
Racial Microaggressions in Everyday Life

Implications for Clinical Practice

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Racial microaggressions are 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. Perpetrators of microaggressions are often unaware that they engage in such communications when they interact with racial/ethnic minorities. A taxonomy of racial microaggressions in everyday life was created through a review of the social psychological literature on aversive racism, from formulations regarding the manifestation and impact of everyday racism, and from reading numerous personal narratives of counselors (both White and those of color) on their racial/cultural awakening. Microaggressions seem to appear in three forms: microassault, microinsult, and microinvalidation. Almost all interracial encounters are prone to microaggressions; this article uses the White counselor – client of color counseling dyad to illustrate how they impair the development of a therapeutic alliance. Suggestions regarding education and training and research in the helping professions are discussed.

Keywords: microaggression, microassault, microinsult, microinvalidation, attributional ambiguity

Although the civil rights movement had a significant effect on changing racial interactions in this society, racism continues to plague the United States (Thompson & Neville, 1999). President Clinton's Race Advisory Board concluded that (a) racism is one of the most divisive forces in our society, (b) racial legacies of the past continue to haunt current policies and practices that create unfair disparities between minority and majority groups, (c) racial inequities are so deeply ingrained in American society that they are nearly invisible, and (d) most White Americans are unaware of the advantages they enjoy in this society and of how their attitudes and actions unintentionally discriminate against persons of color (Advisory Board to the President's Initiative on Race, 1998). This last conclusion is especially problematic in the mental health professions because most graduates continue to be White and trained primarily in Western European models of service delivery (D. W. Sue & Sue, 2003). For that reason, this article focuses primarily on White therapist – client of color interactions.

Because White therapists are members of the larger society and not immune from inheriting the racial biases of their forebears (Burkard & Knox, 2004; D. W. Sue, 2005), they may become victims of a cultural conditioning process that imbues within them biases and prejudices (Abelson, Dasgupta, Park, & Banaji, 1998; Banaji, Hardin, & Rothman, 1993) that discriminate against clients of color. Over the past 20 years, calls for cultural competence in the helping professions (American Psychological Association, 2003; D. W. Sue, Arredondo, & McDavis, 1992) have stressed the importance of two therapist characteristics associated with effective service delivery to racial/ethnic minority clients: (a) awareness of oneself as a racial/cultural being and of the biases, stereotypes, and assumptions that influence worldviews and (b) awareness of the worldviews of culturally diverse clients. Achieving these two goals is blocked, however, when White clinicians fail to understand how issues of race influence the therapy process and how racism potentially infects the delivery of services to clients of color (Richardson & Molinaro, 1996). Therapists who are unaware of their biases and prejudices may unintentionally create impasses for clients of color, which may partially explain well-documented patterns of therapy underutilization and premature termination of therapy among such clients (Burkard & Knox, 2004; Kearney, Draper, & Baron, 2005). In this article, we describe and analyze how racism in the form of racial microaggressions is particularly problematic for therapists to identify; propose a taxonomy of racial microaggressions with potential implications for practice, education and training, and research; and use the counseling/therapy process to illustrate how racial microaggressions can impair the therapeutic alliance. To date, no conceptual or theoretical model of

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racial microaggressions has been proposed to explain their impact on the therapeutic process.

The Changing Face of Racism

In recent history, racism in North America has undergone a transformation, especially after the post-civil rights era when the conscious democratic belief in equality for groups of color directly clashed with the long history of racism in the society (Jones, 1997; Thompson & Neville, 1999). The more subtle forms of racism have been labeled *modern racism* (McConahay, 1986), *symbolic racism* (Sears, 1988), and *aversive racism* (Dovidio, Gaertner, Kawakami, & Hodson, 2002). All three explanations of contemporary racism share commonalities. They emphasize that racism (a) is more likely than ever to be disguised and covert and (b) has evolved from the “old fashioned” form, in which overt racial hatred and bigotry is consciously and publicly displayed, to a more ambiguous and nebulous form that is more difficult to identify and acknowledge.

It appears that modern and symbolic racism are most closely associated with political conservatives, who disclaim personal bigotry by strong and rigid adherence to traditional American values (individualism, self-reliance, hard work, etc.), whereas aversive racism is more characteristic of White liberals (Dovidio & Gaertner, 1996, 2000). Aversive racists, according to these researchers, are strongly motivated by egalitarian values as well as antiminority feelings. Their egalitarian values operate on a conscious level, while their antiminority feelings are less conscious and generally covert (DeVos & Banaji, 2005). In some respects, these three forms of racism can be ordered along a continuum; aversive racists are the least consciously negative, followed by modern and symbolic rac-

ists, who are somewhat more prejudiced, and finally by old-fashioned biological racists (Nelson, 2006).

Although much has been written about contemporary forms of racism, many studies in health care (Smedley & Smedley, 2005), education (Gordon & Johnson, 2003), employment (Hinton, 2004), mental health (Burkard & Knox, 2004), and other social settings (Sellers & Shelton, 2003) indicate the difficulty of describing and defining racial discrimination that occurs via “aversive racism” or “implicit bias”; these types of racism are difficult to identify, quantify, and rectify because of their subtle, nebulous, and unnamed nature. Without an adequate classification or understanding of the dynamics of subtle racism, it will remain invisible and potentially harmful to the well-being, self-esteem, and standard of living of people of color (U.S. Department of Health and Human Services, 2001). Ironically, it has been proposed that the daily common experiences of racial aggression that characterize aversive racism may have significantly more influence on racial anger, frustration, and self-esteem than traditional overt forms of racism (Solórzano, Ceja, & Yosso, 2000). Furthermore, the invisible nature of acts of aversive racism prevents perpetrators from realizing and confronting (a) their own complicity in creating psychological dilemmas for minorities and (b) their role in creating disparities in employment, health care, and education.

The Manifestation of Racial Microaggressions

In reviewing the literature on subtle and contemporary forms of racism, we have found the term “*racial microaggressions*” to best describe the phenomenon in its everyday occurrence. First coined by Pierce in 1970, the term refers to “subtle, stunning, often automatic, and non-verbal ex-



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changes which are ‘put downs’” (Pierce, Carew, Pierce-Gonzalez, & Willis, 1978, p. 66). Racial microaggressions have also been described as “subtle insults (verbal, non-verbal, and/or visual) directed toward people of color, often automatically or unconsciously” (Solórzano et al., 2000). Simply stated, microaggressions are brief, everyday exchanges that send denigrating messages to people of color because they belong to a racial minority group. In the world of business, the term “*microinequities*” is used to describe the pattern of being overlooked, underrespected, and devalued because of one’s race or gender. Microaggressions are often unconsciously delivered in the form of subtle snubs or dismissive looks, gestures, and tones. These exchanges are so pervasive and automatic in daily conversations and interactions that they are often dismissed and glossed over as being innocent and innocuous. Yet, as indicated previously, microaggressions are detrimental to persons of color because they impair performance in a multitude of settings by sapping the psychic and spiritual energy of recipients and by creating inequities (Franklin, 2004; D. W. Sue, 2004).

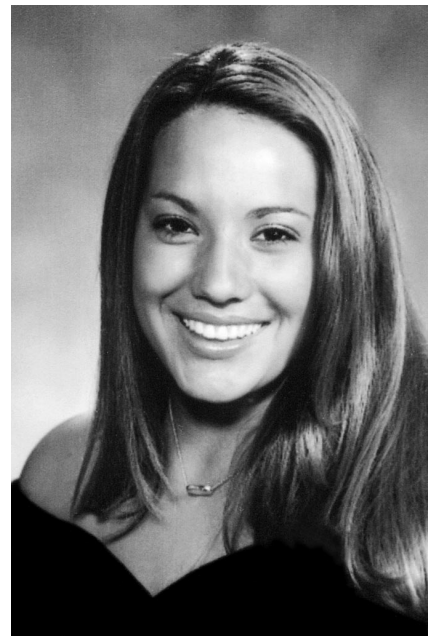
There is an urgent need to bring greater awareness and understanding of how microaggressions operate, their numerous manifestations in society, the type of impact they have on people of color, the dynamic interaction between perpetrator and target, and the educational strategies needed to eliminate them. Our attempt to define and propose a taxonomy of microaggressions is grounded in several lines of empirical and experiential evidence in the professional literature and in personal narratives.

First, the work by psychologists on aversive racism (Dovidio & Gaertner, 1996; Dovidio et al., 2002), studies suggesting the widespread existence of dissociation between implicit and explicit social stereotyping (Abelson et

al., 1998; Banaji et al., 1993; DeVos & Banaji, 2005), the attributional ambiguity of everyday racial discrimination (Crocker & Major, 1989), the daily manifestations of racism in many arenas of life (Plant & Peruche, 2005; Sellers & Shelton, 2003; Vanman, Saltz, Nathan, & Warren, 2004), and multiple similarities between microaggressive incidents and items that comprise measures of race-related stress/perceived discrimination toward Black Americans (Brondolo et al., 2005; Klonoff & Landrine, 1999; Utsey & Ponterotto, 1996) and Asian Americans (Liang, Li, & Kim, 2004) all seem to lend empirical support to the concept of racial microaggressions. Second, numerous personal narratives and brief life stories on race written by White psychologists and psychologists of color provide experiential evidence for the existence of racial microaggressions in everyday life (American Counseling Association, 1999; Conyne & Bemak, 2005; Ponterotto, Casas, Suzuki, & Alexander, 2001). Our analysis of the life experiences of these individuals and the research literature in social and counseling psychology led us to several conclusions: (a) The personal narratives were rich with examples and incidents of racial microaggressions, (b) the formulation of microaggressions was consistent with the research literature, and (c) racial microaggressions seemed to manifest themselves in three distinct forms.

Forms of Racial Microaggressions

Racial microaggressions are brief and commonplace daily verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group. They are not limited to human encounters alone but may also be environmental in nature, as when a person of color is exposed to an office setting that unin-



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tionally assails his or her racial identity (Gordon & Johnson, 2003; D. W. Sue, 2003). For example, one's racial identity can be minimized or made insignificant through the sheer exclusion of decorations or literature that represents various racial groups. Three forms of microaggressions can be identified: microassault, microinsult, and microinvalidation.

Microassault

A microassault is an explicit racial derogation characterized primarily by a verbal or nonverbal attack meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory actions. Referring to someone as "colored" or "Oriental," using racial epithets, discouraging interracial interactions, deliberately serving a White patron before someone of color, and displaying a swastika are examples. Microassaults are most similar to what has been called "old fashioned" racism conducted on an individual level. They are most likely to be conscious and deliberate, although they are generally expressed in limited "private" situations (micro) that allow the perpetrator some degree of anonymity. In other words, people are likely to hold notions of minority inferiority privately and will only display them publicly when they (a) lose control or (b) feel relatively safe to engage in a microassault. Because we have chosen to analyze the unintentional and unconscious manifestations of microaggressions, microassaults are not the focus of our article. It is important to note, however, that individuals can also vary in the degree of conscious awareness they show in the use of the following two forms of microaggressions.

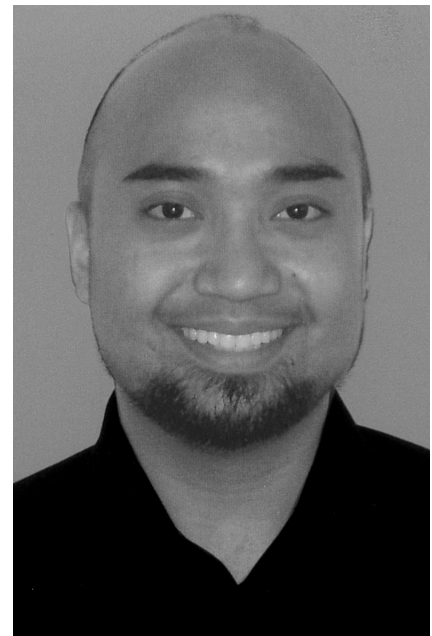
Microinsult

A microinsult is characterized by communications that convey rudeness and insensitivity and demean a person's

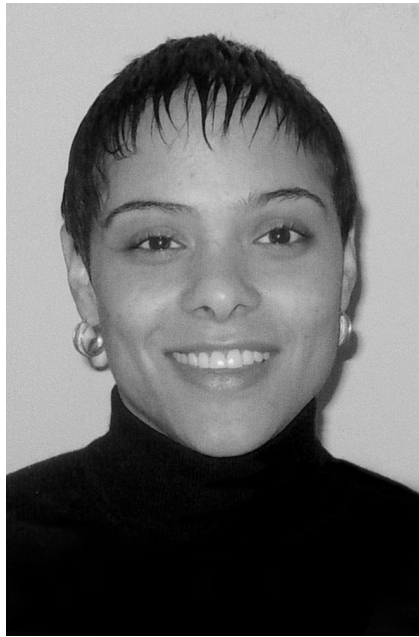
racial heritage or identity. Microinsults represent subtle snubs, frequently unknown to the perpetrator, but clearly convey a hidden insulting message to the recipient of color. When a White employer tells a prospective candidate of color "I believe the most qualified person should get the job, regardless of race" or when an employee of color is asked "How did you get your job?", the underlying message from the perspective of the recipient may be twofold: (a) People of color are not qualified, and (b) as a minority group member, you must have obtained the position through some affirmative action or quota program and not because of ability. Such statements are not necessarily aggressions, but context is important. Hearing these statements frequently when used against affirmative action makes the recipient likely to experience them as aggressions. Microinsults can also occur nonverbally, as when a White teacher fails to acknowledge students of color in the classroom or when a White supervisor seems distracted during a conversation with a Black employee by avoiding eye contact or turning away (Hinton, 2004). In this case, the message conveyed to persons of color is that their contributions are unimportant.

Microinvalidation

Microinvalidations are characterized by communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color. When Asian Americans (born and raised in the United States) are complimented for speaking good English or are repeatedly asked where they were born, the effect is to negate their U.S. American heritage and to convey that they are perpetual foreigners. When Blacks are told that "I don't see color" or "We are all human beings," the effect is to negate their experiences as racial/cultural beings (Helms, 1992).



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When a Latino couple is given poor service at a restaurant and shares their experience with White friends, only to be told “Don’t be so oversensitive” or “Don’t be so petty,” the racial experience of the couple is being nullified and its importance is being diminished.

We have been able to identify nine categories of microaggressions with distinct themes: alien in one’s own land, ascription of intelligence, color blindness, criminality/assumption of criminal status, denial of individual racism, myth of meritocracy, pathologizing cultural values/communication styles, second-class status, and environmental invalidation. Table 1 provides samples of comments or situations that may potentially be classified as racial microaggressions and their accompanying hidden assumptions and messages. Figure 1 visually presents the three large classes of microaggressions, the classification of the themes under each category, and their relationship to one another.

The experience of a racial microaggression has major implications for both the perpetrator and the target person. It creates psychological dilemmas that unless adequately resolved lead to increased levels of racial anger, mistrust, and loss of self-esteem for persons of color; prevent White people from perceiving a different racial reality; and create impediments to harmonious race-relations (Spanierman & Heppner, 2004; Thompson & Neville, 1999).

The Invisibility and Dynamics of Racial Microaggressions

The following real-life incident illustrates the issues of invisibility and the disguised problematic dynamics of racial microaggressions.

I [Derald Wing Sue, the senior author, an Asian American] recently traveled with an African American colleague on a plane flying from New York to Boston. The plane was a small “hopper”

with a single row of seats on one side and double seats on the other. As the plane was only sparsely populated, we were told by the flight attendant (White) that we could sit anywhere, so we sat at the front, across the aisle from one another. This made it easy for us to converse and provided a larger comfortable space on a small plane for both of us. As the attendant was about to close the hatch, three White men in suits entered the plane, were informed they could sit anywhere, and promptly seated themselves in front of us. Just before take-off, the attendant proceeded to close all overhead compartments and seemed to scan the plane with her eyes. At that point she approached us, leaned over, interrupted our conversation, and asked if we would mind moving to the back of the plane. She indicated that she needed to distribute weight on the plane evenly.

Both of us (passengers of color) had similar negative reactions. First, balancing the weight on the plane seemed reasonable, but why were we being singled out? After all, we had boarded first and the three White men were the last passengers to arrive. Why were they not being asked to move? Were we being singled out because of our race? Was this just a random event with no racial overtones? Were we being oversensitive and petty?

Although we complied by moving to the back of the plane, both of us felt resentment, irritation, and anger. In light of our everyday racial experiences, we both came to the same conclusion: The flight attendant had treated us like second-class citizens because of our race. But this incident did not end there. While I kept telling myself to drop the matter, I could feel my blood pressure rising, heart beating faster, and face flush with anger. When the attendant walked back to make sure our seat belts were fastened, I could not contain my anger any longer. Struggling to control myself, I said to her in a forced calm voice: “Did you know that you asked two passengers of color to step to the rear of the ‘bus’?” For a few seconds she said nothing but looked at me with a horrified expression. Then she said in a righteously indignant tone, “Well, I have never been accused of that! How dare you? I don’t see color! I only asked you to move to balance the plane. Anyway, I was only trying to give you more space and greater privacy.”

Attempts to explain my perceptions and feelings only generated greater defensiveness from her. For every allegation I made, she seemed to have a rational reason for her actions. Finally, she broke off the conversation and refused to talk about the incident any longer. Were it not for my colleague who validated my experiential reality, I would have left that encounter wondering whether I was correct or incorrect in my perceptions. Nevertheless, for the rest of the flight, I stewed over the incident and it left a sour taste in my mouth.

The power of racial microaggressions lies in their invisibility to the perpetrator and, oftentimes, the recipient (D. W. Sue, 2005). Most White Americans experience themselves as good, moral, and decent human beings who believe in equality and democracy. Thus, they find it difficult to believe that they possess biased racial attitudes and may engage in behaviors that are discriminatory (D. W. Sue, 2004). Microaggressive acts can usually be explained away by seemingly nonbiased and valid reasons. For the recipient of a microaggression, however, there is always the nagging question of whether it really happened (Crocker & Major, 1989). It is difficult to identify a microaggression, especially when other explanations seem plausible. Many people of color describe a vague feeling

Table 1
Examples of Racial Microaggressions

Theme	Microaggression	Message
Alien in own land When Asian Americans and Latino Americans are assumed to be foreign-born	"Where are you from?" "Where were you born?" "You speak good English." A person asking an Asian American to teach them words in their native language	You are not American. You are a foreigner.
Ascription of intelligence Assigning intelligence to a person of color on the basis of their race	"You are a credit to your race." "You are so articulate." Asking an Asian person to help with a math or science problem	People of color are generally not as intelligent as Whites. It is unusual for someone of your race to be intelligent. All Asians are intelligent and good in math/sciences.
Color blindness Statements that indicate that a White person does not want to acknowledge race	"When I look at you, I don't see color." "America is a melting pot." "There is only one race, the human race."	Denying a person of color's racial/ethnic experiences. Assimilate/acculturate to the dominant culture. Denying the individual as a racial/cultural being.
Criminality/assumption of criminal status A person of color is presumed to be dangerous, criminal, or deviant on the basis of their race	A White man or woman clutching their purse or checking their wallet as a Black or Latino approaches or passes A store owner following a customer of color around the store A White person waits to ride the next elevator when a person of color is on it	You are a criminal. You are going to steal/ You are poor/ You do not belong. You are dangerous.
Denial of individual racism A statement made when Whites deny their racial biases	"I'm not racist. I have several Black friends." "As a woman, I know what you go through as a racial minority."	I am immune to racism because I have friends of color. Your racial oppression is no different than my gender oppression. I can't be a racist. I'm like you.
Myth of meritocracy Statements which assert that race does not play a role in life successes	"I believe the most qualified person should get the job." "Everyone can succeed in this society, if they work hard enough."	People of color are given extra unfair benefits because of their race. People of color are lazy and/or incompetent and need to work harder.
Pathologizing cultural values/communication styles The notion that the values and communication styles of the dominant/White culture are ideal	Asking a Black person: "Why do you have to be so loud/animated? Just calm down." To an Asian or Latino person: "Why are you so quiet? We want to know what you think. Be more verbal." "Speak up more." Dismissing an individual who brings up race/culture in work/school setting	Assimilate to dominant culture. Leave your cultural baggage outside.
Second-class citizen Occurs when a White person is given preferential treatment as a consumer over a person of color	Person of color mistaken for a service worker Having a taxi cab pass a person of color and pick up a White passenger	People of color are servants to Whites. They couldn't possibly occupy high-status positions. You are likely to cause trouble and/or travel to a dangerous neighborhood.

Table 1 (continued)

Theme	Microaggression	Message
Second-class citizen (<i>continued</i>) Occurs when a White person is given preferential treatment as a consumer over a person of color (<i>continued</i>)	Being ignored at a store counter as attention is given to the White customer behind you "You people . . . "	Whites are more valued customers than people of color. You don't belong. You are a lesser being.
Environmental microaggressions Macro-level microaggressions, which are more apparent on systemic and environmental levels	A college or university with buildings that are all named after White heterosexual upper class males Television shows and movies that feature predominantly White people, without representation of people of color Overcrowding of public schools in communities of color Overabundance of liquor stores in communities of color	You don't belong/You won't succeed here. There is only so far you can go. You are an outsider/You don't exist. People of color don't/shouldn't value education. People of color are deviant.

that they have been attacked, that they have been disrespected, or that something is not right (Franklin, 2004; Reid & Radhakrishnan, 2003). In some respects, people of color may find an overt and obvious racist act easier to handle than microaggressions that seem vague or disguised (Solórzano et al., 2000). The above incident reveals how microaggressions operate to create psychological dilemmas for both the White perpetrator and the person of color. Four such dilemmas are particularly noteworthy for everyone to understand.

Dilemma 1: Clash of Racial Realities

The question we pose is this: Did the flight attendant engage in a microaggression or did the senior author and his colleague simply misinterpret the action? Studies indicate that the racial perceptions of people of color differ markedly from those of Whites (Jones, 1997; Harris Poll commissioned by the National Conference of Christians and Jews, 1992). In most cases, White Americans tend to believe that minorities are doing better in life, that discrimination is on the decline, that racism is no longer a significant factor in the lives of people of color, and that equality has been achieved. More important, the majority of Whites do not view themselves as racist or capable of racist behavior.

Minorities, on the other hand, perceive Whites as (a) racially insensitive, (b) unwilling to share their position and wealth, (c) believing they are superior, (d) needing to control everything, and (e) treating them poorly because of their race. People of color believe these attributes are reenacted everyday in their interpersonal interactions with Whites, oftentimes in the form of microaggressions (Solórzano et al., 2000). For example, it was found that 96% of African Americans reported experiencing racial discrimination in a one-year period (Klonoff & Landrine, 1999), and many incidents involved being mistaken for a service

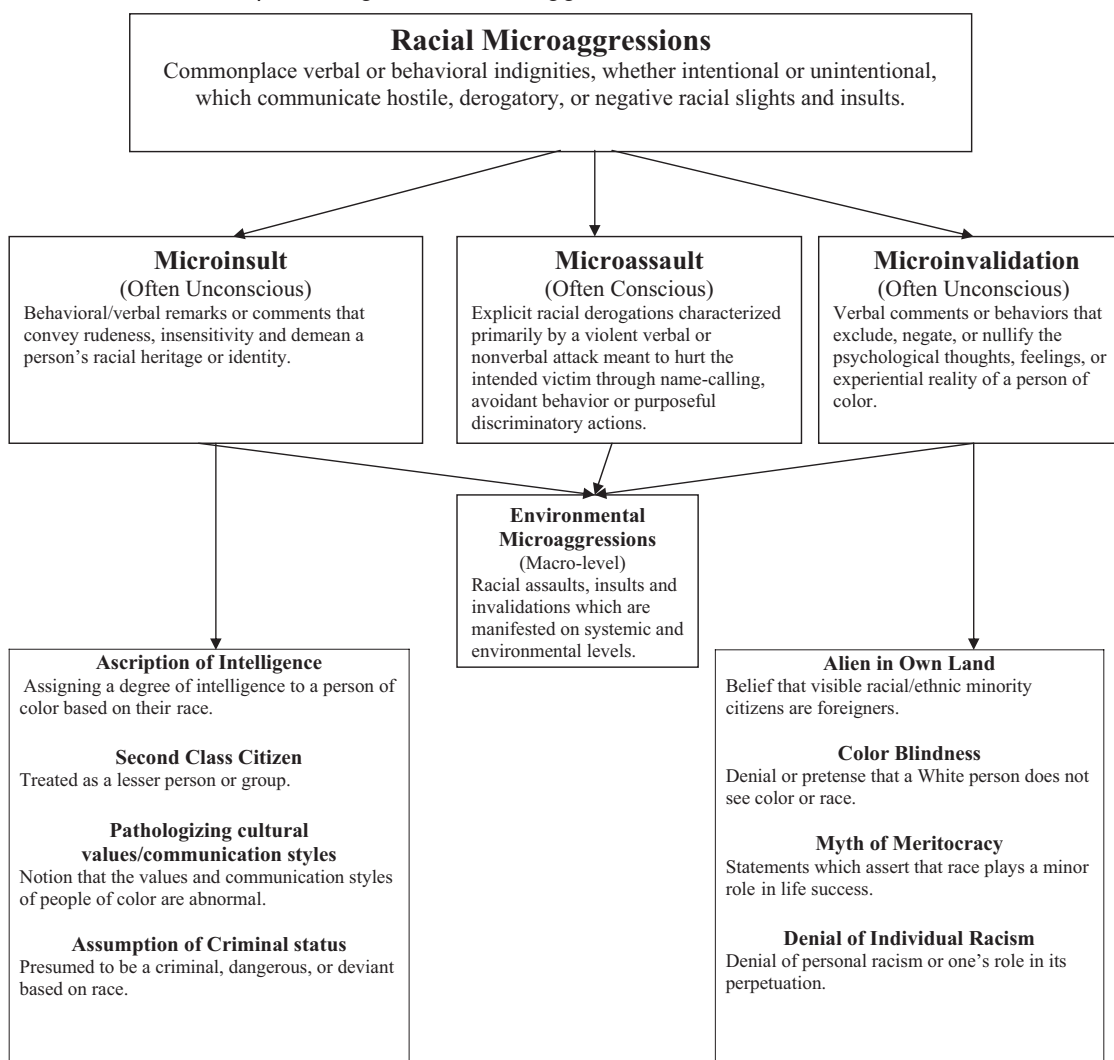
worker, being ignored, given poor service, treated rudely, or experiencing strangers acting fearful or intimidated when around them (Sellers & Shelton, 2003).

Dilemma 2: The Invisibility of Unintentional Expressions of Bias

The interaction between the senior author and the flight attendant convinced him that she was sincere in her belief that she had acted in good faith without racial bias. Her actions and their meaning were invisible to her. It was clear that she was stunned that anyone would accuse her of such despicable actions. After all, in her mind, she acted with only the best of intentions: to distribute the weight evenly on the plane for safety reasons and to give two passengers greater privacy and space. She felt betrayed that her good intentions were being questioned. Yet considerable empirical evidence exists showing that racial microaggressions become automatic because of cultural conditioning and that they may become connected neurologically with the processing of emotions that surround prejudice (Abelson et al., 1998). Several investigators have found, for example, that law enforcement officers in laboratory experiments will fire their guns more often at Black criminal suspects than White ones (Plant & Peruche, 2005), and Afrocentric features tend to result in longer prison terms (Blair, Judd, & Chapleau, 2004). In all cases, these law enforcement officials had no conscious awareness that they responded differently on the basis of race.

Herein lies a major dilemma. How does one prove that a microaggression has occurred? What makes our belief that the flight attendant acted in a biased manner any more plausible than her conscious belief that it was generated for another reason? If she did act out of hidden and unconscious bias, how do we make her aware of it? Social psychological research tends to confirm the existence of unconscious racial biases in well-intentioned Whites, that

Figure 1
Categories of and Relationships Among Racial Microaggressions



nearly everyone born and raised in the United States inherits the racial biases of the society, and that the most accurate assessment about whether racist acts have occurred in a particular situation is most likely to be made by those most disempowered rather than by those who enjoy the privileges of power (Jones, 1997; Keltner & Robinson, 1996). According to these findings, microaggressions (a) tend to be subtle, indirect, and unintentional, (b) are most likely to emerge not when a behavior would look prejudicial, but when other rationales can be offered for prejudicial behavior, and (c) occur when Whites pretend not to notice differences, thereby justifying that “color” was not involved in the actions taken. Color blindness is a major form of microinvalidation because it denies the racial and experiential reality of people of color and provides an excuse to White people to claim that they are not preju-

diced (Helms, 1992; Neville, Lilly, Duran, Lee, & Browne, 2000). The flight attendant, for example, did not realize that her “not seeing color” invalidated both passengers’ racial identity and experiential reality.

Dilemma 3: Perceived Minimal Harm of Racial Microaggressions

In most cases, when individuals are confronted with their microaggressive acts (as in the case of the flight attendant), the perpetrator usually believes that the victim has overreacted and is being overly sensitive and/or petty. After all, even if it was an innocent racial blunder, microaggressions are believed to have minimal negative impact. People of color are told not to overreact and to simply “let it go.” Usually, Whites consider microaggressive incidents to be

minor, and people of color are encouraged (oftentimes by people of color as well) to not waste time or effort on them.

It is clear that old-fashioned racism unfairly disadvantages people of color and that it contributes to stress, depression, shame, and anger in its victims (Jones, 1997). But evidence also supports the detrimental impact of more subtle forms of racism (Chakraborty & McKenzie, 2002; Clark, Anderson, Clark, & Williams, 1999). For example, in a survey of studies examining racism and mental health, researchers found a positive association between happiness and life satisfaction, self-esteem, mastery of control, hypertension, and discrimination (Williams, Neighbors, & Jackson, 2003). Many of the types of everyday racism identified by Williams and colleagues (Williams & Collins, 1995; Williams, Lavizzo-Mourey, & Warren, 1994) provide strong support for the idea that racial microaggressions are not minimally harmful. One study specifically examined microaggressions in the experiences of African Americans and found that the cumulative effects can be quite devastating (Solórzano et al., 2000). The researchers reported that experience with microaggressions resulted in a negative racial climate and emotions of self-doubt, frustration, and isolation on the part of victims. As indicated in the incident above, the senior author experienced considerable emotional turmoil that lasted for the entire flight. When one considers that people of color are exposed continually to microaggressions and that their effects are cumulative, it becomes easier to understand the psychological toll they may take on recipients' well-being.

We submit that covert racism in the form of microaggressions also has a dramatic and detrimental impact on people of color. Although microaggressions may be seemingly innocuous and insignificant, their effects can be quite dramatic (Steele, Spencer, & Aronson, 2002). D. W. Sue believes that "this contemporary form of racism is many times over more problematic, damaging, and injurious to persons of color than overt racist acts" (D. W. Sue, 2003, p. 48). It has been noted that the cumulative effects of racial microaggressions may theoretically result in "diminished mortality, augmented morbidity and flattened confidence" (Pierce, 1995, p. 281). It is important to study and acknowledge this form of racism in society because without documentation and analysis to better understand microaggressions, the threats that they pose and the assaults that they justify can be easily ignored or downplayed (Solórzano et al., 2000). D. W. Sue (2005) has referred to this phenomenon as "a conspiracy of silence."

Dilemma 4: The Catch-22 of Responding to Microaggressions

When a microaggression occurs, the victim is usually placed in a catch-22. The immediate reaction might be a series of questions: Did what I think happened, really happen? Was this a deliberate act or an unintentional slight? How should I respond? Sit and stew on it or confront the person? If I bring the topic up, how do I prove it? Is it really worth the effort? Should I just drop the matter? These questions in one form or another have been a common, if not a universal, reaction of persons of color who

experience an attributional ambiguity (Crocker & Major, 1989).

First, the person must determine whether a microaggression has occurred. In that respect, people of color rely heavily on experiential reality that is contextual in nature and involves life experiences from a variety of situations. When the flight attendant asked the senior author and his colleague to move, it was not the first time that similar requests and situations had occurred for both. In their experience, these incidents were nonrandom events (Ridley, 2005), and their perception was that the only similarity "connecting the dots" to each and every one of these incidents was the color of their skin. In other words, the situation on the plane was only one of many similar incidents with identical outcomes. Yet the flight attendant and most White Americans do not share these multiple experiences, and they evaluate their own behaviors in the moment through a singular event (Dovidio & Gaertner, 2000). Thus, they fail to see a pattern of bias, are defended by a belief in their own morality, and can in good conscience deny that they discriminated (D. W. Sue, 2005).

Second, how one reacts to a microaggression may have differential effects, not only on the perpetrator but on the person of color as well. Deciding to do nothing by sitting on one's anger is one response that occurs frequently in people of color. This response occurs because persons of color may be (a) unable to determine whether a microaggression has occurred, (b) at a loss for how to respond, (c) fearful of the consequences, (d) rationalizing that "it won't do any good anyway," or (e) engaging in self-deception through denial ("It didn't happen."). Although these explanations for nonresponse may hold some validity for the person of color, we submit that not doing anything has the potential to result in psychological harm. It may mean a denial of one's experiential reality, dealing with a loss of integrity, or experiencing pent-up anger and frustration likely to take psychological and physical tolls.

Third, responding with anger and striking back (perhaps a normal and healthy reaction) is likely to engender negative consequences for persons of color as well. They are likely to be accused of being racially oversensitive or paranoid or told that their emotional outbursts confirm stereotypes about minorities. In the case of Black males, for example, protesting may lend credence to the belief that they are hostile, angry, impulsive, and prone to violence (Jones, 1997). In this case, the person of color might feel better after venting, but the outcome results in greater hostility by Whites toward minorities. Further, while the person of color may feel better in the immediate moment by relieving pent-up emotions, the reality is that the general situation has not been changed. In essence, the catch-22 means you are "damned if you do, and damned if you don't." What is lacking is research that points to adaptive ways of handling microaggressions by people of color and suggestions of how to increase the awareness and sensitivity of Whites to microaggressions so that they accept responsibility for their behaviors and for changing them (Solórzano et al., 2000).

Racial Microaggressions as a Barrier to Clinical Practice

In a broad sense, counseling and psychotherapy can be characterized as the formation of a deeply personal relationship between a helping professional and a client that involves appropriate and accurate interpersonal interactions and communications. For effective therapy to occur, some form of positive coalition must develop between the parties involved (D. W. Sue & Sue, 2003). Many have referred to this as the “working relationship,” the “therapeutic alliance,” or the “establishment of rapport” (D. W. Sue & Sue, 2003). A strong therapeutic relationship is often enhanced when clients perceive therapists as credible (trustworthy and expert) and themselves as understood and positively regarded by their therapists (Strong & Schmidt, 1970). Helping professionals are trained to listen, to show empathic concern, to be objective, to value the client’s integrity, to communicate understanding, and to use their professional knowledge and skills to aid clients to solve problems (Grencavage & Norcross, 1990).

As a therapeutic team, therapist and client are better prepared to venture into problematic areas that the client might hesitate to face alone. Research suggests that the therapeutic alliance is one of the major common factors of any helping relationship and is correlated with successful outcome (Lui & Pope-Davis, 2005; Martin, Garske, & Davis, 2000). More important, however, are findings that a client’s perception of an accepting and positive relationship is a better predictor of successful outcome than is a similar perception by the counselor (Horvath & Symonds, 1991). Thus, when clients do not perceive their therapists as trustworthy and when they feel misunderstood and undervalued, therapeutic success is less likely to occur. Oftentimes, the telltale signs of a failed therapeutic relationship may result in clients being less likely to self-disclose, terminating prematurely, or failing to return for scheduled visits (Burkard & Knox, 2004; Kearney, Draper, & Baron, 2005).

Although the task of establishing an effective therapeutic relationship applies to the entire helping spectrum, working with clients who differ from the therapist in race, ethnicity, culture, and sexual orientation poses special challenges. White therapists who are products of their cultural conditioning may be prone to engage in racial microaggressions (Locke & Kiselica, 1999). Thus, the therapeutic alliance is likely to be weakened or terminated when clients of color perceive White therapists as biased, prejudiced, or unlikely to understand them as racial/cultural beings. That racism can potentially infect the therapeutic process when working with clients of color has been a common concern voiced by the President’s Commission on Mental Health (1978) and the Surgeon General’s Report on *Mental Health: Culture, Race and Ethnicity* (U.S. Department of Health and Human Services, 2001). It has been postulated that therapist bias might partially account for the low utilization of mental health services and premature termination of therapy sessions by African American, Native American, Asian American, and Latino/Hispanic American

clients (U.S. Department of Health and Human Services, 2001).

Yet research also reveals that most people in our nation believe in democracy, fairness, and strong humanistic values that condemn racism and the inequities that engenders (Dovidio et al., 2002). Such a statement is arguably truer for mental health professionals, whose goals are to help rather than hinder or hurt clients of color. Both the American Psychological Association and the American Counseling Association have attempted to confront the biases of the profession by passing multicultural guidelines or standards that denounce prejudice and discrimination in the delivery of mental health services to clients of color (American Psychological Association, 2003; D. W. Sue et al., 1992). Like most people in society, counselors and therapists experience themselves as fair and decent individuals who would never consciously and deliberately engage in racist acts toward clients of color. Sadly, it is often pointed out that when clinician and client differ from one another along racial lines, however, the relationship may serve as a microcosm for the troubled race relations in the United States. While many would like to believe that racism is no longer a major problem and that the good intentions of the helping profession have built safeguards against prejudice and discrimination, the reality is that they continue to be manifested through the therapeutic process (Utsey, Gernat, & Hammar, 2005). This is not to suggest, however, that positive changes in race relations have not occurred. Yet, as in many other interactions, microaggressions are equally likely to occur in therapeutic transactions (Ridley, 2005).

The Manifestation of Racial Microaggressions in Counseling/Therapy

Microaggressions become meaningful in the context of clinical practice, as relational dynamics and the human condition are central aspects of this field. The often unintentional and unconscious nature of microaggressions (Dilemma 2: Invisibility) poses the biggest challenge to the majority of White mental health professionals, who believe that they are just, unbiased, and nonracist. Further, mental health professionals are in a position of power, which renders them less likely to accurately assess (Dilemma 1: Conflict of Racial Realities) whether racist acts have occurred in their sessions. Thus, the harm they perpetrate against their clients of color is either unknown or minimized (Dilemma 3: Minimal Harm). Microaggressions not only oppress and harm, but they place clients of color in the unenviable position of a catch-22 (Dilemma 4).

In clinical practice, microaggressions are likely to go unrecognized by White clinicians who are unintentionally and unconsciously expressing bias. As a result, therapists must make a concerted effort to identify and monitor microaggressions within the therapeutic context. This process is reminiscent of the importance of becoming aware of potential transference and countertransference issues between therapist and client and how they may unintentionally

ally interfere with effective therapy (Woodhouse, Schlosser, Crook, Ligiero, & Gelso, 2003). The inherent power dynamic in the therapeutic relationship further complicates this issue, as therapists are in a position of power to make diagnoses and influence the course of treatment. The power dynamic between therapist and client also effects the catch-22 of responding to microaggressions because clients may be less likely to confront their therapists and more likely to question their own perceptions in the event of a microaggression.

Table 2 provides a few examples of microaggressions in counseling practice under each of the nine categories identified earlier. Under Color Blindness, for example, a client of color stresses the importance of racial experiences only to have the therapist reply, "We are all unique. We are all individuals." or "We are all human beings or the same under the skin." These colorblind statements, which were intended to be supportive, to be sympathetic, and to convey an ability to understand, may leave the client feeling misunderstood, negated, invalidated, and unimportant (especially if racial identity is important to the client). Moreover these statements presume that the therapist is *capable* of not seeing race and impose a definition of racial reality on the client (Neville et al., 2000).

Under Denial of Individual Racism, a common response by Whites to people of color is that they can understand and relate to experiences of racism. In Table 2, under this category, we provide the following anecdote: A client of color expresses hesitancy in discussing racial issues with his White female therapist. She replies, "I understand. As a woman, I face discrimination too." The message is that the therapist believes her gender oppression is no different from the client's experiences of racial/ethnic oppression. This response is problematic because such attempts by the therapist to explain how he or she can understand a person of color's experience with racism may be perceived by the client as an attempt to minimize the importance of his or her racial identity, to avoid acknowledging the therapist's racial biases, or to communicate a discomfort with discussing racial issues. Furthermore, the therapist excuses himself or herself from any blame or fault in perpetuating racism and the power of racism. This failure to acknowledge the significance of racism within and outside of the therapy session contributes to the breakdown of the alliance between therapist and client. A therapist's willingness to discuss racial matters is of central importance in creating a therapeutic alliance with clients of color (Cardemil & Battle, 2003).

Under the category "Alien in Own Land," many Asian Americans and Latino/Hispanic Americans report that they are commonly seen as perpetual foreigners. For example, a female Asian American client arrives for her first therapy session. Her therapist asks her where she is from, and when told "Philadelphia," the therapist further probes by asking where she was born. In this case, the therapist has assumed that the Asian American client is not from the United States and has imposed through the use of the second question the idea that she must be a foreigner. Immediately, a barrier is created in the helping relationship because the client feels

invalidated by the therapist (she is perceived as a foreigner, not a U.S. citizen). Unfortunately, the Asian American client is unlikely to question her therapist or point out the bias because of the power dynamic, which causes her to harbor resentment and ill feelings toward the therapist.

We contend that clients of color are at increased risk of not continuing in the counseling/therapy session when such microaggressions occur. Worse yet, they will not receive the help they need and may leave the session feeling worse than when they first sought counseling. Because it is unlikely that clinicians intentionally create hostile and unwelcoming environments for their ethnic minority clients, it can be assumed that these biases are being expressed through microaggressions. Therapists can convey their bias to their ethnic minority clients in myriad ways, such as by minimizing symptoms for Asian Americans on the basis of a false belief in the "model" minority (D. W. Sue & Sue, 2003) or by placing greater emphasis on symptoms such as paranoid delusions and substance abuse in Native Americans and Africans Americans, who are believed to suffer from these afflictions (U.S. Department of Health and Human Services, 2001).

Last, White counselors and therapists can impose and value their own cultural worldview while devaluing and pathologizing the cultural values of their ethnic minority clients. Previous research has shown that pathologizing clients' cultural values has been a major determinant of clients of color discontinuing psychotherapy (S. Sue, Fujino, Hu, & Takeuchi, 1991). Many clients of color may feel misunderstood by their therapists because of a lack of cultural understanding. Asian American or Latino American clients who enter therapy to discuss family issues such as feeling obligated, stressed, or overwhelmed with excess family responsibilities may be encouraged by therapists to speak out against their families or to make decisions regardless of family support or expectations. Therapists may be unaware that they may be directly invalidating cultural respect for authority and imposing an individualistic view over a collectivist one.

Future Directions in the Understanding of Racial Microaggressions

With respect to racism, D. W. Sue (2004, p. 762) has stated that the greatest challenge society and the mental health professions face is "making the 'invisible' visible." That can only be accomplished when people are willing to openly and honestly engage in a dialogue about race and racism. In that respect, the education and training of mental health professionals must incorporate issues of race and culture. One would ordinarily expect that mental health professionals would be more willing than most to dialogue on this topic, but studies suggest that White clinicians receive minimal or no practicum or supervision experiences that address race and are uncomfortable broaching the topic (Knox, Burkard, Johnson, Suzuki, & Ponterotto, 2003). Many White trainees in therapy dyads experience anxiety in the form of poor articulation, faltering and/or

Table 2
Examples of Racial Microaggressions in Therapeutic Practice

Theme	Microaggression	Message
<p>Alien in own land When Asian Americans and Latino Americans are assumed to be foreign-born</p>	<p>A White client does not want to work with an Asian American therapist because "she will not understand my problem." A White therapist tells an American-born Latino client that he/she should seek a Spanish-speaking therapist.</p>	<p>You are not American.</p>
<p>Ascription of intelligence Assigning a degree of intelligence to a person of color on the basis of their race</p>	<p>A school counselor reacts with surprise when an Asian American student had trouble on the math portion of a standardized test. A career counselor asking a Black or Latino student, "Do you think you're ready for college?"</p>	<p>All Asians are smart and good at math. It is unusual for people of color to succeed.</p>
<p>Color blindness Statements which indicate that a White person does not want to acknowledge race</p>	<p>A therapist says "I think you are being too paranoid. We should emphasize similarities, not people's differences" when a client of color attempts to discuss her feelings about being the only person of color at her job and feeling alienated and dismissed by her co-workers. A client of color expresses concern in discussing racial issues with her therapist. Her therapist replies with, "When I see you, I don't see color."</p>	<p>Race and culture are not important variables that affect people's lives. Your racial experiences are not valid.</p>
<p>Criminality/assumption of criminal status A person of color is presumed to be dangerous, criminal, or deviant on the basis of their race</p>	<p>When a Black client shares that she was accused of stealing from work, the therapist encourages the client to explore how she might have contributed to her employer's mistrust of her. A therapist takes great care to ask all substance abuse questions in an intake with a Native American client, and is suspicious of the client's nonexistent history with substances.</p>	<p>You are a criminal. You are deviant.</p>
<p>Denial of individual racism A statement made when Whites renounce their racial biases</p>	<p>A client of color asks his or her therapist about how race affects their working relationship. The therapist replies, "Race does not affect the way I treat you." A client of color expresses hesitancy in discussing racial issues with his White female therapist. She replies "I understand. As a woman, I face discrimination also."</p>	<p>Your racial/ethnic experience is not important. Your racial oppression is no different than my gender oppression.</p>
<p>Myth of meritocracy Statements which assert that race does not play a role in succeeding in career advancement or education.</p>	<p>A school counselor tells a Black student that "if you work hard, you can succeed like everyone else." A career counselor is working with a client of color who is concerned about not being promoted at work despite being qualified. The counselor suggests, "Maybe if you work harder you can succeed like your peers."</p>	<p>People of color are lazy and/or incompetent and need to work harder. If you don't succeed, you have only yourself to blame (blaming the victim).</p>
<p>Pathologizing cultural values/communication styles The notion that the values and communication styles of the dominant/White culture are ideal</p>	<p>A Black client is loud, emotional, and confrontational in a counseling session. The therapist diagnoses her with borderline personality disorder. A client of Asian or Native American descent has trouble maintaining eye contact with his therapist. The therapist diagnoses him with a social anxiety disorder. Advising a client, "Do you really think your problem stems from racism?"</p>	<p>Assimilate to dominant culture. Leave your cultural baggage outside.</p>

Table 2 (continued)

Theme	Microaggression	Message
Second-class citizen Occurs when a White person is given preferential treatment as a consumer over a person of color	A counselor limits the amount of long-term therapy to provide at a college counseling center; she chooses all White clients over clients of color. Clients of color are not welcomed or acknowledged by receptionists.	Whites are more valued than people of color. White clients are more valued than clients of color.
Environmental microaggressions Macro-level microaggressions, which are more apparent on a systemic level	A waiting room office has pictures of American presidents. Every counselor at a mental health clinic is White.	You don't belong/Only white people can succeed. You are an outsider/You don't exist.

trembling voices, and mispronunciation of words when directly engaged in discussions about race (Utsey et al., 2005). It is interesting that such nonverbal behaviors also serve as a form of racial microaggression. When helping professionals have difficulty addressing race issues, they cut off an avenue for clients of color to explore matters of bias, discrimination, and prejudice.

Education and Training and Racial Microaggressions

It is clear that mental health training programs must support trainees in overcoming their fears and their resistance to talking about race by fostering safe and productive learning environments (Sanchez-Hucles & Jones, 2005). It is important that training programs be structured and facilitated in a manner that promotes inquiry and allows trainees to experience discomfort and vulnerability (Young & Davis-Russell, 2002). Trainees need to be challenged to explore their own racial identities and their feelings about other racial groups. The prerequisite for cultural competence has always been racial self-awareness. This is equally true for understanding how microaggressions, especially those of the therapist, influence the therapeutic process. This level of self-awareness brings to the surface possible prejudices and biases that inform racial microaggressions. A first step for therapists who want to integrate an understanding of racism's mental health effects into the conceptualization of psychological functioning is to undergo a process of learning and critical self-examination of racism and its impact on one's life and the lives of others (Thompson & Neville, 1999). For White clinicians, it means addressing the question "What does it mean to be White?" and being fully cognizant of their own White racial identity development and how it may intrude on people of color (Helms, 1992, 1995). In addition, it has been suggested that articulating a personal theory of reality and of therapeutic change in the context of an environment of racism is one way to begin integrating knowledge of racism with the practice of psychotherapy (Thompson & Neville, 1999). Education and training must aid White clinicians to achieve the following: (a) increase their ability to identify racial microaggressions

in general and in themselves in particular; (b) understand how racial microaggressions, including their own, detrimentally impact clients of color; and (c) accept responsibility for taking corrective actions to overcome racial biases.

Research on Racial Microaggressions

A major obstacle to understanding racial microaggressions is that research is in a nascent state. Researchers continue to omit subtle racism and microaggressions from their research agendas, and this absence conveys the notion that covert forms of racism are not as valid or as important as racist events that can be quantified and "proven." In fact, omitting microaggressions from studies on racism on the basis of a belief that they are less harmful encourages the profession to "look the other way." Moreover, the fact that psychological research has continued to inadequately address race and ethnicity (Delgado-Romero, Rowland, & Galvin, 2005) is in itself a microaggression. Pursuing a line of research examining how cross-racial dyadic compositions impact the process and outcome of counselor/client interactions would be a tremendous contribution to the field of counseling and clinical psychology. Helms and Cook (1999) noted that racial consciousness is a critical consideration in determining White therapists' ability to operate effectively in cross-racial dyads.

For mental health purposes, it would be useful to explore the coping mechanisms used by people of color to stave off the negative effects of microaggressions. The fact that people of color have had to face daily microaggressions and have continued to maintain their dignity in the face of such hostility is a testament to their resiliency (D. W. Sue, 2003). What coping strategies have been found to serve them well? A greater understanding of responses to microaggressions, both in the long term and the short term, and of the coping strategies employed would be beneficial in arming children of color for the life they will face. Such research is necessary because without documentation and analysis to help better understand microaggressions, the threats that they pose and the assaults that they justify can be easily ignored or downplayed (Solórzano et al., 2000).

Studying the long-term impact that microaggressions have on mental health functioning, self-esteem, self-concept, and racial identity development appears crucial to documenting the harm microaggressions inflict on people of color. The taxonomy of microaggressions proposed here may make it easier to explore other social psychological questions as well.

First, it is highly probable that microaggressions vary in their severity and impact. As indicated, a microassault does not evoke a guessing game because the intent of the perpetrator is clear. However, the racist intent of microinsults and microinvalidations is less clear and presents different dilemmas for people of color. Some questions to ponder include the following: (a) Are the three forms of racial microaggressions equal in impact? Are some themes and their hidden messages more problematic than others? Although all expressions may take a psychological toll, some are obviously experienced as more harmful and severe than others. (b) Is there a relationship between forms of racial microaggressions and racial identity development? Recent research and formulations on White racial identity development and the psychosocial costs of racism to Whites (Helms, 1995; Spanierman, Armstrong, Poteat, & Beer, 2006) imply that forms of racial microaggressions may be associated with certain statuses or trait clusters. (c) Finally, is it possible that different racial/ethnic groups are more likely to encounter certain forms of racial microaggressions than others? A preliminary study suggests that Asian Americans are prone to be victims of microinvalidations with themes that revolve around “alien in one’s own land” (D. W. Sue, Bucceri, Lin, Nadal, & Torino, 2007) rather than microinsults with themes of “criminality.” Is it possible that Blacks are more likely to be subjected to the latter than to the former? What about Latinos and American Indians?

Second, the challenge in conducting research aimed at understanding microaggressions involves measurement. Adequate assessment tools need to be created to effectively explore the new and burgeoning field of microaggression research. Although there are several promising race-related stress and discrimination measures, such as the Perceived Ethnic Discrimination Questionnaire (PEDQ; Brondolo et al., 2005), the Color-Blind Racial Attitude Scale (COBRAS; Neville et al., 2000), the Index of Race Related Stress (IRRS; Utsey & Ponterotto, 1996), and the Schedule of Racist Events (SRE; Klonoff & Landrine, 1999), none of them is directly aimed at distinguishing between categories of racial microaggressions or their intentional or unintentional nature. The PEDQ uses four subscales that broadly measure stigmatization, harassment, workplace discrimination, and social exclusion; the COBRAS is specific to a person’s minimization of race and racism; the IRRS uses Jones’s (1997) framework to measure individual, institutional, and societal racism; and the SRE is aimed at measuring frequency of racist incidents. All contain examples of racial microaggressions that support our taxonomy, but none makes conceptual distinctions that allow for categorical measurements of this phenomenon. It seems imperative that specific instruments be developed to aid in under-

standing the causes, consequences, manifestations, and elimination of racial microaggressions.

Conclusion

Nearly all interracial encounters are prone to the manifestation of racial microaggressions. We have chosen mainly to address the therapeutic relationship, but racial microaggressions are potentially present whenever human interactions involve participants who differ in race and culture (teaching, supervising, training, administering, evaluating, etc.). We have purposely chosen to concentrate on racial microaggressions, but it is important to acknowledge other types of microaggressions as well. Gender, sexual orientation, and disability microaggressions may have equally powerful and potentially detrimental effects on women, gay, lesbian, bisexual, and transgender individuals, and disability groups. Further, racial microaggressions are not limited to White–Black, White–Latino, or White–Person of Color interactions. Interethnic racial microaggressions occur between people of color as well. In the area of counseling and therapy, for example, research may also prove beneficial in understanding cross-racial dyads in which the therapist is a person of color and the client is White or in which both therapist and client are persons of color. Investigating these combinations of cross-racial dyads would be useful, because it is clear that no racial/ethnic group is immune from inheriting the racial biases of the society (D. W. Sue, 2003). We encourage future research in these two areas because all forms of microaggressions have detrimental consequences.

REFERENCES

- Abelson, R. P., Dasgupta, N., Park, J., & Banaji, M. R. (1998). Perceptions of the collective other. *Personality and Social Psychology Review*, 2, 243–250.
- Advisory Board to the President’s Initiative on Race. (1998). *One America in the 21st century: Forging a new future*. Washington, DC: U.S. Government Printing Office.
- American Counseling Association. (1999). *Racism: Healing its effects*. Alexandria, VA: Author.
- American Psychological Association. (2003). Guidelines on multicultural education, training, research, practice, and organizational change for psychologists. *American Psychologist*, 58, 377–402.
- Banaji, M. R., Hardin, C., & Rothman, A. J. (1993). Implicit stereotyping in person judgment. *Journal of Personality and Social Psychology*, 65, 272–281.
- Blair, I. V., Judd, C. M., & Chapleau, K. M. (2004). The influence of afrocentric facial features in criminal sentencing. *Psychological Science*, 15, 674–679.
- Brondolo, E., Kelly, K. P., Coakley, V., Gordon, T., Thompson, S., & Levy, E. (2005). The Perceived Ethnic Discrimination Questionnaire: Development and preliminary validation of a community version. *Journal of Applied Social Psychology*, 35, 335–365.
- Burkard, A. W., & Knox, S. (2004). Effect of therapist color-blindness on empathy and attributions in cross-cultural counseling. *Journal of Counseling Psychology*, 51, 387–397.
- Cardemil, E. V., & Battle, C. L. (2003). Guess who’s coming to therapy? Getting comfortable with conversations about race and ethnicity in psychotherapy. *Professional Psychology: Research and Practice*, 34, 278–286.
- Chakraborty, A., & McKenzie, K. (2002). Does racial discrimination cause mental illness? *British Journal of Psychiatry*, 180, 475–477.
- Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999).

- Racism as a stressor for African Americans. *American Psychologist*, 54, 805–816.
- Conyne, R. K., & Bemak, F. (2005). *Journeys to professional excellence: Lessons from leading counselor educators and practitioners*. Alexandria, VA: American Counseling Association.
- Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review*, 96, 608–630.
- Delgado-Romero, E. A., Rowland, M., & Galvan, N. (2005). The continuing and evolving challenge of race and ethnicity in empirical counseling and counseling psychology research: A reply. *Counseling Psychologist*, 33, 559–564.
- DeVos, T., & Banaji, M. R. (2005). American = White? *Journal of Personality and Social Psychology*, 88, 447–466.
- Dovidio, J. F., & Gaertner, S. L. (1996). Affirmative action, unintentional racial biases, and intergroup relations. *Journal of Social Issues*, 52, 51–75.
- Dovidio, J. F., & Gaertner, S. L. (2000). Aversive racism and selective decisions: 1989–1999. *Psychological Science*, 11, 315–319.
- Dovidio, J. F., Gaertner, S. L., Kawakami, K., & Hodson, G. (2002). Why can't we all just get along? Intergroup biases and interracial distrust. *Cultural Diversity and Ethnic Minority Psychology*, 8, 88–102.
- Franklin, A. J. (2004). *From brotherhood to manhood: How Black men rescue their relationships and dreams from the invisibility syndrome*. Hoboken, NJ: Wiley.
- Gordon, J., & Johnson, M. (2003). Race, speech, and hostile educational environment: What color is free speech? *Journal of Social Philosophy*, 34, 414–436.
- Grencavage, L. M., & Norcross, J. C. (1990). Where are the commonalities among the therapeutic common factors? *Professional Psychology: Research and Practice*, 21, 372–378.
- Helms, J. E. (1992). *A race is a nice thing to have: A guide to being a white person or understanding the white persons in your life*. Topeka, KS: Content Communications.
- Helms, J. E. (1995). An update of Helms's White and people of color racial identity models. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 181–191). Thousand Oaks, CA: Sage.
- Helms, J. E., & Cook, D. (1999). *Using race and culture in counseling and psychotherapy: Theory and process*. Needham Heights, MA: Allyn & Bacon.
- Hinton, E. L. (2004, March/April). Microinequities: When small slights lead to huge problems in the workplace. *DiversityInc*. (Available at <http://www.magazine.org/content/files/Microinequities.pdf>)
- Horvath, A. O., & Symonds, B. D. (1991). Relationship between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology*, 38, 139–149.
- Jones, J. M. (1997). *Prejudice and racism* (2nd ed.). Washington, DC: McGraw-Hill.
- Kearney, L. K., Draper, M., & Baron, A. (2005). Counseling utilization by ethnic minority college students. *Cultural Diversity and Ethnic Minority Psychology*, 11, 272–285.
- Keltner, D., & Robinson, R. J. (1996). Extremism, power, and imagined basis of social conflict. *Current Directions in Psychological Science*, 5, 101–105.
- Klonoff, E. A., & Landrine, H. (1999). Cross-validation of the Schedule of Racist Events. *Journal of Black Psychology*, 25, 231–254.
- Knox, S., Burkard, A. W., Johnson, A. J., Suzuki, L. A., & Ponterotto, J. G. (2003). African American and European American therapists' experiences of addressing race in cross-racial psychotherapy dyads. *Journal of Counseling Psychology*, 50, 466–481.
- Liang, C. T. H., Li, L. C., & Kim, B. S. K. (2004). The Asian American Racism-Related Stress Inventory: Development, factor analysis, reliability, and validity. *Journal of Counseling Psychology*, 51, 103–114.
- Locke, D. C., & Kiselica, M. S. (1999). Pedagogy of possibilities: Teaching about racism in multicultural counseling courses. *Journal of Counseling and Development*, 77, 80–86.
- Lui, W. M., & Pope-Davis, D. B. (2005). The working alliance, therapy ruptures and impasses, and counseling competence: Implications for counselor training and education. In R. T. Carter (Ed.), *Handbook of racial-cultural psychology and counseling* (pp. 148–167). Hoboken, NJ: Wiley.
- Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relations of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Counseling and Clinical Psychology*, 66, 832–837.
- McConahay, J. B. (1986). Modern racism, ambivalence, and the Modern Racism Scale. In J. F. Dovidio & S. L. Gaertner (Eds.), *Prejudice, discrimination and racism* (pp. 91–126). Orlando, FL: Academic Press.
- National Conference of Christians and Jews. (1992). *Taking America's pulse: A summary report of the National Conference Survey on Intergroup Relations*. New York: Author. (Available at http://eric.ed.gov/ERICDocs/data/ericdocs2/content_storage_01/0000000b/80/23/84/59.pdf)
- Nelson, T. D. (2006). *The psychology of prejudice*. Boston: Pearson.
- Neville, H. A., Lilly, R. L., Duran, G., Lee, R., & Browne, L. (2000). Construction and initial validation of the Color Blind Racial Attitudes Scale (COBRAS). *Journal of Counseling Psychology*, 47, 59–70.
- Pierce, C. (1995). Stress analogs of racism and sexism: Terrorism, torture, and disaster. In C. Willie, P. Rieker, B. Kramer, & B. Brown (Eds.), *Mental health, racism, and sexism* (pp. 277–293). Pittsburgh, PA: University of Pittsburgh Press.
- Pierce, C., Carew, J., Pierce-Gonzalez, D., & Willis, D. (1978). An experiment in racism: TV commercials. In C. Pierce (Ed.), *Television and education* (pp. 62–88). Beverly Hills, CA: Sage.
- Plant, E. A., & Peruche, B. M. (2005). The consequences of race for police officers' responses to criminal suspects. *Psychological Science*, 16, 180–183.
- Ponterotto, J. G., Casas, J. M., Suzuki, L. A., & Alexander, C. M. (2001). *Handbook of multicultural counseling*. Thousand Oaks, CA: Sage.
- President's Commission on Mental Health. (1978). *Report of the President's Commission on Mental Health*. Washington, DC: U.S. Government Printing Office.
- Reid, L. D., & Radhakrishnan, P. (2003). Race matters: The relations between race and general campus climate. *Cultural Diversity and Ethnic Minority Psychology*, 9, 263–275.
- Richardson, T. Q., & Molinaro, K. L. (1996). White counselor self-awareness: A prerequisite for multicultural competence. *Journal of Counseling & Development*, 74, 238–242.
- Ridley, C. R. (2005). *Overcoming unintentional racism in counseling and therapy* (2nd ed.). Thousand Oaks, CA: Sage.
- Sanchez-Hucles, J., & Jones, N. (2005). Breaking the silence around race in training, practice, and research. *Counseling Psychologist*, 33, 547–558.
- Sears, D. O. (1988). Symbolic racism. In P. A. Katz & D. A. Taylor (Eds.), *Eliminating racism: Profiles in controversy* (pp. 53–84). New York: Plenum.
- Sellers, R. M., & Shelton, J. N. (2003). The role of racial identity in perceived racial discrimination. *Journal of Personality and Social Psychology*, 84, 1070–1092.
- Smedley, A., & Smedley, B. D. (2005). Race as biology is fiction, racism as a social problem is real. *American Psychologist*, 60, 16–26.
- Solórzano, D., Ceja, M., & Yosso, T. (2000, Winter). Critical race theory, racial microaggressions, and campus racial climate: The experiences of African American college students. *Journal of Negro Education*, 69, 60–73.
- Spanierman, L. B., Armstrong, P. I., Poteat, V. P., & Beer, A. M. (2006). Psychosocial Costs of Racism to Whites: Exploring patterns through cluster analysis. *Journal of Counseling Psychology*, 53, 434–441.
- Spanierman, L. B., & Heppner, M. J. (2004). Psychosocial Costs of Racism to Whites Scale (PCRW): Construction and initial validation. *Journal of Counseling Psychology*, 51, 249–262.
- Steele, C. M., Spencer, S. J., & Aronson, J. (2002). Contending with group image: The psychology of stereotype and social identity threat. In M. Zanna (Ed.), *Advances in experimental social psychology* (Vol. 23, pp. 379–440). New York: Academic Press.
- Strong, S. R., & Schmidt, L. D. (1970). Expertness and influence in counseling. *Journal of Counseling Psychology*, 17, 81–87.
- Sue, D. W. (2003). *Overcoming our racism: The journey to liberation*. San Francisco: Jossey-Bass.
- Sue, D. W. (2004). Whiteness and ethnocentric monoculturalism: Making the "invisible" visible. *American Psychologist*, 59, 759–769.
- Sue, D. W. (2005). Racism and the conspiracy of silence. *Counseling Psychologist*, 33, 100–114.
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural

competencies/standards: A call to the profession. *Journal of Counseling & Development*, 70, 477–486.

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

Sue, D. W., & Sue, D. (2003). *Counseling the culturally diverse: Theory and practice* (4th ed.). New York: Wiley.

Sue, S., Fujino, D. C., Hu, L., & Takeuchi, D. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. *Journal of Consulting and Clinical Psychology*, 59, 533–540.

Thompson, C. E., & Neville, H. A. (1999). Racism, mental health, and mental health practice. *Counseling Psychologist*, 27, 155–223.

U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity—A supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Utsey, S. O., Gernat, C. A., & Hammar, L. (2005). Examining White counselor trainees' reactions to racial issues in counseling and supervision dyads. *Counseling Psychologist*, 33, 449–478.

Utsey, S. O., & Ponterotto, J. G. (1996). Development and validation of

the Index of Race-Related Stress (IRRS). *Journal of Counseling Psychology*, 43, 490–502.

Vanman, E. J., Saltz, J. L., Nathan, L. R., & Warren, J. A. (2004). Racial discrimination by low-prejudiced Whites. *Psychological Science*, 15, 711–719.

Williams, D. R., & Collins, C. (1995). US socioeconomic and racial differences in health: Patterns and explanations. *Annual Review of Sociology*, 21, 349–386.

Williams, D. R., Lavizzo-Mourey, R., & Warren, R. C. (1994). The concept of race and health status in America. *Public Health Reports*, 109, 26–41.

Williams, D. R., Neighbors, H. W., & Jackson, J. S. (2003). Racial/ethnic discrimination and health: Findings from community studies. *American Journal of Public Health*, 93, 200–208.

Woodhouse, S. S., Schlosser, L. Z., Crook, R. E., Ligiero, D. P., & Gelso, C. J. (2003). Client attachment to therapist: Relations to transference and client recollections of parental caregiving. *Journal of Counseling Psychology*, 50, 395–408.

Young, G., & Davis-Russell, E. (2002). The vicissitudes of cultural competence: Dealing with difficult classroom dialogue. In E. Davis-Russell (Ed.), *The California School of Professional Psychology handbook of multicultural education, research, intervention, and training* (pp. 37–53). San Francisco: Jossey-Bass.

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