the river, it was pitch black, and she thought she might drown. The guide left her at the edge of the river on the other side, turned back, and told her to follow the path. Maritza walked for about five minutes and was apprehended. At first she did not know what the large Border Patrol vehicle was and was scared. She felt safer once she saw it was an officer.

Maritza believed that she and her son now were in the safe hands of U.S. authorities. Her son, however, became very ill in the detention center and had to be hospitalized. Released supposedly with a prescription, no medications were given or made available when Maritza asked because the boy still was ill. She recalls being told by a guard that he didn't care if her son died and she should be grateful because of who she was that she was given shelter. At this point, tears started flowing and Maritza cried. There were other sick children. Maritza was admonished not to tend to another unaccompanied child and was told to just take care of her own son who had become sick under her care.

Once processed, Maritza and her son were released with passage paid by her brother. Maritza would face the long ordeal of formally going through the asylum petition process. And equally long if not longer process of recovering from the pre-flight trauma she experienced in Tegucigalpa, the in-flight trauma as she fled from Tegucigalpa to the U.S., the post-flight trauma incurred in the detention center in Texas, and adjusting to life in the U.S. marred by fear of authorities and distrust.

Maritza was referred to me and part of my job was to ferret out the many traumatic experiences she encountered in her young life before fleeing from Honduras and during the perilous journey and subsequent detention at the border. And what her life is like in Long Island, with her son, amidst incessant fears about

being found by mareros and insecurities about what is to become of them. Not surprisingly, she lives in the shadows and reported instances in which she was made to feel unwelcome by looks and remarks such as, "why are you here?"; "you are not from around here, are you?" (second-class person; you don't belong; you are a lesser person).

Working with Hispanics

Below is a Tool Kit I created drawing upon years of experience evaluating and working with Hispanics:

1. Be aware of common stereotypes and routinely engage in self-monitoring of beliefs about Hispanics. Do not assume all Hispanics are cut from the same cloth
2. Do not assume that the same procedure or assessment protocol works for all Hispanic clients
3. Acknowledge potential limitations
4. Recognize limited practitioner competence
5. Develop evidence-based practice
6. Be sensitive to culture-typical conversations and language usage
7. Conduct a comprehensive assessment: to include language competence and dominance, cultural, religious, political, social, and familial traditions, attitudes regarding health care, and attitudes and understanding about the law in forensic cases as compared with the country of origin
8. Consider sources of information and the accuracy (validity) of these sources
9. Avail yourself of collateral sources that have hands-on knowledge about the Hispanic client's upbringing, roots, traditions, etc.
10. Be familiar with Cultural Concepts of Distress (DSM-5) and cultural influences on behavior, emotions, and cognitions
11. Know validity of tests for target population
12. Recognize reduced diagnostic specificity of existing measures
13. Recognize that the use of interpreters increases variability of test results and reduces confidence in the conclusions
14. Consider the law and legal requirements (e.g. it is crucial to know the grounds for inadmissibility and removal in cases involving undocumented immigrants)
15. Consider how criminal history and history of domestic violence impacts the assessment. Are there signs of rehabilitation? What are the clinical and forensic implications and consequences?
16. What is the basis for your diagnostic formulation?

Conclusions

Microaggressions, and more specifically racial microaggressions as defined by Yosso, are commonplace slights, put downs, and marginalizing statements that affect the many Hispanic cultures residing in the U.S. They stem from a multitude of stereotypes that in turn reinforce the racial microaggressions. Racial microaggressions take on many forms and rear their ugly heads in various contexts and situations. The cumulative impact of racial microaggressions has an adverse effect on psychological and physical well-being. The prefix "micro" in the word "microaggressions" does not infer a meaning of "less than." To the contrary, it is important to note that racial microaggressions can lead to numerous negative consequences including debilitating and enduring emotional and physical conditions, and, sometimes, deadly consequences. Modifying discriminatory beliefs poses a difficult challenge and requires careful self-monitoring for psychologists and other professionals who work with Hispanics, ongoing education and development of racial and cultural sensitivity, advocating for the disenfranchised, and taking efforts as possible – through classes, seminars, workshops, presentations, use of social media, letters to the editor of newspapers to correct misinformation, publications, lobbying and pushing for legislative changes

and reinforcing existing laws and regulations that support the rights of all individuals who live in the U.S. – to combat the many kinds of discrimination prevalent in the U.S. The author provides a Tool Kit that draws upon years of experience evaluating and working with Hispanics.

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Microaggressions Through the Lens of the Majority Culture: A Point-Counterpoint Evaluation

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The term "microaggression" was coined in 1970s, but it remains challenged, both in its definition and utilization in society (Campbell & Manning, 2014; Lilienfeld, 2017a). Microaggressions highlight the everyday biases members of marginalized groups experience and they have been compared to "death by one thousand cuts" (Sue et al., 2007). Some researchers have opposed the microaggression research program (MRP) based on the following grounds: (a) it lacks an operational definition (b) its uses mono-source and phenomenological methodology and (c) that the term 'microaggressions' is used to promote a victimhood culture (Campbell & Manning, 2014; Lilienfeld, 2017a). In response to these criticisms, we note that many psychological constructs have competing operational definitions, phenomenological research methods are an acceptable research approach, and victims of microaggressions share their experiences to promote resiliency (Dovidio, Kawakami & Gaertner, 2000; Storkenson, 2010; Trişcă & Ciortuz, 2011). We conclude that although the term "microaggression" has been challenged, the theoretical construct remains valid.

Microaggressions Through the Lens of the Majority Culture: A Point-Counterpoint

Donald Trump Jr. recently tweeted "I don't deal in microaggressions" when faced with strong backlash for his comparison of refugees to a bowl of skittles, mocking the reaction (Mattingly, 2016, September 22). This tweet is reflective of how the concept of microaggressions has entered mainstream discourse and how some members of the majority culture overlook the potential impact of microaggressions. In this article, we present a point-counterpoint evaluation of several challenges presented about the term, "microaggression."

Minority groups have a long history of being victims of racism and aggression in the United States (Jeyapal, 2017; Span, 2015). The term "Microaggression" is used to describe negative, hostile, or derogatory acts towards members of marginalized communities (Pierce,1970; Sue et al., 2007). The concept highlights the denigration of members of varying minority populations in everyday life. In general, we tend to display a self-serving bias with regards to gender, race, ableism, religion, and so forth (Ferring, Tournier, & Mancini, 2015; Hawkins & Nosek, 2012; Lilly & Wipawayangkool, 2017; Whitehead & Smith, 1990). Thus it is possible that many members of majority cultures unintentionally discriminate against minority groups (Sue, 2010).

Offenses against members of minority groups have shifted from blatant forms of aggression, to covert, subtle biases. This post-civil rights evolution is disguised, more ambiguous and difficult to accurately identify (Dovidio, Gaertner, Kawakami, & Hodson, 2002). The three forms of microaggressions include *microinsults* (or insensitivity), *microassaults* (or explicit attempts to degrade minorities), and *microinvalidations* (attempts to negate the minority experience) (Sue et al., 2007).

Following Sue et al.'s (2007) article, interest in microaggressions has increased dramatically and extended to research beyond race to include other marginalized groups (Conover, Israel, & Nylund-Gibson, 2017; Dupper, Forrest-Bank & Lowry-Carusillo, 2015; Nadal et al., 2011; Nadal, Issa, Griffin, Hamit, & Lyons, 2010).

Hays (1996, 2016) observed that cultural influences create majority and minority groups, including those based around age, disabilities, ethnicity and race, gender, heritage, religion, and sexual orientation. Although members of majority and minority cultures are present in each domain, minority culture members are more often targets of microaggressions. However, other researchers have expressed concern about the concept (Campbell & Manning, 2014; Lilienfeld, 2017a). Several of the criticisms are directed at Sue and colleagues' original works (2007, 2008), which dealt predominantly with racial and ethnic based microaggressions. Similar to Sue (2017), we believe some concerns expressed by Lilienfeld (2017a) are useful for further developing this construct. Nonetheless, we will address the broad criticisms of the concept of microaggression that appear to imply it lacks explanatory power. We will discuss the claim that microaggressions create a victimhood culture, concerns about the current state of research of the Microaggression Research Project (MRP), the subjectivity in claims, and the operational definition of the term itself.

Terminology and Operational Definition

As noted above, Pierce (1970) coined the term 'microaggression' to describe subtle racial insults and dismissals that impacted the daily life of African Americans. The term has since been extended to incorporate the casual degradation of all marginalized groups (Sue et al., 2007). A recurring critique of Lilienfeld's (2017a) is a lack of an operational definition of microaggression and the choice to label it as a microaggression.

Lilienfeld (2017a) argues that microaggressions lack a clear operational definition (also referred to as an *open concept*). Thus, the ambiguity in operational definition makes the term "microaggression" difficult to be utilized effectively. Lilienfelds (2017a) calls for clearer understanding of what qualifies as a microaggression. In this article, Lilienfeld (2017a) also challenges the term itself, referring to microaggression as an oxymoronic term, being that an aggression, by definition, is an intentional and harmful act. Sue (2007, 2017) partially acknowledges Lilienfeld's concern by noting that microaggressions are often committed unintentionally and unbeknownst to the perpetrator.

In addressing Lilienfeld's (2017a) critique that microaggressions are an open concept, it is important to note that many psychological constructs have competing operational definitions. Intelligence, for example, has a number of definitions and assessment tools to measure cognitive abilities (Gardner, 2011; Plucker & Shelton, 2015; Sternberg, 1984). Lilienfeld (2017a) also mistakenly suggests that aggression requires intent. The term 'aggression' has numerous working definitions and not all suggest intent. For example, according to Merriam Webster dictionary, aggression is defined as "hostile, injurious or destructive behavior or outlook especially when caused by frustration." This definition would be more appropriate in describing the qualities of a qualifying microaggression. The term "micro" is added to highlight the difference between overt forms of aggression and the more subtle forms of microinsults and microinvalidations.

Moreover, if Lilienfeld's (2017a) concern was with the term, "microaggression," we see it as merely a label of a theoretical construct. Should the term microaggression develop a negative connotation, it can be changed in the future. For example, the DSM-5 uses the term "intellectual disability" (American Psychiatric Association, 2013). However, new versions of the DSM generally reflect the removal and replacement of stigmatizing terms such as mental retardation, feeble-minded, moron, and simpleton (Degeneffe & Terciano, 2011; Goddard, 1991; Siperstein, Pociask, & Collins, 2010). The same can be said about microaggressions. Should someone wish to propose a more generic term, this is welcomed, but the theoretical construct should remain valid even if the term is contested.

Subjectivity

Another concern Lilienfeld (2017b) and Haidt (2017) express regarding microaggressions research is the subjectivity in claims. These authors believe assessments validated based on personal experience and self-report are inherently flawed. Furthermore, Lilienfeld (2017a) claims that the ambiguity of the microaggression allows for multiple interpretations to the same action, allowing two members of the same

minority group to disagree about whether a microaggression actually occurred.

We reject Lilienfeld's (2017a, 2017b) assertion. We, as observers, should not discount the experience of the perceiving person, particularly when microaggressions are related to more negative mental and physical health outcomes (Gattis & Larson, 2017; Hall & Fields, 2015; Hollingworth et al., 2017; Hu & Taylor, 2016; Huynh, 2012; Wong-Padoongpatt, Zane, Okazaki, & Saw, 2017). Lastly, Lilienfeld's (2017a) argument that personality traits may play a role in the effects of microaggressions actually could serve as a counterargument in this case.

Furthermore, it should be noted that the phenomenological, or naturalistic cognition approach is a recognized research design (Storkenson, 2010). In some ways, this approach is more valuable due to the humanistic element of focusing on the experience and cultural considerations of the perceiving person (Storkenson, 2010; Trişcă & Ciortuz, 2011). Trişcă and Ciortuz (2011) note that people do not think in purely linear ways. Thus, the person's subjective experience can be valuable. Based on these findings, we believe that the phenomenological approach is best suited to study microaggressions (Trişcă & Ciortuz, 2011). In sum, the essence of microaggressions lies in the individual and their experience.

Lack of Empirical Support

Lilienfeld (2017a) suggested that current research on microaggressions lacks scientific rigor and objectivity. Thus, no policies should be established based on research on microaggressions until scientific standards are met. Proponents of MRP have acknowledged some validity in Lilienfeld's concern (Sue, 2007; Wong et al., 2014). Wong et al. (2014) acknowledged the need for clarification on ways to improve studies on microaggressions. Similarly, Sue (2017) acknowledged disappointment with the current state of microaggressions research. One recommended method, supported by Ong and Burrow (2017), is longitudinal studies to better understand the long-term health effects resulting from microaggressions. Lilienfeld (2017a) also recommends the inclusion of a control group, specifically those who do not believe that "subtle racism is pervasive in US society." We find Lilienfeld's (2017a) last recommendation is perplexing. The Pew Research Center (2016) notes, in comparing race, minority groups are significantly more likely to acknowledge the prevalence of racism. With this information, the control group would consist predominantly of members of the dominant culture.

With this being said, researchers have systematically studied implicit bias and microaggressions. For example, the Implicit Association Test (IAT) has been used to measure of implicit bias (Bhatia, 2017; Greenwald et al., 2002; Greenwald, McGhee, & Schwartz, 1998). In Lilienfeld's (2017a) article, he challenges the utilization of the IAT by expressing concerns about reliability. Nevertheless, Greenwald et al. (1998) has been cited nearly 9000 times and their methodology has resulted relatively consistent findings. In addition to the IAT, researchers have developed instruments to measure microaggressions, including the Ableist Microaggressions Scale (Conover et al., 2017), Gendered Racial Microaggressions Scale (Lewis & Neville, 2015), Homonegative Microaggressions Scale (HMS; Wegner & Wright, 2016), LGBQ microaggressions on campus scale (Woodford, Chonody, Kulick, Brennan, & Renn, 2015), Racial Microaggressions Scale (RMAS; Torres-Harding, Andrade & Romero, 2012), Racial Microaggressions in Counseling Scale (RMCS; Constantine, 2007) and the Racial and Ethnic Microaggressions Scale (REMS; Nadal, 2011). Thus, contrary to Lilienfeld's (2017a) perspective, the microaggressions research program remains a fertile area of study.

In addition to the microaggression scales, many microaggressions research studies use a qualitative approach (Flanders, Robinson, Legge, & Tarasoff, 2016; Henfield, 2011; Nadal et al., 2015). A self-monitoring diary approach could be particularly helpful in partially addressing Lilienfeld's (2017a) concern about the systematic study of microaggressions. We suggest that qualitative data is also valuable because microaggressions often occur at unexpected times. Scales also restrict responses. Thus, the use of paper-and-pencil scales can limit researchers' understanding of the richness of the event. One potential drawback to using a self-monitoring approach is that retrospective memory

may be flawed (Schwarz, 2007). However, this is not exclusive to microaggressions. Similar to its use in the assessment of panic attack (De Beurs, Chambless, & Goldstein, 1997; Hedley, Hoffart, Dammen, Ekeberg, & Friis, 2000), we propose that the use a microaggresions diary can be useful to augment scale-based data (Flanders, 2015; Ong, Burrow, Ja, Fuller-Rowell, & Sue, 2013; Smith, Chang, & Orr, 2017).

Promotion of a Victimhood Culture

A common criticism of the concept of microaggressions is that it promotes a victimhood culture (Campbell & Manning, 2014). These authors suggest that members of minority groups exploit minor slights in order to gain sympathy and demonstrate patterns of injustice. Microaggressions promote victimization and division by separating groups into the oppressors and oppressed. When this occurs, the oppressed seeks third party to reconcile between the two. According to Campbell and Manning (2014), victims of microaggressions seek attention through sharing their experiences on social media, which indirectly reinforces victimhood. Lilienfeld (2017a) provides support for this position using cognitive behavioral and rational emotive behavioral therapy as a framework. He proposes that individuals should take responsibility for their belief system.

In response to Campbell and Manning (2014), researchers have found that perceived social support is tied to a feeling of optimism and serves as a mediator between the impact of discrimination and mental health (Kondrat, Sullivan, Wilkins, Barrett & Beerbower, 2017). Support systems are useful to buffer against discrimination, enhance adjustment, and create positive reinterpretations of aversive events such as being the target of a microaggression (Friedlander, Reid, Shupak & Cribbie, 2007). Thus, social support can be used for empowerment, rather than victimization (Domingue, 2015). According to Nadal et al. (2010), processing one's experience with a third party can allow the victim of a microaggression the opportunity to examine the validity of their emotional reaction. Social support systems can connect people of similar backgrounds, allowing for an embracing of one's cultural identity that can affirm one's positive sense of self in the face of bias. In doing so, support systems enable resilience and individual coping skills (Dovidio, Kawakami & Gaertner, 2000).

Sue et al. (2007) noted that when victims of microaggressions share their story, they raise consciousness and provide members of the majority community with the ability to make more-informed choices in communications (Sue et al., 2007). Thus, drawing attention to biases can be a catalyst for change. Moreover, when Campbell and Manning (2014) suggest that drawing attention to microaggressions promotes a victimhood culture, they ignore the adverse health consequences of not processing them, Researchers have found that victims of microaggressions experience emotional distress and adverse health outcomes. (Nadal et al., 2016; Wong et al., 2014).

Researchers have noted a link between implicit biases and higher rates of stress, fatigue, depression, cognitive impairment and physical pain (Donovan et al., 2013; Nadal, Griffin, Wong, Davidoff & Davis, 2017; Salvatore & Shelton, 2007). In addition to these physical and psychological manifestations, microaggressions are predictive of lower self-esteem, specifically in the workplace or educational environment (Nadal et. al, 2011). When members of underrepresented communities share their experience, these negative health outcomes are reduced. Moreover, according to Ellemers and Haslam (2011), when members of majority cultures minimize the experiences of members in minority groups, this reflects a desire to preserve ingroup privilege. Downplaying experiences of microaggressions allows the dominant culture to ignore these slights, maintaining an imbalance of power.

Conclusions

All individuals possess biases, yet the biases of members of the majority culture are particularly oppressive of minority groups (Hays, 2016). As Kaplin (2017, this issue) notes, this can occur in overt forms of racism or more subtle ways, such as microaggressions. Members of the majority culture are socialized to ignore the actual effects of privilege allowing for the dis-

missal of the feelings of minority groups (Hays, 2016).

Members of the majority culture could easily dismiss the concept of microaggressions based on several arguments: is not guided by a sufficiently strong set of research methods; it is overreliant on the subjective report of the experiencing person; that based on the semantic understanding of the word; or that it promotes a victimhood culture (Campbell & Manning, 2014; Lilienfeld, 2017a). However, as noted above, victims of microaggressions process their experience as a means to foster resilience (Dovidio et al., 2000). Additionally, we challenge the assertion that the Microaggressions Research Project is underdeveloped. Researchers have used quantitative scales, qualitative reports, and diaries to explain and measure microaggressions (Conover et al., 2017; Flanders et al., 2016; Henfield, 2011; Nadal et al., 2015; Torres-Harding et al., 2012). Microaggressions research findings may be strengthened by the inclusion of valid phenomenological research methods (Storkenson, 2010; Trişcă & Ciortuz, 2011). Finally, the term "microaggression" has been challenged (Lilienfeld, 2017a), but the theoretical construct remains valid. We propose that microaggressions be treated similar to the term intellectual disability. While the term has changed throughout the years, the recognition of intellectual disability stayed the same (Degeneffe & Terciano, 2011; Goddard, 1991; Siperstein et al., 2010).

In summary, two points should be considered. Support for microaggressions exists perhaps in a more experiential form, but the emotions, cognitions, and behaviors of the oppressed cannot be discounted because they cause discomfort (Nadal et al., 2011). Sue (2017) responded to Lilienfeld's (2017a) suggestion to put a moratorium on microaggressions research and policy by noting those in the dominant culture have "the luxury of waiting for proof". Calling for the halt of further research and implementation of policy to protect people from microaggressions, is ultimately asking those harmed to wait in silence and invalidating of their pain. Overemphasis of rules and ideology may impede or reduce sensitivity to the suffering of real people (Oliner & Oliner, 1988). As evidenced above, microaggressions are present, highly studied, and adequately defined to promote future research. Members of the majority culture can best address microaggressions by being an active listener, remaining vigilant to our own biases, and becoming allies are the ways in which he majority culture should approach microaggressions (Kaplin, 2017, this issue; Sue, 2010).

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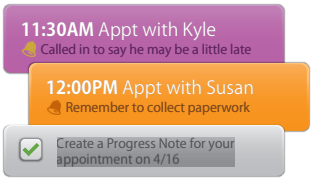

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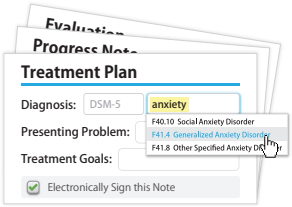

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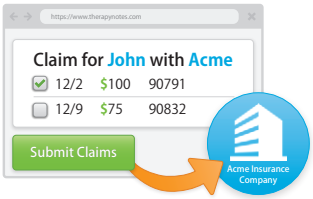

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