p-ISSN: 2184-2205 e-ISSN: 2184-3414 ISBN: 978-989-53614-1-0 © 2022
https://doi.org/10.36315/2022inpact002

MICROAGGRESSIONS TOWARD MINORITY UNIVERSITY STUDENTS AND THEIR MENTAL HEALTH SYMPTOMS ONE YEAR LATER

Arthur W. Blume
Washington State University (USA)

Abstract

Minority university students in the US often regularly face the toxic effects of racial-ethnic microaggressions that may negatively impact their mental health. Although the impact of racial-ethnic microaggressions has been frequently studied in cross-sectional studies, little is known about their potential long-term consequences to mental health among minority students in universities. To investigate these hypothesized relationships, 45 minority university students were recruited to participate in a study examining microaggressions longitudinally. It was hypothesized that racial-ethnic microaggressions would be significantly associated with anxiety and depression symptoms as reported by the students longitudinally. Participants completed the College Student Microaggressions Measure (CSMM) at baseline, and then completed the Beck Anxiety Inventory (BAI) and Beck Depression Inventory (BDI) at the one-year follow-up assessment. Thirty-five (77.8%) participants completed the follow-up. Multiple linear regression found support for study hypotheses. Total CSMM scores were significantly and positively associated with total BAI scores (Full Model $R^2 = .247$, $p < .01$) and with total BDI scores (Full Model $R^2 = .244$, $p < .01$), when controlling for gender effects. Racial-ethnic microaggressions appear to be a potential threat to the long-term health of minority students in universities. Next steps are suggested for research and campus interventions.

Keywords: *Anxiety, depression, microaggressions, minorities, students.*

1. Introduction

Minority university students in the US often regularly face the toxic effects of racial-ethnic microaggressions that may negatively impact their mental health. Microaggressions are verbal or non-verbal acts that convey demeaning stereotyped beliefs that insult or denigrate racial and ethnic minorities. Although the impact of racial-ethnic microaggressions has been frequently studied in cross-sectional studies, little is known about the potential long-term consequences to the mental health of minority students in universities. One would reasonably expect that greater numbers of racial-ethnic microaggressions would be related to greater negative mental health symptoms among university students over time just as those associations have been found in cross-sectional studies.

University students encounter many challenges in their educational experiences that threaten to hinder progress toward graduation. Some of these difficulties may contribute to health and mental health challenges related to stressors of campus life. In the US. anxiety and depression have been reported broadly, and both mental health concerns have the capacity to contribute to poor academic and health outcomes for students on campuses (American College Health Association, 2018; Beiter et al., 2015; Lipson et al., 2018; Mackenzie et al., 2011). Racial-ethnic minority university students typically face significant challenges that may be linked to anxiety and depression in particular (Blume, 2018; Blume et al., 2012; Fisher & Hartmann, 1995; Lopez, 2005; Suarez-Balcazar et al., 2003). Anxiety and depression may represent barriers to academic performance for racial-ethnic minority students and therefore represent a serious threat to students who already at risk for not graduating from universities (Schmaling et al., 2017). Identifying and intervening on potential contributors to anxiety and depression among racial-ethnic minority university students, such as racial-ethnic microaggressions, may be helpful for improving student success rates for this at-risk group.

2. Background

Racial-ethnic microaggressions are experienced by victims as acts of personal insults and put-downs emanating from implicitly biased attitudes and stereotypes about racial-ethnic minority groups. Microaggressions are often covert or ambiguous acts that may take the form of verbal or non-verbal (often symbolic) disrespect (Sue, 2010; Sue et al., 2007). In the US, racial-ethnic microaggressions occur frequently on university campuses (Blume et al., 2012; Suárez-Orozco et al., 2015). Since microaggressions tend to be subtle and covert rather than overt acts of racism and hate, the victim is often left wondering about the intentionality of the transgression and feels alone with the consequential stress of the insult (Sue et al., 2007). Greater numbers of racial-ethnic microaggressions have been associated with mental health symptoms including anxiety and depression (Blume et al., 2012; Donovan et al., 2013; Nadal et al., 2014; Torres & Taknint, 2015). There are concerns that chronic exposure to racial-ethnic microaggressions may be associated with long-term mental health concerns including anxiety and depression, but the research to date had been focused on cross-sectional rather than longitudinal outcomes.

In this study, a longitudinal examination of the relationship of racial-ethnic microaggression with symptoms of anxiety and depression will be examined longitudinally in an effort to understand long-term associations and risks. It was hypothesized that total number of racial-ethnic microaggressions at baseline assessment would be significantly associated with total anxiety and total depression symptoms reported by the racial-ethnic minority students at one-year follow-up at a university in the US.

3. Method

3.1. Participants

The present study included 45 minority university students were recruited to participate in a study examining microaggressions longitudinally. The age range of participants was 18-43 years of age (mean = 23.31 years of age). The sample was predominantly female (n = 29; 64.4%). The sample had great diversity with regard to race and ethnicity, with 8 students self-identifying as African American, 3 as Indigenous American, 17 as Asian American, 19 as Latinx, and 3 as Pacific Islanders, (n > 45 due to 5 indicating one than more race).

3.2. Measures

The College Student Microaggressions Measure (CSMM) was administered at baseline. The assessment has been used previously with racial-ethnic minority university students with good results (Blume et al., 2012). The version used in this study included three additional items added to assess microaggressions in the classroom specifically. The slightly modified CSMM included 54 items with 0-6 Likert type scale responses and showed excellent internal consistency (α= .944) in the study.

In addition, the Beck Anxiety Inventory (BAI; Beck et al., 1988) and Beck Depression Inventory (BDI; Beck et al., 1961) were administered at the one-year follow-up assessment. The BAI and BDI, are widely used 21-item (possible range of scores 0-63) clinical assessments of anxiety and depression symptoms respectively. Both the BAI (α= .833) and BDI (α= .872) were found to have good internal consistency in the study.

3.3. Procedure

Students were recruited by means of campus announcements using study fliers distributed around the campus. When potential participants shared their interest in the study by phone, they were contacted by research assistants, who then scheduled potential participants for the baseline assessment. If the students meant the study requirements of being a racial-ethnic minority student, they were provided informed consent. If they agreed to participate, the baseline assessment was conducted immediately following consent. Participants completed the College Student Microaggressions Measure (CSMM) at baseline that included three additional items added to assess microaggressions in the classroom specifically.

One year later, research assistants contacted participants to schedule the follow-up. Participants then completed the Beck Anxiety Inventory (BAI) and Beck Depression Inventory (BDI) at the one-year follow-up assessment. The Institutional Review Board of the author's institution reviewed and approved the protocol prior to the conduct of the study.

3.4. Results

Thirty-five of the participants completed the follow-up (77.8% follow-up rate), which represents a satisfactory retention rate for university student participants for a study with of this duration. Attrition analysis found no evidence of differential attrition with regard to gender, age, and CSMM scores.

Multiple linear regression was used to test the hypotheses. Gender differences have been found for certain mental health symptoms historically, so gender was used as a covariate. Both study hypotheses were supported. Total CSMM scores were significantly and positively associated with total BAI scores (see Table 1; Full Model R2 = .247, $p < .01$) and with total BDI scores (see Table 2; Full Model R2 = .244, $p < .01$), when controlling for gender effects. Gender was also a statistically significant predictor of BAI scores (Table 1) but not BDI scores (Table 2).

4. Future research directions

Subsequent research should focus on whether other types of mental health symptoms beyond anxiety and depression may have longitudinal associations with racial-ethnic microaggressions experienced by minority university students. Additionally, it would be helpful to examine if there may be particular moderators or mediators of the potential deleterious effects of microaggressions on health and mental health, such as levels of ethnic identity and acculturation. Larger sample sizes than used in this exploratory study would be useful for these future investigations and to improve statistical power. Additionally, developing university-wide interventions to address microaggressions and their potential negative impact on racial-ethnic minority students would be particular useful to improving campus climate and health.

5. Conclusion/discussion

Racial-ethnic microaggressions were significantly associated with both anxiety and depressive symptoms at one-year follow-up in this study. Strengths of the study included use of a previously tested of racial-ethnic microaggressions for minority students (CSMM), the use of two gold standard assessments of mental health symptoms (BAI and BDI), and a longitudinal design. Despite limitations of a small sample, the results remain compelling, suggesting potential long-term deleterious effects from microaggressions on student mental health

One concern is that racial-ethnic microaggressions may compound the stressors that racial-ethnic minority students already experience on campuses where they are in the minority. For example, racial-ethnic minorities often have self-perceptions that they are imposters who may not belong in the university due to societal stereotypes that suggest racial-ethnic minorities are academically incapable or likely to fail in universities. Certainly, these imposter feelings may be enhanced by perceived discrimination on campus and by campus climates that are unwelcoming (Cokley et al., 2017). The daily or almost daily experience of racial-ethnic microaggressions certainly qualifies as regularly experienced discrimination that makes students feel unwelcomed, and the microaggressions likely increase the perception of being an imposter on campus, psychologically stressing minority students further.

The clinical implications of the results suggest that racial-ethnic microaggression not only create the conditions for a toxic climate, those toxic effects may have long-term consequences that may negatively impact mental health of minority students on university campuses. Universities may wish to address these potential threats to mental health by implementing campus policies meant to reduce the expression of racial-ethnic microaggressions on campus, and may wish to provide clinical services meant to provide racial-ethnic minority students with support when they experience microaggressions and counseling for the mental health consequences of microaggressions if necessary. Universities have a responsibility to ensure that students feel safe on campuses, especially if they are experiencing almost daily expressions of microaggressions. Creating a safe campus climate will involve steps to eliminate microaggressions in- and outside the classroom while simultaneously improving mental health services to minority students in need.

References

American College Health Association (2018). American College Health Association-National College Health Assessment II: Undergraduate Student Executive Summary Fall 2018. (Silver Spring, MD: American College Health Association).

Beck, A. T., Epstein, N., Brown, G., & Steer, R. A. (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology, 56*(6), 893-897.

Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. (1961). An inventory for measuring depression. *Archives of General Psychiatry, 4*, 561-571.

Beiter, R., Nash, R., McCrady, M., Rhoades, D., Linscomb, M., Clarahan, M., & Sammut, S. (2015). The prevalence and correlates of depression, anxiety, and stress in a sample of college students. *Journal of Affective Disorders, 173*, 90-96. http://dx.doi.org/10.1016/j.jad.2014.10.054

Blume, A. W. (2018). Racial-ethnic microaggressions, daily hassles, and mental health concerns among students. Psychological Applications & Developments, 4, 3-11.

Blume, A. W., Lovato, L. V., Thyken, B. N., & Denny, N. (2012). The relationship of microaggressions with alcohol use and anxiety among ethnic minority college students in a historically white institution. *Cultural Diversity and Ethnic Minority Psychology, 18*(1), 45-54.

Cokley, K., Smith, L., Bernard, D., Hurst, A., Jackson, S., Stone, S., Awosogba, O., Saucer, C., Bailey, M., & Roberts, D. (2017). Impostor feelings as a moderator and mediator of the relationship between perceived discrimination and mental health among racial/ethnic minority college students. *Journal of Counseling Psychology, 64*(2), 141-154.

Donovan, R. A., Galban, D. J., Grace, R. K., Bennett, J. K., & Felicié, S. Z. (2013). Impact of racial macro-and microaggressions in Black women's lives: A preliminary analysis. *Journal of Black Psychology, 39*(2), 185-196.

Fisher, B., & Hartmann, D. J. (1995). The impact of race on the social experience of college students at a predominantly White university. *Journal of Black Studies, 26,* 117–133.

Lipson, S. K., Kern, A., Eisenberg, D., & Breland-Noble, A. (2018). Mental health disparities among college students of color. *Journal of Adolescent Health, 63*(3), 348-356.

Lopez, J. D. (2005). Race-related stress and sociocultural orientation among Latino students during their transition into a predominantly White, highly selective institution. *Journal of Hispanic Higher Education, 4,* 354–365.

Mackenzie, S., Wiegel, J. R., Mundt, M., Brown, D., Saewyc, E., Heiligenstein, E., Harahan, B., & Fleming, M. (2011). Depression and suicide ideation among students accessing campus health care. *American Journal of Orthopsychiatry, 81*(1)*,* 101-107.

Nadal, K. L., Griffin, K. E., Wong, Y., Hamit, S., & Rasmus, M. (2014). The impact of racial microaggressions on mental health: Counseling implications for clients of color. *Journal of Counseling & Development, 92*(1), 57-66.

Schmaling, K. B., Blume, A. W., Engstrom, M. R., Paulos, R., & De Fina, S. (2017). Leaky educational pipeline for racial/ethnic minorities. In A. Czopp (Vol. Ed.), *Social issues in living color: Challenges and solutions from the perspective of ethnic minority psychology, Vol. 2,* (pp. 103-122). *Ethnic minority psychology: Promoting health and well-being.* A. W. Blume, Series Ed. Santa Barbara, CA: Praeger.

Suarez-Balcazar, Y., Orellana-Damacela, L., Portillo, N., Rowan, J. M., & Andrews-Guillen, C. (2003). Experiences of differential treatment among college students of color. *Journal of Higher Education, 74,* 428–444.

Suárez-Orozco, C., Casanova, S., Martin, M., Katsiaficas, D., Cuellar, V., Smith, N. A., & Dias, S. I. (2015). Toxic rain in class: Classroom interpersonal microaggressions. *Educational Researcher, 44*(3), 151-160.

Sue, D. W. (2010). *Microaggressions in everyday life.* Hoboken, NJ: John Wiley & Sons.

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62*(4), 271-286.

Torres, L., & Taknint, J. T. (2015). Ethnic microaggressions, traumatic stress symptoms, and Latino depression: A moderated mediational model. *Journal of Counseling Psychology.*

p-ISSN: 2184-2205 e-ISSN: 2184-3414 ISBN: 978-989-53614-1-0 © 2022

Appendix

Table 1. Regression Model of BAI Scores.

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

Table 1 Notes: R^2= .25; F (2, 33) = 5.40; p < .01 for the full model. Betas, t values, and 95% confidence intervals for each regression coefficient listed are for the full model. * p < .05

Table 2. Regression Model of BDI Scores.

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

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