

Impact of Racial Macro- and Microaggressions in Black Women's Lives: A Preliminary Analysis

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Abstract

Most studies on perceived racial discrimination do not differentiate between macroaggressions (i.e., overt, purposeful discrimination) and microaggressions (i.e., subtle, typically unconscious discrimination) or examine gender. This study addresses these gaps by exploring: (a) the prevalence of perceived racial macroaggressions (PRMa) and perceived racial microaggressions (PRMi) in Black women's lives and (b) how PRMa and PRMi influence depressive and anxious symptoms in this group. Participants were 187 undergraduate students who self-identified as Black women. Sixty-three percent of the participants reported experiencing some type of PRMa at least once in a while during the past year, and 96% reported experiencing some type of PRMi at least a few times a year. As hypothesized, PRMa and PRMi significantly predicted depressive symptoms; however, PRMa made a stronger unique contribution. Contrary to hypotheses, PRMa but not PRMi significantly predicted anxious symptoms. Findings suggest that PRMa and PRMi are common occurrences for Black women and are associated with

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negative mental health outcomes, with PRMa being the less common but more detrimental of the two.

Keywords

Black women, microaggression, perceived racial discrimination, racism

Perceived racial discrimination (PRD) experiences are common occurrences for Black Americans (Barnes & Lightsey, 2005; Landrine & Klonoff, 1996; Utsey, Ponterotto, Reynolds, & Cancelli, 2000). These experiences are associated with negative mental health outcomes, including depression and anxiety (Landrine & Klonoff, 1996). Furthermore, because of the civil rights movement and changing mores and laws, contemporary racial discrimination is more likely to be covert than overt, making it difficult to detect and confront (Dovidio, Gaertner, Kawakami, & Hodson, 2002).

Racial microaggressions, a concept based on covert racism, are “brief, everyday exchanges that send denigrating messages to people of color because they belong to a racial minority group” (Sue et al., 2007, p. 273). Sue et al. (2007, 2008) describe three forms: microassaults, microinsults, and microinvalidations. Although considered a microaggression, racial microassaults are similar to overt racism and comprise conscious, mean-spirited acts against people of color (POC; Sue et al., 2007). Racial microinsults are exchanges that appear neutral or complimentary on the surface but underneath suggest that a person of color or members of their racial group are deficient (e.g., when a Black female is told “you don’t sound Black”; Sue et al., 2007). Microinvalidations are messages that deny or devalue the experiences of POC (e.g., when a Black male is told he is “too paranoid” after sharing his reticence about interacting with the police). For the purposes of simplicity, we conceptualize microassaults as macroaggressions and microinsults and microinvalidations as microaggressions.

Qualitative and anecdotal evidence suggests microaggressions (i.e., microinsults and microinvalidations) negatively affect Black Americans (Solórzano, Ceja, & Yosso, 2000; Sue et al., 2007). However, there is no empirical research that examines PRD in terms of racial macroaggressions and racial microaggressions, making it difficult to determine the impact of each. This lack of research is possibly an artifact of the PRD measures available that typically do not differentiate between racial macroaggressions and microaggressions (for a review of PRD instruments, see Bastos, Celeste, Faerstein, & Barros, 2010; Kressin, Raymond, & Manze, 2008; Utsey, 1998).

Furthermore, the influence of gender on PRD in general, and on racial macro/microaggressions specifically, has been understudied. This oversight is problematic given that Clark, Anderson, Clark, and Williams (1999) theorize that gender influences the relationship between PRD and mental health. Similar to Clark et al., intersectional theory and research suggest that embodying subordinate racial and gender social categories influence how Black women are perceived and treated, creating lived experiences that are different from those of Black men and White women (Coles, 2009; Collins, 2000; Crenshaw, 1994). For example, compared with Black men, Black women are more likely to be victims of rape and domestic violence, and compared with White women, Black women are viewed more negatively when perceived as acquaintance rape or domestic violence survivors (Esqueda & Harrison, 2005; Foley, Evanic, Karnik, King, & Parks, 1995; Willis, 1992).

The intersection of sexism and racism probably also makes the experiences and mental health consequences of PRD different for Black women when compared with Black men. This is especially likely when the mental health outcomes studied are depression and anxiety, disorders that disproportionately affect women and are positively associated with PRD (Landrine & Klonoff, 1996). Unfortunately, little PRD research focuses exclusively on Black women and none examines the macro- and microaggression dimensions of PRD within this population. Our study addresses these gaps by examining the prevalence and mental health impact (i.e., depressive and anxious symptoms) of perceived racial macroaggressions (PRMa) and perceived racial microaggressions (PRMi) in Black women. Given theoretical assertions and empirical evidence, we hypothesized that (a) participants would endorse more PRMi than PRMa experiences and (b) both PRMa and PRMi would significantly predict depressive and anxious symptoms. Due to the dearth of empirical literature on the subject, whether PRMa or PRMi would best predict depressive and anxious symptoms was not hypothesized.

Method

Participants

One hundred and eighty-seven female undergraduate students from a Southeastern university participated in this study. Participants ranged in age from 18 to 63 years ($M = 25.26$ years; $SD = 8.55$). The median reported family income range fell between \$30,000 and \$45,000. All participants self-identified as Black. Specifically, 75% identified as African American, 9% as Black African, 7% as Afro-Caribbean, 7% as Biracial/Multiracial, and 2%

as "Other." Eighty-seven percent of the sample reported being born in the United States. Of those born outside the United States, 64% ($n = 16$) were born in Africa, 24% ($n = 6$) in the Caribbean, 8% ($n = 2$) in Canada, and 4% ($n = 1$) in Europe.

Materials and Procedure

Schedule of Racist Events (SRE). The SRE is an 18-item self-report questionnaire that measures Black individuals' recent (past year) and lifetime experiences and appraisals of PRD (Landrine & Klonoff, 1996). Items are rated on a 6-point Likert-type scale that ranges from *Never* to *Almost all the time* (more than 75% of the time). The SRE has been shown to have good internal consistency, split-half reliability, and concurrent validity with the stress-related and psychological variables of the Hopkins Symptom Checklist (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974; Klonoff & Landrine, 1999; Landrine & Klonoff, 1996; Utsey, 1998). In this study, PRMa were measured using 6 items from the past-year frequency subscale (derived via principal component analysis and discussed in the Results section). Examples of the items include "How many times have you been called a racist name like nigger, coon, jungle bunny, or other names?" and "How many times have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because you are Black?"

Racism and Life Experiences Scale—Daily Life Experiences Subscale (DLE). The DLE is made up of 20 items that measures daily subtle racial discrimination (i.e., microaggressions) experienced by POC (Harrell, 1997). Participants are asked on a 5-point Likert-type scale ranging from *Never* to *Once a week or more* how often each item has occurred because of race and how much it bothered them. Items include "Being treated as if you were stupid," "Being talked down to," and "Being mistaken for someone who serves others (i.e., clerk, maid, waitress)." PRMi were measured using 17 items from the DLE frequency subscale ($\alpha = .91$). Three items were removed from the original subscale because of their similarity to theoretical conceptualizations of racial macroaggressions. The items were the following: (a) Being accused of something or treated suspiciously; (b) Being insulted, called a name, or harassed; and (c) Being laughed at, made fun of, or taunted. All other items matched Sue et al.'s (2007, 2008) definitions for microinsults/microinvalidations and were summed to create the PRMi composite variable.

Depression Anxiety Stress Scale (DASS-21). The DASS-21 is a 21-item survey that measures depression, anxiety, and stress (Lovibond & Lovibond, 1995). Items are measured on a 4-point scale ranging from *Did not apply to me at all* to *Applied to me very much, or most of the time*. In our study,

depressive and anxious symptoms were measured using the depression and anxiety subscales, respectively. The depression subscale is composed of 7 items, including “I find it difficult to work up the initiative to do things” and “I was unable to become enthusiastic about anything.” The anxiety subscale is also made up of 7 items. Examples include “I felt scared without any good reason” and “I felt close to panic.” Per instructions, scaled scores for each subscale were derived by summing items and multiplying by two (Lovibond & Lovibond, 1995). Higher numbers reflect greater endorsement of symptoms. Similar to previous studies, good internal consistencies were found for both the depression ($\alpha = .87$) and anxiety ($\alpha = .85$) subscales in this study.

Marlowe-Crowne Social Desirability Scale, Short Form (MCSD-SF). Social desirability was measured using the 10-item short form (Strahan & Gerbasi, 1972) of the MCSD (Crowne & Marlowe, 1960). Participants respond *true* (0) or *false* (1) to the items, and higher scores reflect greater social desirable responding. Items include “I never hesitate to go out of my way to help someone in trouble” and “I am always courteous, even to people who are disagreeable.” In the current study, the MCSD-SF internal consistency reliability coefficient was .56.

Procedure. Participants were recruited through fliers and recruitment tables. They were provided a \$15 university bookstore certificate for their participation. All responses were anonymous, and questionnaires were administered via a secure online database.

Results

Based on face validity, it appeared that some questions on the SRE (Landrine & Klonoff, 1996) denote PRMa experiences. To determine this, an exploratory principal component analysis with oblimin rotation was performed on the 17 items of the SRE past-year frequency subscale. Results revealed two components with eigenvalues greater than 1, which explained 48% and 8% of the variance, respectively (see Table 1). The rotated solution indicated strong separate loadings for each component. Items were retained if their factor loadings were greater than .50 and there were no cross-loadings greater than .35. The first component could not clearly be classified as macroaggressions and/or microaggressions, so it was not used in subsequent analyses. The second component closely matched theoretical definitions of old-fashioned racism/microassaults. As such, the items were summed to create the PRMa composite variable. A significant positive relationship was found between PRMa and PRMi, $r(188) = .49, p < .01$.

Table 1. Principal Component Analysis of the Schedule of Racist Events With Oblimin Rotation.

Abbreviated Items	Factor 1 (<i>M</i> = 16.30, <i>SD</i> = 6.88, α = .89)	Factor 2 (PRMa) (<i>M</i> = 25.74, <i>SD</i> = 16.98, α = .85)
2. Treated unfairly by employer	0.88	
3. Treated unfairly by coworkers	0.82	
5. Treated unfairly by strangers	0.75	
12. Wanted to tell someone off	0.71	
4. Treated unfairly by people in service jobs	0.65	
1. Treated unfairly by teachers and professors	0.65	
11. People misunderstood intentions and motives	0.61	
6. Treated unfairly by people in helping jobs	0.60	
7. Treated unfairly by neighbors	0.55	
15. Called a racist name		0.87
17. Made fun of, picked on, pushed, shoved, hit, threatened		0.79
16. Gotten into an argument or fight		0.62
10. Accused/suspected of doing something wrong		0.61
14. Forced to take drastic steps		0.60
9. Treated unfairly by friends		0.56

Frequency analyses of each PRMa and PRMi item revealed that PRMa were less common than PRMi (see Tables 2 and 3). The two most common PRMa were being accused or suspected of doing something wrong because of race (33%) and getting into an argument or fight about something racist done to you or someone else (33%). The two most common PRMi were being treated rudely or disrespectfully because of race (83%) and being ignored, overlooked, or not given service (in a restaurant, store, etc.) because of race (80%). An analysis of the responses showed that 63% reported experiencing some type of PRMa at least "once in a while" during the past year, and 96% reported experiencing some type of PRMi at least "a few times a year."

We conducted hierarchical multiple regressions to determine if PRMa and/or PRMi predict levels of depressive and anxious symptoms. Preliminary analyses revealed no violations of normality, linearity, multicollinearity, and homoscedasticity. The influence of social desirability, as measured by the MCSD-SF, was controlled by entering it in the first step of each regression

Table 2. Percentage of Sample Reporting Perceived Racial Macroaggressions in the Past Year for Each Variable Item.

Item	Never Happened	Less Than 10% of Time	10% to 25% of Time	26% to 49% of Time	50% to 75% of Time	More Than 75% of Time	Did Happen (100% Minus Column 1)
9. Friends	68.3	17.7	7.0	5.9	1.1	0.0	31.7
10. Accused/ suspected	67.2	18.3	5.9	5.4	2.7	0.5	32.8
14. Took drastic steps	78.7	11.2	5.9	2.1	1.6	0.5	21.3
15. Called racist names	67.7	19.4	5.4	4.3	1.1	2.2	32.3
16. Argument/ fight	67.2	20.6	7.4	3.7	0.5	0.5	32.8
17. Made fun of/harmed	78.3	12.7	5.8	2.6	0.0	0.5	21.7

analysis. Regression results showed that the final model for depressive symptoms was significant, $F(3, 184) = 11.22, p < .001$. As hypothesized, both PRMa and PRMi made unique, statistically significant contributions to predicting depressive symptoms (see Table 4). The final model for anxiety was also significant, $F(3, 184) = 18.55, p < .001$. However, contrary to our hypothesis, PRMa made a unique, statistically significant contribution to predicting anxiety but PRMi did not (see Table 5).

Discussion

The goal of our study was to examine the prevalence and mental health impact of PRMa and PRMi in a Black female sample. The results partially support our hypotheses. As suggested by previous theoretical and research literature, participants reported less PRMa than PRMi, 63% compared with 96%, respectively. These results indicate that experiences of overt racism are still a considerable problem for Black women, and experiences of covert racism are almost universal. This suggests that more needs to be done to change the stereotypes and prejudices White Americans might hold of Black women, and likely Black men and other POC.

As predicted, both PRMa and PRMi significantly contributed to depressive symptoms in Black women, with PRMa making the strongest unique contribution. Contrary to predictions, PRMa but not PRMi significantly predicted

Table 3. Percentage of Sample Reporting Perceived Racial Microaggressions for Each Variable Item.

Item	Never	Less Than Once a Year	A Few Times a Year	About Once a Month	Few Times a Month	Once a Week or More	Did Happen (100% Minus Column 1)
1. Ignored/ overlooked	19.6	23.4	36.4	7.5	8.4	4.7	80.4
2. Treated rudely	17.0	26.9	32.5	10.8	9.4	3.3	83.0
4. Afraid/ intimidated	36.3	18.4	26.4	6.6	8.0	4.2	63.7
5. Observed/ followed	32.9	26.8	26.3	6.6	4.2	3.3	67.1
6. Treated as stupid	25.1	26.1	25.1	8.1	10.4	5.2	74.9
7. Ideas minimized	27.0	28.4	26.5	4.3	9.0	4.7	73.0
8. Offensive joke	23.1	27.8	25.0	10.8	9.4	3.8	76.9
10. Inferior work	44.8	17.5	17.5	8.5	6.6	5.2	55.2
11. Not taken seriously	30.7	27.4	23.1	5.2	8.0	5.7	69.3
12. Left out	31.1	22.5	20.6	8.6	10.5	6.7	68.9
13. Overly friendly treatment	28.0	22.3	25.1	6.2	10.0	8.5	72.0
14. Avoided	55.0	19.0	13.3	4.3	5.7	2.8	45.0
15. Mistaken for server	50.2	24.9	15.8	3.8	2.9	2.4	49.8
16. Stared at	23.3	21.4	26.2	8.6	10.5	10.0	76.7
18. Mistaken for someone else of same race	27.0	23.2	27.5	8.5	8.5	5.2	73.0
19. Speak for racial group	29.0	25.7	25.2	7.1	7.6	5.2	71.0
20. Fascinating/ exotic	29.8	20.2	23.1	7.7	10.6	8.7	70.2

anxious symptoms. In general, the data support assertions and qualitative findings that PRMi negatively impact the mental health of Black individuals and other POC (Solórzano et al., 2000; Sue et al., 2007, 2008). However, contrary

Table 4. Hierarchical Multiple Regression for Social Desirability (MCSD-SF), Perceived Racial Macroaggressions (PRMa), and Microaggressions (PRMi) on Depressive Symptoms ($n = 187$).

Variable	B	SE B	β	R^2	ΔR^2	M	SD
Model 1	—	—	—	.03**	.03**	—	—
MCSD-SF	8.01	3.20	.18*	—	—	—	—
Model 2	—	—	—	.16**	.12**	—	—
MCSD-SF	7.45	3.01	.17**	—	—	0.44	0.21
PRMa	0.50	0.17	.23**	—	—	8.83	4.22
PRMi	0.10	0.04	.18*	—	—	25.74	16.98

Note: Depressive symptoms were measured using the DASS-21 depression subscale (Lovibond & Lovibond, 1995; $M = 21.90$; $SD = 9.19$).

* $p < .05$. ** $p \leq .01$.

Table 5. Hierarchical Multiple Regression for Social Desirability (MCSD-SF), Perceived Racial Macroaggressions (PRMa), and Microaggressions (PRMi) on Anxiety ($n = 187$).

Variable	B	SE B	β	R^2	ΔR^2
Model 1	—	—	—	.03**	.03**
MCSD-SF	7.02	2.83	.18*	—	—
Model 2	—	—	—	.23**	.20**
MCSD-SF	6.61	2.54	.17**	—	—
PRMa	0.77	.14	.40**	—	—
PRMi	0.04	.04	.08	—	—

Note: Anxious symptoms were measured using the DASS-21 anxiety subscale (Lovibond & Lovibond, 1995; $M = 20.35$; $SD = 8.13$).

* $p < .05$. ** $p \leq .01$.

to Sue et al. (2008), the data do not suggest that PRMi is more detrimental to the mental health of POC than PRMa (at least for Black women). Because macroaggressions are blatant, egregious acts, they may be more difficult to cope with than microaggressions, which are subtler and might be perceived as less offensive. Black women may also be desensitized to racial microaggressions, given their frequent occurrence, and may not react as significantly compared with the more infrequent racial macroaggressions.

Why PRMi were related to depressive but not anxious symptoms is unclear. It might be that interacting regularly with White individuals who unknowingly insult you, and probably have difficulty recognizing this if confronted, creates a catch-22 for the target that can lead to internalized

feelings of upset (i.e., depressive symptoms). Additionally, because PRMi are not as blatant or likely to be perceived as threats to physical safety as PRMa might be, they may not result in externalized feelings of worry (i.e., anxious symptoms). However, additional research is needed to fully understand if this is the case.

The present results should be interpreted in the context of several limitations. First, the generalizability of the findings is limited because all study participants were Black female undergraduates in the Southeast. For example, because microaggressions are hypothesized to have a cumulative negative effect (Solórzano et al., 2000), the mental health impact of PRMi may be lower in a sample of college-aged Black women compared with the same sample in middle-age. Also, because racial prejudice has been found to be higher among Whites in the South (Kuklinski, Cobb, & Gilens, 1997), the Black women in this sample may have experienced more overt and/or covert racism than Black women in other parts of the United States. Second, different findings related to the PRMa variable may have resulted if a questionnaire designed specifically to assess racial macroaggressions was used. Unfortunately, no such questionnaire exists presently. Third, self-report data related to racism experiences may not reflect participants' actual encounters with racism.

Despite these limitations, we believe our study provides important contributions to the literature. Our findings clearly show that PRMa and PRMi are prevalent experiences in Black women's lives, providing a strong counterpoint to the argument that the United States is a postracial, colorblind society (Dyson, 2008). Our findings also indicate that PRMa and PRMi are deleterious to the mental health of Black women in similar *and* different ways. Thus, it is important for future research on PRD to separate the influences of PRMa and PRMi. Furthermore, it is not clear what variables might moderate and/or mediate the relationship between PRMa/PRMi and mental health. For example, research shows that problem-focused coping minimizes the positive relationship between PRD experiences and depressive symptoms in Black women (West, Donovan, & Roemer, 2010). Would this pattern hold if the PRMa and PRMi dimensions of PRD were examined? Such studies are important, because they will provide Black women, and those practitioners who work with them, the tools necessary to understand and buffer the negative effects of overt and covert racial discrimination.

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