

The Mental Health Implications of Experiencing Racial/Ethnic Microaggressions Among Latina/os: Cognitive, Affective, and Behavioral Components

Kelly M. Moore
Marquette University

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THE MENTAL HEALTH IMPLICATIONS OF EXPERIENCING RACIAL/ETHNIC
MICROAGGRESSIONS AMONG LATINA/OS: COGNITIVE,
AFFECTIVE, AND BEHAVIORAL COMPONENTS

by

Kelly M. Moore, M.S.

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ABSTRACT
THE MENTAL HEALTH IMPLICATIONS OF EXPERIENCING RACIAL/ETHNIC
MICROAGGRESSIONS AMONG LATINA/OS: COGNITIVE,
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Kelly M. Moore, M.S.

Marquette University, 2012

The present study sought to elucidate the cognitive, affective, and behavioral components associated with the experience of racial/ethnic microaggressions among Latina/os, and the mental health outcomes of this form of discrimination. The study examined data from 175 Mexican and Mexican-American Latina/o adults recruited from a large Latina/o ethnic festival in a moderately-sized Midwestern city. Methodology of the present study incorporated innovative materials, including a quantitative measure of racial/ethnic microaggressions and a vignette to elicit an experience of a racial/ethnic microaggression. Results showed that past six-month experiences with racial/ethnic microaggressions are predictive of psychological distress. Overall, one's greater affective stress response to a microaggression experience resulted in increased probability of the participant having clinically-significant psychological distress, while use of social coping was protective against psychological distress. Differences were determined for sociodemographic variables, including gender and nativity status. The present study provides better understanding of the psychological components associated with racial/ethnic microaggressions, and offers insight for theory, future research, and clinical practice with Latina/os.

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INTRODUCTION

Given the rapid growth of the Latina/o population in the United States in recent years, research related to the mental health experiences and distress of Latina/os has emerged as a crucial area of study. Americans who identify as Latina/o or Hispanic account for 16% of the current U.S. population, and the Latina/o population increased by 15.2 million people between 2000 and 2010 (U.S. Census Bureau, 2011). Among Latina/os, lifetime prevalence of depressive disorders was found to be 15.4%, prevalence of anxiety disorders was found to be 15.7%, and prevalence of substance use disorders was found to be 11.2% (Alegría et al., 2008). Latina/o mental health must be considered in light of the current focus on policy issues and racial/ethnic discrimination related to Latina/o immigration. With the heightened scrutiny of Latina/os in modern American culture, there are psychological and sociopolitical implications for understanding the racial/ethnic experiences of Latina/os more clearly. Further, determination of the etiology and correlates of health disparities among Latina/os must take into account racial/ethnic discrimination.

Among many potential factors related to mental health outcomes, the stress associated with experiencing discrimination among nondominant groups contributes considerably to mental health impairments (Anderson, 1989; Balls Organista, Organista, & Kurasaki, 2003; Brondolo, Gallo, & Myers, 2009; Clark, Anderson, Clark, & Williams, 1999; Eccleston & Major, 2006; Mays, Cochrane, & Barnes, 2007; Moradi & Risco, 2006; Williams & Williams-Morris, 2000), particularly depressive symptomatology and negative moods such as feelings of anger and sadness (Bennett, Merritt, Edwards, & Sollers, 2004; Kessler, Mickelson, & Williams, 1999; Paradies,

2006; Swim, Hyers, Cohen, Fitzgerald, & Bylsma, 2003). The findings of epidemiological studies have supported this relationship between exposure to racial/ethnic discrimination and diagnosed mental illness (Carter, 1994; Gee, 2002; Kessler, Mickelson, & Williams, 1999) and symptoms of anxiety, depression, and hostility (Bowen-Reid & Harrell, 2002; Cassidy, O'Connor, Howe, & Warden, 2004; Karlsen & Nazroo, 2002; Klonoff & Landrine, 1999; Noh & Kaspar, 2003). Hwang and Goto (2008) demonstrated an association between perceived discrimination and various indicators of mental health, including depression, suicidal ideation, trait anxiety, and state anxiety. Among a sample of Latina/os, perceived discrimination was related to past-month drinking days and binge drinking (Tran, Lee, & Burgess, 2010). Research has also demonstrated an association between perceived discrimination and stress-related medical disorders and cardiovascular risk factors (e.g., hypertension, low birth weight, ambulatory blood pressure, and carotid artery disease; Anderson, 1989; Brondolo, et al., 2008; Brondolo, Rieppi, Erickson, et al., 2003; Collins, David, Handler, Wall, & Andes, 2004; Din-Dzietham, Nembhard, Collins, & Davis, 2004; Harrell, Hall, & Taliaferro, 2003; Mays, Cochran, & Barnes, 2007; Peters, 2004; Steffen, McNeilly, Anderson, & Sherwood, 2003; Troxel, Matthews, Bromberger, & Sutton-Tyrrell, 2003).

Perceived discrimination has been linked to psychological distress for a number of nondominant groups, including White women (Landrine, Klonoff, Gibbs, Manning, & Lund, 1995; Moradi & Subich, 2002, 2004); African Americans (Landrine & Klonoff, 1996; Utsey & Ponterotto, 1996); Asian Americans (Cassidy, O'Conner, Howe, & Warden, 2004; Lee, 2005; Moradi & Hasan, 2004); Latina/os (Chou, Asnaani, & Hofmann, 2012; Hwang & Goto, 2008); and gay, lesbian, and bisexual individuals

(Meyer, 1995; Waldo, 1999). Although the study of discrimination and its associated mental health outcomes is particularly relevant for Latina/os within modern American culture, limited research has been conducted examining these experiences among Latina/os specifically (Araújo & Borrell, 2006; Eccleston & Major, 2006; Moradi & Risco, 2006). Much of the existing research related to discrimination and associated mental health outcomes has been conducted with African Americans and women. Studies have determined that Latina/os experience discrimination at comparable levels as African Americans (Roberts, Swanson, & Murphy, 2004; Schneider, Hitlan, & Radhakrishnan, 2000); however, it is not sufficient to extrapolate the findings of these studies to Latina/os.

Although explicit forms of racial/ethnic discrimination are relatively uncommon in modern American society, covert forms of discrimination remain prevalent (Kessler, Mickelson, & Williams, 1999; Swim, Cohen, & Hyers, 1998; Tougas, Desruisseaux, Desrochers, St-Pierre, Perrino, & La Sablonniere, 2004). This may be due to the persistence of negative stereotypes among cultural groups (Williams & Williams-Morris, 2000). Members of nondominant groups may experience discrimination on a weekly basis (Brondolo, Beatty, et al., 2009), making the threat of such experiences a part of daily life (Al-Issa & Tousignant, 1997; Feagin & Sikes, 1994; Landrine & Klonoff, 1996; Major, Quinton, & McCoy, 2002). Covert acts of discrimination are considered to be subtle and ambiguous, and therefore difficult to identify.

The study of racial microaggressions has emerged as a critical area of research related to covert discrimination. Racial microaggressions are conceptualized as “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional

or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color” (Sue, Capodilupo, et al., 2007, p. 271). These insults are tenuous, and typically occur unconsciously and automatically on the part of the perpetrator (Solórzano, Ceja, & Yosso, 2000). The “invisibility” of these experiences to both target and perpetrator (Sue, Capodilupo, et al., 2007) make them more difficult to identify and characterize than overt discrimination (DeRicco & Sciarra, 2005; Ridley, 1989; Sue, Capodilupo, et al., 2007). Because the intent and meaning of the microaggression may be elusive, the target may be left with unresolved thoughts and emotions related to the experience, potentially causing psychological distress.

The present study builds upon prior research in order to further examine the relationship between discrimination and mental health among Latina/os. This study sought to investigate the experiences and components of racial/ethnic microaggressions, including cognitive, affective, and behavioral elements, for Mexican and Mexican-Americans, and their influence on mental health. This conceptualization is based upon the stress and coping framework proposed by Lazarus and Folkman (1984), which incorporates appraisal, emotion, and coping in the response of a stressful encounter. In this study, participants were exposed to a situation involving a racial/ethnic microaggression, in order to examine the associated cognitive, affective, and behavioral responses. The cognitive component was represented by whether participants made an attribution to discrimination, the affective component was characterized by stress, and the behavioral component was represented by coping, in response to the racial/ethnic microaggression experience. Another focus was examining whether the responses to a racial/ethnic microaggression differed by participant gender and nativity status (i.e.,

being U.S.-born or foreign-born). The present study utilized innovative methodology, including a microaggression vignette and a recently-developed quantitative measure of racial/ethnic microaggressions (Nadal, 2011). The vignette approach was used in the present study in order to elicit an imaginal experience of a microaggression without reliance upon retrospective report of past microaggressions. By including the vignette at the beginning of the study, participants were not primed for a response bias in reporting racial/ethnic microaggressions, as they may be from a checklist scale that is face-valid in its examination of these experiences. Further, by including a general stress vignette and a neutral vignette, differences among the groups would indicate whether the attribution to discrimination, stress, and coping response are unique, given an experience thought to elicit a racial/ethnic microaggression. By examining participants' responses to a racial/ethnic microaggression, greater understanding of the underlying mechanisms explaining the negative impact of discrimination on mental health can be elucidated.

Racial Microaggressions

Research examining covert discrimination has used various terms such as *aversive racism* (Dovidio & Gaertner, 2000; Dovidio, Gaertner, Kawakami, & Hodson, 2002; Mastro, Behm-Morawitz, & Kopacz, 2008), *symbolic racism* (Sniderman & Tetlock, 1986), and *unconscious racism* (Quillian, 2006, 2008). Covert discrimination research has historically focused on the perpetrator, rather than the target, of discrimination.

The study of racial/ethnic microaggressions focuses on the subtle, common insults toward people of color from the target's perspective (Sue, Capodilupo, et al., 2007). A taxonomy of racial/ethnic microaggressions was developed by Sue and colleagues (2007) through qualitative methods, including review of literature and incorporation of personal

narratives from focus group participants of color. Sue and colleagues classified nine categories of racial/ethnic microaggressions into three major forms: microassault, microinsult, and microinvalidation. The microassault is a “verbal or nonverbal attack meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory action” (p. 274). Because this form of racial microaggression is conscious and intentional, microassaults are not likely to be perpetrated publicly and most often occur at the systemic level. The microinsult refers to “communications that convey rudeness and insensitivity and demean a person’s racial heritage or identity” (p. 274). Microinsults are typically unconscious but express a demeaning message, either verbally or nonverbally, to the target. The authors emphasize that the context of the situation in which the microinsult occurs is particularly important in the perception of discrimination. Microinvalidations represent “communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color” (p. 274). It has been hypothesized that the elusive nature of covert forms of racism may make them more psychologically harmful to a target than overt forms of discrimination given the chronic exposure a target may experience (Solórzano, Ceja, & Yosso, 2000).

The study of racial/ethnic microaggressions has expanded in recent years among various groups considered historically nondominant in American society, including African Americans (Constantine, Smith, Redington, & Owens, 2008; Solórzano, Ceja, & Yosso, 2000; Sue, Capodilupo, & Holder, 2008; Watkins, LaBarrie, & Appio, 2010); Asian Americans (Sue, Bucceri, Lin, Nadal, & Torino, 2007; Wang, Leu, & Shoda, 2011); Latina/os (Huynh, Devos, & Dunbar, 2012; Rivera, Forquer, & Rangel, 2010; Yosso, Smith, Ceja, Solórzano, 2009); indigenous persons (Hill, Kim, & Williams,

2010); lesbian, gay, and bisexual persons (Nadal, et al., 2011; Shelton & Delgado-Romero, 2011); and university students of color (Sue, Lin, Torino, Capodilupo, & Rivera, 2009; Yosso, Smith, Ceja, Solórzano, 2009). Research has also addressed the implications of microaggressions in clinical practice (e.g., within cross-racial counseling relationships; Constantine, 2007; Constantine & Sue, 2007; Sue, Capodilupo, et al., 2007; Sue, Nadal, et al., 2008) and as a potential barrier to open class discussion (Sue, Lin, Torino, Capodilupo, & Rivera, 2009). A recent study extended the psychological study of microaggressions to analyze the representation of microaggression cases in federal court dockets (King et al., 2011). Experiences with microaggressions have been associated with anxiety, binge drinking, and negative emotion intensity (Blume, Thyken, Lovato, & Denny, 2012; Wang, Leu, & Shoda, 2011).

It remains important to focus on the experiences of Latina/os and to take into account the distinctiveness of this racial/ethnic group. In particular, Mexican and Mexican-Americans may encounter a unique set of discriminatory events, given current national issues related to immigration. A study examining Latina/o experiences with microaggressions (Rivera, Forquer, & Rangel, 2010) indicated that the sample of adults endorsed the experiences of being assumed to be inferior or a criminal, being exoticized, and being treated as a second-class citizen. A critical gap in the existing research on microaggressions, particularly for Latina/os, is that few studies have examined the mental health consequences of experiencing racial/ethnic microaggressions. Studying microaggressions poses a unique challenge because they “are difficult to identify, quantify, and rectify because of their subtle, nebulous and unnamed nature” (Sue, Capodilupo, et al., 2007, p.272). However, a newly-developed measure of

microaggressions (the Racial and Ethnic Microaggressions Scale; Nadal, 2011) takes into account the microaggressions experienced by Latina/os, and allows for quantitative study of racial/ethnic microaggressions. Continued classification of such discriminatory events, development of a theoretical understanding of the components of the experience, and impact on mental health are critical.

Perceived Discrimination as a Stressor

Because the study of microaggressions is a burgeoning field, drawing upon existing research on perceived discrimination more broadly provides a foundation for understanding the connection between racial/ethnic microaggressions and mental health. Perceived discrimination is defined as a chronic life stressor among nondominant groups (Clark, Anderson, Clark, & Williams, 1999; Klonoff & Landrine, 1995), and is generally studied using measures or checklists of discriminatory events (e.g., the Perceived Racism Scale for Latinos, Collado-Proctor, 1999; Everyday Discrimination Scale, Williams, Yu, Jackson, & Anderson, 1997). Racial/ethnic discrimination research has historically focused on perpetrators' prejudicial beliefs and acts of discrimination against targets in nondominant groups (Banaji & Greenwald, 1994; Devine, 1989; Gaertner & Dovidio, 1986). This focus on perpetrators has been the norm in research of other forms of discrimination as well, including sexism (Deux, 1984), ageism (Hummert, 1990), heterosexism (Haddock, Zanna, & Esses, 1993), and sizism (Crandall, 1994). In response to the current state of the literature, there has been increased attention placed upon understanding the discriminatory experiences of targets, and the outcomes and challenges related to being a member of a nondominant group.

Although race/ethnicity-based psychological and physiological health disparities have been documented (Brondolo, Gallo, & Myers, 2009; Contrada, et al., 2000; Harrell, 2000; Harrell, Hall, & Taliaferro, 2003; Hwang & Goto, 2008; Mays, Cochran, & Barnes, 2007; Moradi & Risco, 2006; Paradies, 2006; Williams, 2004; Williams & Mohammed, 2009; Williams, Neighbors, & Jackson, 2003; Williams & Williams-Morris, 2000), they are not well understood. It has been proposed that various stressors related to racial/ethnic status may contribute to such health disparities. Exposure to discrimination, including race/ethnicity-related social rejection or exclusion and perceptions of the self as a target, has been conceptualized as a chronic stressful event (Clark, Anderson, Clark, & Williams, 1999; Eccleston & Major, 2006; Klonoff & Landrine, 1995; Meyer, 1995, 2003).

Research has used outcomes of psychological distress and stress-related health problems to conceptualize discrimination as a chronic stressor (Broudy, et al., 2007; Clark, Anderson, Clark & Williams, 1999; Lopez, 2005; Ong, Fuller-Rowell, & Burrow, 2009; Outlaw, 1993). Race/ethnicity-related stress has been positively associated with depression, when general stress has been controlled (Wei, Liao, et al., 2010). A study by Ong, Fuller-Rowell, and Burrow (2009) examined the influence of chronic discrimination on daily mental health in a sample of African Americans. The authors found that chronic discrimination influenced mental health negatively through an accumulation or “bundling of daily negative events across multiple life domains (e.g., family, friends, finances, health)” (p. 1267). In a study of the effects of discrimination on mood and social interactions, Broudy and colleagues (2007) found that exposure to discrimination was associated with negative mood (i.e., anger, sadness, and nervousness) and perceptions of

daily social interactions as harassing or exclusionary. The effects of discrimination on mood and social interaction were present when individual variables were controlled, thus supporting the conceptualization of discrimination as a stressor, rather than an individual's negative perceptions of others' actions. Several studies have also conceptualized racial/ethnic discrimination as trauma, with associated symptoms consistent with those typical of traumatic experiences (Flores, Dimas, Tschann, Pasch, & de Groat, 2010; Helms, Nicolas, & Green, 2010; Pieterse, Carter, Evans, & Walter, 2010). Taken together, the existing research provides a foundation for studying the potential consequences of racial/ethnic microaggressions, as they may also be conceptualized as chronic stressors that are common and impact daily life.

A limitation of the current state of research related to discrimination is the lacking focus on the experiences of Latina/os. Much of the research related to discrimination has examined the experiences of African Americans and women. The dearth of research examining the discriminatory experiences of racial/ethnic groups other than African Americans leaves a gap in understanding how the experiences or underlying framework of discrimination of one group may relate to another. Further, it may not be appropriate to generalize models used to understand discrimination across racial/ethnic groups. Although there is value in using the findings of such studies to inform understanding of the experiences of Latina/os, these groups and their experiences are unique. Although members of the dominant culture may have negative stereotypes and prejudicial views towards several groups, the negative perceptions may be quite different (Eagly & Mladinic, 1989; Gaertner & Dovidio, 1986), given the nature of prejudice toward the

target group and its unique history and expression (Fiske & Stevens, 1993; Young-Bruehl, 1996).

Transactional Stress and Coping Framework

The transactional stress and coping framework developed by Lazarus and Folkman (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Lazarus, 1999; Lazarus & Folkman, 1984) and extended by Clark and colleagues (Clark, Anderson, Clark, & Williams, 1999) has provided a foundation for research examining the psychological experiences of ethnic minorities (Major, 2004) and understanding the influence of discriminatory experiences on health (Brondolo, Rieppi, Kelly, & Gerin, 2003; Clark, Anderson, Clark, & Williams, 1999; Outlaw, 1993). Discrimination may be conceptualized as a social stressor within the stress and coping framework. Broudy and colleagues (2007) outlined two pathways through which discrimination may be associated with increased stress. The first occurs through the repeated, acute experiences of discrimination that occur in daily life. It is thought that each discriminatory experience requires coping efforts, potentially straining one's coping resources. The second pathway may occur when past discriminatory experiences affect stress through the appraisal of new situations. A study by Brondolo and colleagues (2003) demonstrated that repeated past exposure to discrimination may increase the likelihood that individuals will appraise new experiences as potentially threatening and harmful. Research has also shown that past exposure to discrimination is associated with an increased physiological stress response in new situations, both involving discrimination and not involving discrimination (Clark, 2000; Gyll, Matthews, & Bromberger, 2001).

Gallo and Matthews (2003) used the stress and coping framework to examine the influence of social stressors related to socioeconomic status on physical health, and proposed the Reserve Capacity Model to describe this relationship. This model explains that coping resources must be used when an individual experiences a negative social interaction. The stress of the negative social interaction and the subsequent reduction of coping resources may affect mood negatively. The study found that negative emotions (i.e., depression, hopelessness, hostility) and cognitions associated with the social interaction related to cardiovascular health problems. This model can be used to inform a conceptualization of the experience of racial/ethnic microaggressions, as the negative social interaction may tax coping resources in order to manage the associated psychological distress. The racial/ethnic microaggression experience is also thought to elicit negative emotions and cognitions. The use of stress and coping models provides an appropriate foundation for studying the experience of racial/ethnic microaggressions, including cognitive attribution, stress exposure, use of coping resources, and resultant impairment of health.

Cognitive component

The framework of psychological stress and coping (Lazarus & Folkman, 1984) includes cognitive appraisal and coping in the relationship between a stressful encounter and mental health outcomes. Within this theory, the cognitive appraisal process is used by an individual to determine whether an encounter may be significant and, if so, whether this encounter is potentially threatening to well-being. The individual also determines whether she or he can affect the potential consequences of the encounter. The individual

may then employ coping techniques to decrease the negative consequences of the encounter on well-being.

The dominant approach in studying the cognitive component of experiencing discrimination relates to attributions to discrimination, or the systematic consideration of the encounter, and conclusion regarding whether discrimination was involved (Crocker, Major, & Steele, 1998; Major, Quinton, & McCoy, 2002; Sechrist, Swim, & Stangor, 2004). The cognitive appraisal process is influenced by one's expectations about the interactions between perpetrators and targets. The cognitive process also gives meaning to events and influences responses to those events. It is particularly important to understand the cognitive process that targets of microaggressions utilize because of the invisible, elusive nature of the experience. Sue and colleagues (Sue, Capodilupo, et al., 2007) discuss the experience of the "nagging question" of whether a negative interpersonal incident is best explained by discrimination. There exists a desire to understand the vague sense that an individual has been wronged or that something is "not right" (Franklin, 2004; Reid & Radhakrishnan, 2003). Because these incidents may be explained by discrimination or by another plausible cause, an attribution process likely occurs.

Unlike overt forms of discrimination, in which a negative experience or outcome may be clearly understood as the consequence of discrimination, racial/ethnic microaggressions are ambiguous. A target of discrimination may therefore experience *attributional ambiguity* upon experiencing a microaggression, in which the negative interaction or outcome may either be explained by assigning the cause to discrimination or to something else. When an ambiguous negative interpersonal encounter occurs, the

individual may consider whether it is due, for example, to personal failure (Major, Quinton, & McCoy, 2002) or due to prejudiced beliefs towards one's group within the social context (Crocker, Major, & Steele, 1998). If the latter cause is accepted, the individual has made an attribution to discrimination.

Research in the area of attribution to discrimination began with Crocker and Major's (1989) seminal article examining the protective nature of group identification on self-concept among stigmatized groups. There has been increased interest within social psychology related to understanding the meaning and consequences of attributing negative outcomes to discrimination (Heatherton, Kleck, Hebl, & Hull, 2000; Swim & Stangor, 1998). Much of the research has compared the psychological consequences of making or failing to make an attribution (Branscombe, Schmitt, & Harvey, 1999; Crocker & Major, 1989; Crocker, Voelkl, Testa, & Major, 1991; Major, Kaiser, & McCoy, 2003; Major, Quinton, & McCoy, 2002; Sechrist, Swim, & Stangor, 2004; Torres, 2009). The existing research has examined the consequences of attributions to discrimination on mood (Sechrist, Swim, & Mark, 2003; Swim, Hyers, Cohen, & Ferguson, 2001); however, self-esteem has most frequently been used as the outcome measure of such research (Eccleston & Major, 2006; Major, Kaiser, & McCoy, 2003; Major, Quinton, & McCoy, 2002). Self-esteem is considered an important component of psychological functioning (Taylor & Brown, 1988), and relates to general life satisfaction (Diener, 1984).

Attribution to discrimination has been incorporated into studies of mental health outcomes, with inconsistent results. Perceiving oneself as a target of discrimination has been associated with negative physical and psychiatric symptoms (Landrine & Klonoff,

1996). The conceptualization of this relationship by Crocker and Major (1989) is that self-concept is a reflection of others' appraisals of the self and, when targets experience discrimination, they internalize the negative, prejudicial attitudes towards their group. The efficacy-based approach conceptualizes a lack of control over one's environment as the mechanism through which self-concept is harmed (Gecas & Schwalbe, 1983; Ruggiero & Taylor, 1997). It is thought that targets may lack a sense of control in racial/ethnic microaggression experiences. A study by Eccleston and Major (2006) examined the relationship between perceived discrimination and self-esteem, using the concepts of learned helplessness theory (Abramson, Seligman, & Teasdale, 1978). This theory asserts that cognitive appraisals of negative events as stable versus unstable, global versus specific, severe versus minor, and controllable versus uncontrollable can be used as predictors of negative mental health outcomes (Abramson, Seligman, & Teasdale, 1978; Seligman, Abramson, Semmel, & von Baeyer, 1979; Taylor, Lichtman, & Wood, 1984). Pervasive discrimination, such as that encountered by nondominant racial/ethnic groups living in the U.S., is quite stable and is often experienced as a central threat to self-concept and well-being (Branscombe, Schmitt, & Harvey, 1999). The learned helplessness theory can inform the study of racial/ethnic microaggressions because this form of discrimination is pervasive, which may increase the likelihood that targets appraise events as stable, global, severe, and uncontrollable. Further, the subtle nature of racial/ethnic microaggressions and their continued prevalence may influence such experiences to be perceived as uncontrollable.

Branscombe, Schmitt, and Harvey (1999) discussed the harm to self-esteem and mental health associated with social rejection and exclusion encountered by nondominant

groups. They argued that individuals in these groups avoid attributing negative experiences to discrimination. Targets of discrimination may be motivated not to make attributions to discrimination, because doing so would threaten one's belief in a just world, may decrease one's sense of control over outcomes in life, and may require recognition that others do not like or accept the individual and her/his in-group (Ruggiero & Taylor, 1997; Ruggiero, Taylor, & Lydon, 1997; Tyler & Lind, 1992). Studies have found that nondominant group members avoid attributing negative events to discrimination, preferring to rationalize the event as due to personal inadequacies (Branscombe, Schmitt, & Harvey, 1999; Ruggiero & Taylor, 1995, 1997). Targets have also been found to protect themselves from such slights to self-esteem by employing cognitive tools, such as comparison to one's in-group rather than out-group, and using in-group standards of comparison (Crocker & Major, 1989; Turner, Hogg, Oakes, Reicher, & Wetherell, 1987).

In contrast to the literature cited above, research has also shown that a target's failure to make attributions to discrimination may lead to reduced self-esteem (Major, Kaiser, & McCoy, 2003), as well as acceptance and internalization of the underlying prejudice (Meyer, 2003), indicating that there may be a self-protective function of attributing negative outcomes to discrimination. Failing to make an attribution to discrimination may allow targets to consider the event as less central to themselves and less stable and internal, offering protection from damage to self-esteem. Sechrist, Swim, and Mark (2003) discussed the reasons individuals may underestimate their experiences as targets of discrimination, which may include avoiding negative emotions such as anger or depression (Feldman-Barrett & Swim, 1998), seeking to maintain a worldview that one

experiences what is deserved in life (Lipkus & Siegler, 1993), and denying the lack of privilege and opportunities for one's in-group (Furnham & Proctor, 1989). There may also be interpersonal motivations, such as not wanting to be viewed by others as discourteous or rude, not wanting to complain, and not wanting to cause the perpetrator to feel badly (Kaiser & Miller, 2001; Swim & Hyers, 1999). This research related to the need to protect the self and one's social relationships demonstrates the potential importance of the target's cognitive appraisal of the experience as well as one's behavioral response.

Given the pervasiveness and persistence of racial/ethnic microaggressions in modern society, the attribution process is likely a regular component of daily life for nondominant groups. Such omnipresent negative views from the dominant out-group are likely to harm self-concept and psychological well-being, possibly through hopelessness or resignation (Branscombe, Schmitt, & Harvey, 1999). This cognitive component must therefore be better understood in the context of racial/ethnic microaggressions and their impact on mental health. Further, because much of the research in this area includes self-esteem as the outcome variable-of-interest, it is important to examine the relationship between attribution to discrimination and psychological distress.

Affective component

The affective component of the present study represents the state-dependent emotional response of experiencing a racial/ethnic microaggression. Discrimination has been conceptualized as a stressful event capable of harming physical and mental health (Branscombe, Schmitt, & Harvey, 1999). It is important to study the affective consequences of the experience of discrimination because "the experience of prejudice or

discrimination is in itself predominantly affective in nature” (Sechrist, Swim, & Mark, 2003, p. 525). Researchers have speculated that appraisals of discrimination may be an important determinant of its affective consequences (Schmitt & Branscombe, 2002), possibly through the internalization of the disempowering messages underlying discrimination (Crocker, Voelkl, Testa, & Major, 1991). Although the relationship between affective states and stereotyping among perpetrators has been examined (Schwarz & Clore, 1996; Sinclair, 1998), there has been little research seeking to understand the role of affect in the experience of discrimination among targets (Sechrist, Swim, & Mark, 2003). Further, the affective component of perceived discrimination has not been sufficiently studied in Latina/os.

Research has begun to examine how a target’s affect may inform attributions to discrimination (Moradi & Risco, 2006). One’s affect has been conceptualized as a means for the individual to identify and use feedback related to her or his internal psychological state to make judgments about current situations (Schwarz, 1990; Schwarz & Clore, 1996). This affect-as-information approach regards affective states as tools the person may use to process information and, therefore, make judgments and decisions (Sechrist, Swim, & Mark, 2003). Affect is used when making judgments, particularly when there is no salient external source deemed responsible for the affective state (Clore, Gasper, & Garvin, 2001), when the situation provides minimal information, when the decision requires complex processing, or when a time constraint is involved (Clore, Schwarz, & Conway, 1994). This information may be used to make attributions to discrimination. However, due to the subtle nature of racial/ethnic microaggression, an external source may not be readily identifiable; therefore, the affective response may be an important cue

about the situation, particularly whether the situation involves discrimination (Schwarz, 1990; Schwarz & Bless, 1991; Schwarz & Clore, 1988).

Moradi and Risco (2006) investigated the relationship between affect and attribution to discrimination. They discussed a cycle in which negative affect and expectations of discrimination perpetuate experiences of discrimination. Namely, when targets consider themselves vulnerable to discrimination, they have greater feelings of anger and depression, which leads to greater reported experiences of discrimination. These experiences, in turn, negatively impact affect and enhance future expectations of discrimination. Therefore, this cycle represents a vulnerability for those who make attributions to discrimination and experience related negative affect.

Social psychological theories of prejudice and stereotyping have sought to understand the human tendency to utilize schemes for various groups. The dual-process model (Devine, 1989; Devine & Baker, 1991) has been used to explain the complementary cognitive components involved in attitude development (Gregg, Seibt, & Banaji, 2006) by integrating an automatic/implicit process with a controlled/explicit process. The dual-process model influences the conceptualization that both an automatic affective response and a more controlled cognitive response may be involved in the experience of a racial/ethnic microaggression. The implicit attitudes are the result of repeated exposure to such attitudes in one's culture and are conjured automatically. The explicit attitudes integrate rules and personal beliefs in a way that provides flexibility in the development of an attitude (Gregg, Seibt, & Banaji, 2006). Research examining the dual-process model focus on explicit versus implicit attitudes of perpetrators of discrimination but have not been used to understand the experiences of targets.

Research examining automatic and implicit cognition related to discrimination has employed the Implicit Association Test (IAT; Baron & Banaji, 2006; Greenwald, McGhee, & Schwartz, 1998). The associations made in this test are between stimuli that represent a category, such as Latino/White, and an attribute, such as good/bad. Research using the dual-process model may be adapted for the present study in order to understand the target's experience of discrimination. Namely, the target may have an automatic/intrinsic response to the racial microaggression in the form of a change in affective state. According to Swim and Hyers (1999), this internal response can be "characterized by immediate thoughts and feelings about the offensiveness of the incident and whether to confront" (p. 71). This may be marked by emotional and/or physiological arousal. This arousal may then activate the mood-as-information strategy of understanding one's situation given his or her current mood state. Therefore, the explicit/controlled response corresponds to the cognitive component of making an attribution to discrimination.

Behavioral component

Encountering racial/ethnic microaggressions is thought to be a commonplace experience in the daily lives of targets, (Al-Issa & Tousignant, 1997; Feagin & Sikes, 1994; Landrine & Klonoff, 1996; Major, Quinton, & McCoy, 2002), likely requiring them to determine whether and how to respond. The behavioral component of the present study is represented by the coping response. According to the stress and coping framework, emotional responses to a stressful encounter are a function of how the individual cognitively appraises the event and the coping strategies they use to respond to the event if it is appraised as stressful (Lazarus, 1999; Lazarus & Folkman, 1984). When

an encounter is taxing on the adaptive resources of an individual, it is appraised as stressful and requires a coping response. Therefore, the type and effectiveness of the coping response used by the individual contributes to the emotional response and mental health. It is important to understand how behavioral responses relate to the cognitive and affective components, and how coping may influence mental health.

Because targets of discrimination encounter challenging experiences regularly, various cognitive and behavioral coping strategies may be employed to limit negative outcomes (Crocker & Major, 1989; Feagin, 1991; Fitzgerald, Swan, & Fischer, 1995; Hyers & Swim, 1998; Lalonde & Cameron, 1994; Swim & Hyers, 1999; Wright, Taylor, & Moghaddam, 1990). Targets of discrimination have been considered “stress managers” who use internal and external strategies to respond to discrimination (Fitzgerald, Swan, & Fischer, 1995). Coping strategies may be categorized in various ways (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Hennessy & Wiesensthal, 1997; Mallet & Swim, 2005); a common distinction is made between direct coping and indirect coping (Carrico et al., 2006). The intention of direct coping (also called problem-focused or active coping) is to “deal with the root of a problem directly by removing or circumventing the source of stress” in an active manner (Hennessy & Wiesensthal, 1997, p. 349). Research examining active coping among Latina/os has demonstrated its association with better mental health outcomes (Crockett, et al., 2007; Torres, 2010; Torres, Driscoll, & Burrow, 2010; Torres & Rollock, 2007).

Indirect coping (also called emotion-focused or passive coping) refers to the internal regulation of the experience, or escaping the source of distress of the problem, rather than confronting it (Folkman & Lazarus, 1984). In indirect coping, the individual

adapts to the environment rather than altering the environment to manage stress. In comparison with direct coping, indirect coping is less effective in managing mental health outcomes (Holmes & Stevenson, 1990). Further, use of indirect coping has been associated with increased depression, anxiety, and psychological distress (Clement & Schonnesson, 1998; David, Montgomery, & Bovbjerg, 2006; Shaw, Han, Hawkins, McTavish, & Gustafson, 2008).

Social coping refers to seeking support from others, and is important in the study of coping among Latina/os given the cultural value of *familismo*. This cultural concept represents a strong sense of family, including a tendency to rely up one's social network for support (Atkinson, 2004). Social support has been associated with positive mental health outcomes for Latina/os (Dunn & O'Brien, 2009; O'Brien & DeLongis, 1997). There may be interactions among coping strategies as well; for example, indirect coping has been found to reduce depression only when social support was also available (Noh & Kaspar, 2003). A study by Alvarez and Juang (2010) examined the mediating effects of several types of coping on the relationship between perceived discrimination and psychological distress among a sample of Filipina/o Americans. The study found that, among men, direct coping was negatively associated with psychological distress, while indirect and social coping were positively associated with psychological distress. Among women, indirect coping was also negatively associated with psychological distress. This study offers important information related to the effectiveness of various coping strategies, given racial/ethnic discrimination.

Individual and cultural variables

Examining individual and cultural factors is important for understanding targets' tendencies to make attributions to discrimination, be psychologically affected by discrimination, and cope with discrimination. Previous research has extended calls for culturally-appropriate frameworks that take into consideration within-group variability in personal characteristics that may influence Latina/o mental health, given experiences with discrimination (Casas, Vasquez, & Ruiz de Esparza, 2002; Gloria, Ruiz, & Castillo, 2004; Moradi & Risco, 2006; Romero, 2000).

Because research has shown that targets respond differently to perceived discrimination (Eccleston & Major, 2006), it is important to consider the variables that influence the mechanisms and relationships within the cognitive, affective, and behavioral components (Burris & Branscombe, 1993; Fischer & Shaw, 1999). Characteristics of the target that are present when a discriminatory encounter occurs, such as mental health status (Broudy, et al., 2007; Sechrist, Swim, & Mark, 2003), existing knowledge about prejudice (Stangor, et al., 2003), and past experiences with discrimination (Schmitt & Branscombe, 2002) influence one's experience of discrimination.

The present study examined the individual variables of gender and nativity status in regard to experiences with racial/ethnic microaggression. Gender is an important individual factor to consider in research with Latina/os because of differences in psychiatric and symptom prevalence. Women, regardless of race/ethnicity, are 1.7 times more likely to experience major depression during their lifetime than men (Kessler et al., 2003). Latinas have consistently been found to experience more internalizing disorders,

including major depression, compared to male counterparts (Kessler et al., 2003; Kessler, Chiu, Demler, & Walters, 2005; Rosenfield, 1999). Latinas have endorsed higher levels of depression and stress, and lower levels of life satisfaction, compared to Latino men (Cuellar, Bastida, & Braccio, 2004). Further, migration has been found to affect Latinas more negatively than Latino men (Allen, Amason, & Holmes, 1998). Coping strategies may also differ by gender, given traditional cultural values, cultural expectations, and traditional gender roles. Because coping is contextual in nature, Folkman, Lazarus, and colleagues emphasize that “particular person and situation variables together shape coping efforts” (1986, p. 993). Individuals coping with discrimination use various forms of coping and with varied effectiveness (Brondolo, ver Halen, Pencille, Beatty, & Contrada, 2009); therefore, there may be important individual factors to consider related to coping.

In studying the Latina/o population, it is important to consider the potential differences of ethnic subgroups. The categories, severity, and impact of experiencing racial/ethnic microaggressions may differ among subgroups, with some microaggression categories more salient than others. The present study includes Mexican and Mexican-American participants only, which allows for examination of one racial/ethnic subgroup. However, there may be differences among Mexicans and Mexican-Americans based upon nationality. It is thought that nativity status (i.e., U.S.-born or foreign-born) may influence the target’s attributions and reactions to racial/ethnic microaggressions. Research has examined the effect of nativity status on the experience of psychiatric disorders (Alegría, Canino, Stinson, & Grant, 2006; Burnam, Hough, Karno, Escobar, & Telles, 1987; Ortega, Rosenheck, Alegría, & Desai, 2000; Vega, Alderete, Kolody, &

Aguilar-Gaxiola, 1998). U.S.-born Latina/os have generally been found to be at significantly greater risk for major depression, alcohol dependence, and alcohol abuse than foreign-born Latina/os (Alegría, Canino, Stinson, & Grant, 2006). Vega, Sribney, Aguilar-Gaxiola, and Kodoly (2004) found that U.S.-born Mexican Americans were 2.5 times more likely than Mexican American immigrants to experience an affective disorder in the previous 12 months. U.S.-born Mexican Americans have also reported greater substance use problems than foreign-born Mexican Americans (Lipton, 1997; Vega, Sribney, Aguilar-Gaxiola, & Kodoly, 2004).

Summary of the Present Study

The present study seeks to elucidate the cognitive, affective, and behavioral factors associated with racial/ethnic microaggressions, and their contribution to mental health outcomes among Latina/o adults. The potential relationships examined here are presented in Figure 1. It is thought that, due to the subtle nature of racial/ethnic microaggressions, the target may make an attribution to discrimination in response to the situation. Also, there may be an automatic affective stress response related to being a target of discrimination. These potential reactions (i.e., the attribution to discrimination and stress response) associated with the racial/ethnic microaggression may influence one another. For example, making an attribution to discrimination may elicit an affective response, given perceived mistreatment by the perpetrator. The target may also experience an initial affective response that requires cognitive processing, and subsequent validation or reappraisal of the encounter as discriminatory. An assumption is not made regarding the dependency of the cognitive and affective components in relation to one another, because it is thought that one reaction may be reported regardless of

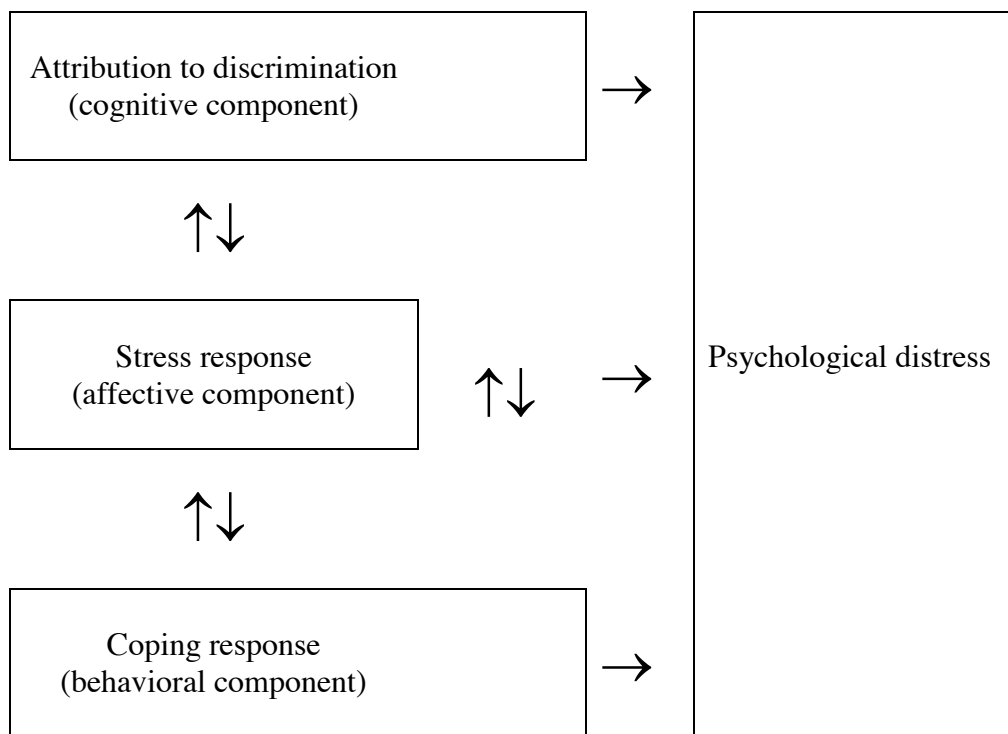


Figure 1. General conceptualization of the experience of a racial/ethnic microaggression, including relevant psychological components.

endorsement of the other. For example, a target may make an attribution to discrimination without reporting a stress response. Similarly, a target may fail to make an attribution and have a stress response related to the discriminatory encounter. The cognitive and affective components may impact a target's behavior, by eliciting coping in response to experiencing discrimination. Coping responses may, in turn, influence the cognitive and affective components and how they are reported. Taken together, it was thought that these three components may influence one another, as indicated by the bidirectional relationships displayed in the figure.

Examining the relationships between these variables, and their impact on mental health was approached through use of vignettes developed for the present study. These vignettes included a racial/ethnic microaggression vignette, a general stress vignette, and a neutral vignette. The racial/ethnic microaggression vignette described an ambiguous situation that allowed for potential attribution of the situation to racial/ethnic discrimination. Participants responded to measures of their attribution to discrimination given the vignette experiences, as well as their stress response and coping behavior. Participants also completed measures of six-month experiences with racial/ethnic microaggressions and past-week psychological distress. By examining the components of attribution to discrimination, stress, and coping in response to a discrete racial/ethnic microaggression experience, important relationships may be elucidated between the components.

Beyond the relationships between the cognitive, affective, and behavioral components, the present study sought to examine the consequences of the components on targets' mental health. Individual variables, including gender and nativity status, were

also considered in determining the individual characteristics that may affect the experience and consequences of a racial/ethnic microaggression. Beyond gaining a better understanding of theoretical components and the applicability of research methodology related to the study of racial/ethnic microaggressions, the present study offers insight into appropriate intervention and treatment.

Hypotheses

Hypothesis 1

It was hypothesized that, in comparison with participants in the general stress vignette and neutral vignette groups, those who experienced a racial/ethnic microaggression (through the vignette) would endorse greater attribution to discrimination; greater affective stress response; and greater use of direct, indirect, and social coping behavior. A difference was expected between the microaggression vignette and general stress vignette groups because, while both present a stressful situation, the racial/ethnic microaggression integrates the vague element that discrimination related to the participant's race/ethnicity is involved in the interpersonal encounter.

Hypothesis 2

For those who were exposed to the racial/ethnic microaggression vignette, it was expected that attribution to discrimination, stress response, and indirect coping would be positively associated with psychological distress, while direct and social coping would be negatively associated with psychological distress.

Hypothesis 3

It was expected that reporting experiences of racial/ethnic microaggressions in the past six months would be positively associated with psychological distress.

Hypothesis 4

It was expected that greater six-month experiences of racial/ethnic microaggressions would predict attribution to discrimination, stress response, and use of direct, indirect, and social coping related to a discrete racial/ethnic microaggression experience, given the assumption that participants who endorsed racial/ethnic microaggressions in daily life would be more likely to recognize and respond to such responses to the microaggression vignette in the present study.

Hypothesis 5

It was expected that women would report more stress and social coping related to experiencing a racial/ethnic microaggression, and that microaggression experiences would be more strongly related to psychological distress. Given lack of existing research in this area, no a priori hypotheses about gender differences regarding making an attribution to discrimination, direct coping, indirect coping, or six-month microaggression experiences were made. Given the stress associated with experiencing microaggressions and interpersonal nature of this type of discrimination, it was expected that women's endorsement of high six-month microaggression experiences would more strongly predict psychological distress than men's endorsement.

Hypothesis 6

It was expected that U.S.-born Latina/os would report more stress related to experiencing a racial/ethnic microaggression, and that six-month microaggression experiences would be more strongly related to psychological distress. Given lack of existing research in this area, no a priori hypotheses about nativity status differences regarding making an attribution to discrimination, coping responses, or six-month microaggression experiences were made. Because it is thought that U.S.-born Latina/os may have a more negative reaction to racial/ethnic microaggressions, given the likelihood that they are well acculturated in the dominant culture, it was expected that U.S.-born Latina/os' endorsement of high six-month racial/ethnic microaggression experiences would more strongly predict psychological distress than foreign-born Latina/os' endorsement.

Hypothesis 7

It was expected that a combination of risk and protective factors would differentiate participants who experience clinically significant psychological distress and those who do not, including greater endorsement of racial/ethnic microaggressions, being a woman, and being U.S.-born. Participant age and percent of life lived in the U.S., used as a broad indicator of acculturation, were also included.

METHOD

Participants

The present study included 175 Latina/o adult participants (117 women, 58 men), recruited from a large Latina/o ethnic festival in a moderately-sized Midwestern city. All of the participants included in the present study identified their cultural heritage as Mexican, Mexican-American, or Chicana/o. The age of participants ranged from 18 to 81 years, with a mean of 46 years. The majority of the sample (63%, $n = 111$) was born in the U.S. The generation level of the participants was distributed as follows: 36% ($n = 63$) first generation (i.e., an individual who was the first in her/his family to move to the U.S.), 25% ($n = 44$) second generation (i.e., an individual who was the first in her/his family to be born in the U.S.), 15% ($n = 26$) third generation, and 8% ($n = 14$) fourth generation or greater. The percentage of years having lived in the U.S. averaged 80% for the sample. This characteristic was calculated by dividing years lived in the U.S. by age, in order to provide a general indicator of exposure to the dominant U.S. culture and acculturation. The largest proportion of the sample (26%; $n = 45$) earned an annual household income between \$20,000 and \$35,000. Of the sample, 54% ($n = 94$) were married. The participants included 17% ($n = 30$) current students.

Data Collection Procedure

Participants were recruited from a local ethnic festival. Participants were informed of the risks and benefits of participating in the present study, as well as the confidentiality procedures of all data collected. Upon giving informed consent to participate, the participants completed a series of self-report questionnaires in a paper-

and-pencil format. The questionnaires required approximately 30 to 45 minutes for completion. Participants chose whether to complete measures in English or Spanish; 71% chose to complete them in English. All materials were translated and back-translated by members of the research team fluent in English and Spanish. Bilingual research assistants aided Spanish-speaking participants with completing the measures upon request.

Participants were randomly assigned to one of three vignette groups (a racial/ethnic microaggression group, a general stress group, and a neutral group). These packets differed only by the vignette they received. The three vignettes used are described below. The microaggression vignette group was oversampled, in order to offer greater power for the statistical analyses using only this group.

Upon completion of the survey, each participant was compensated with \$10 in cash, and given a brief summary of the research study and resources for bilingual mental health services in the area. Approval from the host institution's Institutional Review Board for the recruitment of human subjects, including the consent procedure, maintenance of confidentiality and anonymity of data, and use of data, was attained before data collection commenced.

Materials

Demographic information

Participants in the present study completed a survey of demographic information that included age, gender, marital status, number of children and adults in the household, cultural heritage, country of birth, years having lived in the U.S., first member of the family to immigrate to the U.S., household and personal annual income, years having

attended school, present student status, and occupation.

Vignettes

The three vignettes developed for the present study included a racial/ethnic microaggression vignette, a general stress vignette, and a neutral vignette. The microaggression vignette was adapted from the experience described by Sue, Capodilupo, and colleagues in their seminal article on racial microaggressions (2007). The participant was asked to consider being on an airplane, accompanied by a Latina/o friend. After being seated, a White man and woman enter the plane and sit in the row in front of the participant and her/his friend. After examining the plane and determining that its weight must be distributed more evenly, the flight attendant asks the Latina/o participant and her/his friend to move to the back of the plane to less comfortable seats near a noisy family.

The general stress vignette was adapted from the microaggression vignette. Although the situation was identical, all racial/ethnic references to characters were removed. This condition remained stressful due the request to move to uncomfortable seats near the noisy family; however, there was no mention of the race/ethnicity of any characters in the situation. Including a general stress situation in the design allows for a clearer understanding of the unique consequences of a racial/ethnic microaggression compared to a non-racial/ethnic stressor. The neutral vignette also lacked mention of the race/ethnicity of the characters, and was not considered stressful, as it was the couple seated in front of the participant in the vignette who is asked to move by the flight attendant.

All vignettes and the measures following the vignettes, which related to their

contents, were pilot tested for ease-of-understanding and applicability. This was accomplished by completion of the questionnaire and feedback by Latina/o research assistants and a small convenience sample of Latina/os, namely friends and family of the research assistants. This allowed for feedback from community members. Each individual in this small sample was given a packet of questionnaire, which differed randomly by vignette version. The research assistants were aware of the purpose of the study and the use of the vignettes. Following completion of the questionnaire, the research assistants spoke with the community members about reactions to the vignettes, including ease of understanding, ability to answer measure items associated with the vignettes, and perception that discrimination had been involved in the vignette experience they were asked to imagine. The research assistants reported this information to the primary investigator. Feedback indicated, anecdotally, that individuals were able to understand the vignette and could answer measure items about the vignette. Several individuals who completed the packet considered the racial/ethnic microaggression vignette situation to have been related to discrimination.

For the current study, the racial/ethnic microaggression vignette group was oversampled, in order to allow greater power for analyses utilizing only this group and the components associated with experiencing a racial/ethnic microaggression. The distribution of vignettes was as follows: 82 participants (47%) were given the microaggression vignette, 45 participants (26%) were given the general stress vignette, and 48 participants (27%) were given the neutral vignette. The vignettes are presented in the Appendix.

Attribution to discrimination

A five-item measure (Attribution-5 or A-5) was developed for the present study to determine whether the participant makes an attribution to discrimination for the situation described in the vignette. This measure reflects the cognitive component of the present study. Participants were asked to rate how much they agree with each statement on a Likert scale ranging from 1 (“Strongly disagree”) to 5 (“Strongly agree”). Summary scores can range from 5 to 25, with higher scores indicating greater attribution to discrimination. An example item is, “The behavior of the flight attendant reflected prejudice.” The Cronbach alpha coefficient for the present study was .96.

Stress response

The State-Trait Anxiety Inventory (STAI; Spielberger, 1983) was developed to measure state anxiety and trait anxiety independently. Each of these self-report measures is 20 items in length, with the state items requesting respondents to consider how they feel “right now, at this moment” and the trait items requesting respondents to consider how they “generally feel.” The STAI-State (STAI-S) items were adapted for use with the vignettes in the present study. The measure asked the participant to indicate how she/he would feel in the airplane situation read in the vignette. Sample items include, “I would be tense” and “I would feel pleasant” (reverse-scored). Response choices are on a Likert scale ranging from 1 (“Not at all”) to 4 (“Very much so”). Summary scores can range from 20 to 80, with higher scores indicating greater state anxiety. The STAI has been used extensively in psychological research (Grös, Antony, Simms, & McCabe, 2007). The psychometric properties of the STAI have been considered good in terms of internal

consistency (average $\alpha > .89$) and test-retest reliability (average $r = .70$; Barnes, Harp, & Jung, 2002). Convergent and discriminant validity have also been determined adequate (Spielberger, 1983). The Cronbach alpha coefficient for the present study was .90.

Coping response

The Brief COPE (B-COPE; Carver, 1997) is a 28-item measure of coping dimensions adapted from the Coping Orientation to Problems Experienced scale (COPE; Carver, Scheier, & Weintraub, 1989). The B-COPE is comprised of 14 two-item subscales of various coping strategies, including active coping, planning, positive reframing, acceptance, humor, religion, using emotional support, using instrumental support, self-distraction, denial, venting, substance use, behavioral disengagement, and self-blame. The B-COPE can also be used to determine a set of the three subscales used in the present study: Direct Coping (comprised of the two-item subscales of active coping, positive reframing, planning, and acceptance; Lee & Liu, 2001), Indirect Coping (comprised of the self-distraction, denial, behavioral disengagement, and venting subscales; Lee & Liu, 2001), and Social Coping (comprised of the emotional support and instrumental support subscales; Carver, 1997). The B-COPE asks participants to rate the extent to which they have used the listed coping strategies, given the most serious problem experienced in the past year. Responses on a Likert scale range from 1 (“I haven’t been doing this at all”) to 4 (“I’ve been doing this a lot”). Summary scores can range from 8 to 32 for the Direct and Indirect Coping subscales and 4 to 16 for the Social Coping subscale, with higher scores indicating greater use of the included coping strategies.

The B-COPE was adapted for the present study in that participants were asked to rate the extent to which they would use the listed coping strategies during or immediately after the airplane situation presented in the vignette. Response options therefore range from 1 (“I wouldn’t do this at all”) to 4 (“I would do this a lot”). Acceptable internal reliability of all subscales has been reported, ranging from $\alpha = .50$ (venting subscale) to $\alpha = .90$ (substance use subscale; Carver, 1997). The B-COPE has been validated among Spanish speakers (Perczek, Carver, Price, & Pozo-Kaderman, 2000). In the present study, the Cronbach alpha coefficient for the full B-COPE was .87. Adequate reliability was observed for the Direct Coping subscale ($\alpha = .74$), Indirect Coping subscale ($\alpha = .68$), and Social Coping subscale ($\alpha = .80$).

Psychological distress

The Brief Symptom Inventory-18 (BSI-18; Derogatis, 2000) is an 18-item self-report scale that assesses psychological distress along dimensions of somatization, depression, and anxiety. The BSI-18 was abbreviated from the 53-item Brief Symptom Inventory (Derogatis, 1994), in turn adapted from the 90-item Symptom Checklist-90 Revised (Derogatis, 1994). All items are summed to give the global severity index (GSI), which indicates psychological distress across the domains of somatization, depression, and anxiety. Studies utilizing the BSI-18 (Derogatis, 2000; Zabora et al., 2001) have demonstrated that the full-scale global severity index is the most valid measure of the scale, given inconsistent discriminant validity of the subscales. Use of the GSI rather than its subscales has also been recommended given a study of Central American Latina/os (Asner-Self, Schreiber, & Marotta, 2006), which found strong reliability of the GSI ($\alpha = .91$) for the Latina/o sample. Using the GSI as a single factor was also shown to be most

reliable approach among Latina Americans (Prelow, Weaver, Swenson, & Bowman, 2005).

The present study utilized the GSI as the indicator of psychological distress, with greater scores indicating more distress caused by the symptoms during the previous week. Item responses are on a Likert scale and range from 0 (“Not at all”) to 4 (“Extremely”). Summary scores can range from 0 to 72, with higher scores indicating greater distress. Scores of 20 or higher on the GSI have been identified as the cut-off for “caseness,” or individuals at high risk for experiencing diagnosable psychological conditions. An internal consistency coefficient alpha of .89 has been reported for the GSI among a community sample (Derogatis, 2000). The Cronbach alpha coefficient for the present study was .94.

Racial microaggressions

The Racial and Ethnic Microaggressions Scale (REMS; Nadal, 2011) was developed for the quantitative study of racial/ethnic microaggressions among various ethnic/racial groups. This measure was developed to reflect the microaggression taxonomy developed by Sue, Capodilupo, and colleagues (2007). The REMS is a 45-item scale that asks participants to rate the frequency of various race/ethnicity-related experiences over the past six months. Response options are on a Likert scale and range from 0 (“I did not experience this event”) to 5 (“I experienced this event five or more times”). Summary scores can range from 0 to 225, with higher scores indicating greater experiences with racial/ethnic microaggressions. A total score may be calculated as well as scores for six subscales. These subscales and an example item of each include: Assumptions of Inferiority (“Someone assumed that I would not be intelligent because of

my race”), Second-Class Citizen and Assumptions of Criminality (“Someone avoided walking near me on the street because of my race”), Microinvalidations (“I was told that people of color do not experience racism anymore”), Exoticization and Assumptions of Similarity (“Someone told me that all people in my racial group are all the same”), Environmental Microaggressions (“I observe people of my race in prominent positions at my workplace or school;” reverse-scored), and Workplace and School Microaggressions (“My opinion was overlooked in a group discussion because of my race”).

A study of the reliability and validity of the REMS (Nadal, 2011) included 127 Latina/os. The REMS total score for the Latina/o sample had strong reliability ($\alpha = .91$), and reliabilities for the subscales ranged from .80 (Environmental Microaggressions) to .90 (Second-Class Citizen and Assumptions of Criminality). A confirmatory factor analysis supported the six-factor model ($\alpha = .89$). Further, concurrent validity of the REMS-Total and REMS Subscales were determined through correlational analysis with the Racism and Life Experience Scales- Brief Version (RaLES-B; Harrell, 1995). The REMS-Total was significantly correlated with the RaLES-B, as were all subscales except the Environmental Microaggression Subscale. The Cronbach alpha coefficient for the present study was .96. For the present study, a second component was added to the REMS measure developed by Nadal. Participants were first asked whether they had experienced a racial/ethnic microaggression (the original item from the REMS scale; REMS-A) and subsequently asked how much she/he was bothered by the microaggression (REMS-B), on a scale from 0 (“Not applicable”) and 1 (“Not at all”) to 5 (“Extremely”). This approach was influenced by the structure of the RaLES-B.

Analysis indicated that these measures were highly correlated; therefore, only the REMS-A scale was used in analyses, in order to limit multicollinearity.

RESULTS

Preliminary Analyses

Graphical analysis was performed to visually screen the quality of the data before conducting further analysis. Assumptions of univariate and multivariate normality, equality of variance, and multicollinearity were met for the analyses performed, unless otherwise indicated (Tabachnick & Fidell, 2007). Neither skewness nor kurtosis was violated for the variables included, based upon the standards of West, Finch, and Curran (1995). Results of evaluation of assumptions did not lead to transformation or other manipulation of the data. Few outliers were found and, because they were not expected to be problematic in analyses, none were removed. There was a large amount of missing data for the REMS-A scale, which measured six-month racial/ethnic microaggression experiences, as 81 of 175 participants had incomplete data. Imputation was not conducted because of the large proportion of missing data, and only those participants with complete data for this measure were included in analyses. All analyses utilized pairwise exclusion of cases.

The descriptive statistics for the measures of attribution to discrimination (as determined by the Attribution-5), stress response (as determined by the STAI-S), coping behavior (as determined by the Direct Coping, Indirect Coping, and Social Coping subscales of the B-COPE), six-month racial/ethnic microaggression experiences (as determined by the REMS-A), and psychological distress (as determined by the BSI-18) for the full sample are listed in Table 1. This data represents the full sample. The current sample mean for stress response (50.30) is high compared to STAI-S norms for the scale,

Table 1

Total Measure Scores for the Full Sample (N = 175)

	Range	<i>n</i>	Min.	Max.	<i>M</i>	<i>SD</i>
Attribution to discrimination	5-25	161	5	25	15.03	6.78
Stress response	20-80	142	20	78	50.30	11.15
Direct coping	8-32	160	8	31	19.84	5.04
Indirect coping	8-32	154	8	29	15.75	4.41
Social coping	4-16	161	4	16	9.00	3.40
Six-month racial/ethnic microaggressions	0-225	94	0	181	57.11	44.37
Psychological distress	0-72	163	0	55	12.06	13.09

Note. Attribution to discrimination measured by the Attribution-5 (A-5); stress response measured by the State-Trait Anxiety Inventory-State (STAI-S); direct coping, indirect coping, and social coping measured by BCOPE subscales; six-month racial/ethnic microaggressions measured by the Racial and Ethnic Microaggressions Scale-A (REMS-A); psychological distress measured by the Brief Symptom Inventory-18 (BSI-18).

reported as a mean of 35.20 for working adult women and a mean of 35.72 for working adult men (Spielberger, 1983). The Direct Coping and Indirect Coping subscale means were compared to Lee and Liu's (2001) study utilizing these subscales. Direct coping in the current sample ($M = 19.84$) was lower in comparison to a diverse sample of college students, while indirect coping in the current sample ($M = 15.75$) was similar ($M = 16$) to the college student sample. The mean score for psychological distress in the current sample (12.06) was lower than the BSI-18 clinical cutoff of 20 (Derogatis, 2000) and somewhat lower than the mean reported for a sample of Central American Latina/os (13.65; Asner-Self, Schreiber, & Marotta, 2006). Given development of the attribution scale for the current study, and lacking research with the REMS and Social Coping subscales, they are not compared with existing means. Because the REMS-A scale and REMS-B scale (which measured the bothersomeness of experiencing the microaggressions in the REMS-A scale) were highly correlated ($r = .87, n = 85, p < .01$), only the REMS-A scale was used in analyses.

Hypothesis 1

In order to determine whether the racial/ethnic microaggression vignette provided a sufficient stimulus to elicit the expected response, the three vignette groups were compared. It was expected that participants in the microaggression vignette group would endorse greater attribution to discrimination, stress response, and coping behavior in response to the vignette experience, compared to the general stress vignette group and the neutral vignette group. One-way between-groups analyses of variance (ANOVAs) were conducted to determine whether there were significant mean differences between the vignette groups on several dependent variables, including attribution to discrimination,

stress response, three subscales of coping behavior, six-month experiences of racial/ethnic microaggressions, and psychological distress. Multivariate analysis of variance tests were not used because several cases were excluded given this approach, resulting in small sample sizes. Because the microaggression vignette group was oversampled, a random subset of this sample was used to compare this group with the general stress and neutral vignette groups.

The ANOVA conducted for attribution to discrimination demonstrated a statistically significant difference [$F(2, 125) = 4.12, p = .02$] between the vignette groups. Post-hoc comparisons using the Tukey HSD test indicated that the mean score for the microaggression vignette group ($M = 17.07, SD = 6.90$) was significantly different from the general stress vignette group ($M = 13.38, SD = 5.43$), in that participants in the microaggression vignette endorsed greater attributions to discrimination. A moderate effect size of .06 was calculated using eta squared (Cohen, 1988). The neutral vignette group ($M = 13.86, SD = 7.02$) did not differ significantly from either the microaggression vignette group or general stress vignette group on attribution to discrimination. No other group differences were found for stress response or direct, indirect, or social coping behaviors related to the vignette stimuli. Group differences were also absent for six-month racial/ethnic microaggression experiences and psychological distress. Results of the ANOVAs, as well as group means and standard deviations, may be found in Table 2.

Hypothesis 2

To test the hypothesis that there would be positive relationships among the reactions to the racial/ethnic microaggression vignette, Pearson product-moment correlation coefficients were computed for the variables of interest. Preliminary analyses

Table 2

Descriptive Statistics and ANOVAs of Groups Differences for Microaggression Vignette, General Stress Vignette, and Neutral Vignette for the Full Sample

Variable	Microaggression		General stress		Neutral		<i>F</i>
	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	
Attribution to discrimination	45	17.07 (6.90)	40	13.38 (5.43)	43	13.86 (7.02)	4.12*
Stress response	38	50.24 (11.13)	37	47.65 (11.65)	36	52.36 (10.38)	1.66
Direct coping	42	19.76 (5.22)	39	20.31 (5.70)	46	18.63 (4.14)	1.25
Indirect coping	44	16.11 (4.22)	38	15.87 (4.57)	41	14.71 (3.68)	1.35
Social coping	44	9.55 (3.39)	40	8.45 (3.25)	44	8.41 (3.38)	1.61
Six-month racial/ethnic microaggressions	25	46.20 (46.52)	28	64.39 (47.13)	25	52.44 (41.40)	1.11
Psychological distress	45	14.64 (15.67)	41	11.00 (8.92)	43	11.30 (13.03)	1.07

Note. * $p < .05$, significant difference between microaggression and general stress vignette groups.

were performed to ensure no violation of the assumptions of normality, linearity, or homoscedasticity. The strength and direction of relationships between attribution to discrimination, stress response, coping behavior, six-month racial/ethnic microaggressions, and psychological distress were investigated, and are displayed in Table 3. There was a positive correlation between six-month racial/ethnic microaggression experiences and psychological distress ($r = .50, n = 41, p < .01$). The subscales of Direct Coping, Indirect Coping, and Social Coping were significantly correlated with one another at the $p < .01$ level.

To test the hypothesis that attribution to discrimination, stress response, and coping behavior would predict psychological distress for those exposed to a racial/ethnic microaggression, a binomial logistic regression was performed. The assumptions relevant to logistic regression were analyzed for this analysis. The sample size is large enough given the number of predictors included in the analysis. Tolerance values were computed to determine whether there were high inter-correlations among the predictor variables included in the logistic regression analyses, and did not demonstrate a presence of multicollinearity among variables.

The logistic regression analysis sought to predict group membership into groups above and below the clinical cutoff for psychological distress (as determined by the BSI-18), based on endorsement of attribution to discrimination, stress response, and social coping. Because the Direct Coping, Indirect Coping, and Social Coping subscales were highly correlated, only the Social Coping subscale was used in the analysis. The Social Coping subscale was chosen for inclusion because it is culturally relevant for Latina/os and was expected to differ by gender. Further, when analysis was conducted with the

Table 3

*Pearson Product-Moment Correlations for Total Measure Scores for the
Microaggression Vignette Sample (N = 82)*

	A-5	STAI-S	Direct Coping	Indirect Coping	Social Coping	REMS- A	BSI-18
Attribution to discrimination	1.0	-	-	-	-	-	-
Stress response	.22	1.0	-	-	-	-	-
Direct coping	.28*	.15	1.0	-	-	-	-
Indirect coping	.03	.28*	.46**	1.0	-	-	-
Social coping	.13	.34**	.55**	.48**	1.0	-	-
Six-month racial/ethnic microaggressions	.21	.13	.23	.25	.03	1.0	-
Psychological distress	-.02	.21	-.09	.21	-.11	.50**	1.0

Note. A-5 = Attribution to discrimination; STAI-S = Stress response; REMS-A = Six-month racial/ethnic microaggressions; BSI-18 = Psychological distress.

* $p < .05$. ** $p < .01$.

Direct Coping subscale and the Indirect Coping subscale, neither was a significant predictor of psychological distress. Because there were no specific hypotheses regarding the order of importance of the predictor variables, these variables were entered into the logistic regression equation simultaneously. The forced entry method was used so that all of the predictor variables were tested in one block to assess their predictive ability, while controlling for the effects of other predictors in the model.

A test of the full model with three predictors against a constant-only model was statistically significant [$\chi^2(3, N = 62) = 10.38, p < .05$], indicating that the predictors, as a set, reliably distinguished between participants above and below the clinical cutoff for psychological distress. When predictor variables were entered into the model, the accuracy of correctly identified cases was not greatly improved (75.8% to 77.4%). Table 4 shows regression coefficients, standard errors, Wald statistics, degrees of freedom, significance, odds ratios, and 95% confidence intervals for each of the three predictors.

The variables that predicted psychological distress status included stress response and social coping. When compared to the nonclinical group, the odds ratios showed that there was an increase of 1.11 units in the likelihood of being in the clinically significant psychological distress outcome category for each one-unit increase in stress response. Social coping showed a .76-unit increase in the likelihood of being in this distress category. Overall, greater affective stress response resulted in increased probability of the participant having clinically significant psychological distress, while greater use of social coping resulted in decreased probability of the participant having clinically significant psychological distress. Attribution to discrimination was not a significant predictor. Although logistic regression is robust against differences in groups sizes of the

Table 4

Summary of Logistic Regression Analysis for Variables Predicting Clinically Significant Psychological Distress Status for the Microaggression Vignette Sample (N = 62)

Variable	B	SE	Wald			OR	95% CI for OR	
			χ^2	df	p		Lower	Upper
Attribution to discrimination	-.06	.05	1.54	1	.21	.94	.85	1.04
Stress response	.10	.04	6.78	1	.01**	1.11	1.03	1.20
Social coping	-.27	.13	4.58	1	.03*	.76	.59	.98

Note. * $p < .05$. ** $p < .01$.

dichotomous dependent variable, the difference in these group sizes (i.e., 47 participants below the cutoff, 15 participants above the cutoff), is not ideal for analysis. Because of this, a logistic regression analysis was also performed using a median split of psychological distress outcome variable, without enhanced significance of the model.

Hypothesis 3

To determine correlates of the REMS-A subscales, with one another and with psychological distress, the strength and direction of the relationships were investigated using Pearson product-moment correlation coefficients. Because the REMS-A scale asked participants to report six-month experiences of microaggressions, and was independent of the vignette component of the study, the full sample was included in analyses. Descriptive statistics for endorsement of the REMS-A scale and its six subscales can be found in Tables 1 and 5, respectively. There were small, positive correlations between psychological distress and the full REMS-A scale, and several of the microaggression subscales, including Assumptions of Inferiority, Environmental Microaggressions, and Workplace and School Microaggressions, with greater endorsement of these microaggressions associated with greater psychological distress. Correlations among the full REMS-A scale, REMS-A subscales, and psychological distress are shown in Table 6. The relationship between the full REMS-A scale and psychological distress differed from that found in hypothesis 2 (and presented in Table 3) because this analysis incorporated the full sample, while the former only included data from participants in the microaggression vignette group. All of the subscales were correlated with one another, at the $p < .05$ or $p < .01$ level.

Table 5

Means of Racial and Ethnic Microaggressions Scale-A Subscales for the Full Sample (N = 175)

	Range	<i>n</i>	Min.	Max.	<i>M</i>	<i>SD</i>
Assumptions of Inferiority	0-40	144	0	40	10.16	10.88
Second-Class Citizen and Assumptions of Criminality	0-35	147	0	31	6.11	7.57
Microinvalidations	0-45	134	0	39	9.76	10.61
Exoticism and Assumptions of Similarity	0-45	146	0	45	13.58	10.50
Environmental Microaggressions	0-35	151	0	33	13.72	7.97
Workplace and School Microaggressions	0-25	162	0	24	5.43	6.19

Table 6

Pearson Product-Moment Correlations for Racial and Ethnic Microaggression Scale-A Total Score, Subscale Scores, and BSI-18 for the Full Sample (N = 175)

	REMS-A	Assum. Of Inf.	Sec.- Cl. Cit.	Microinv.	Exot.	Env. Micro.	Work. Micro.	BSI-18
REMS-A	1.0	-	-	-	-	-	-	-
Assumptions of Inferiority	.92**	1.0	-	-	-	-	-	-
Second-Class Citizen and Assumptions of Criminality	.88**	.79**	1.0	-	-	-	-	-
Microinvalidations	.88**	.79**	.67**	1.0	-	-	-	-
Exoticism and Assumptions of Similarity	.89**	.83**	.67**	.76**	1.0	-	-	-
Environmental Microaggressions	.47**	.27**	.32**	.21*	.25**	1.0	-	-
Workplace and School Microaggressions	.88**	.83**	.79**	.75**	.72**	.27**	1.0	-
Psychological distress	.24*	.28**	.12	.16	.14	.27**	.27**	1.0

Note. REMS-A = Six-month racial/ethnic microaggressions; Assum. Of Inf. = Assumptions of Inferiority subscale; Sec.-Cl. Cit. = Second-Class Citizen and Assumptions of Criminality subscale; Microinv. = Microinvalidations subscale; Exot. = Exoticism and Assumptions of Similarity subscale; Env. Micro. = Environmental Microaggressions subscale; Work. Micro. = Workplace and School Microaggressions subscale; BSI-18 = Psychological distress.

* $p < .05$. ** $p < .001$.

A binomial logistic regression was planned, in order to determine whether a combination of the racial/ethnic microaggression subscales predicts membership into a group of those endorsed clinically significant psychological distress and those who endorsed psychological distress below the clinical cutoff. Because the microaggression subscales, as the predictor variables, were highly correlated, the assumption of multicollinearity was violated and the test was not performed.

Hypothesis 4

To test the hypothesis that attribution to discrimination, stress response, and coping behavior related to a discrete racial/ethnic microaggression would predict six-month experiences with racial/ethnic microaggressions, a standard multiple regression was performed. The independent variables did not contribute to the prediction of six-month racial/ethnic microaggressions, and the model was not significant [$F(35) = .57, p = .64$], as it explained only 5.1% of the variance in six-month racial/ethnic microaggressions. This finding emerged as expected, given the nonsignificant zero-order correlations between the REMS-A scale and predictors (as shown in Table 3). The multiple regression results are presented in Table 7.

Hypothesis 5

Potential gender differences in regard to experiencing racial/ethnic microaggressions were explored. Independent-samples t-tests were used to determine whether differences exist between women and men, regarding responses to the discrete racial/ethnic microaggression vignette, as well as differences in six-month experiences of various racial/ethnic microaggressions. The data did not violate assumptions of score

Table 7

Standard Multiple Regression Analysis Predicting Six-Month Microaggression Experiences From Attribution to Discrimination, Stress Response, and Social Coping for the Microaggression Vignette Sample (N = 35)

Predictor	Unstd. <i>B</i>	<i>SE</i> Unstd. <i>B</i>	95% CI for		95% CI for		<i>t</i>	<i>df</i>	<i>p</i>
			Unstd. <i>B</i>	Std. β	Std. β	<i>SE</i> Std. β			
Attribution to discrimination	1.20	1.12	-1.08, 3.47	.19	-.14, .52	.16	1.07	35	.29
Stress response	.38	.74	-1.13, 1.90	.10	-.25, .45	.16	.52	35	.61
Social coping	-.33	2.39	-5.19, 4.52	-.03	-.37, .32	.16	-.14	35	.89

independence, normality, or homogeneity of variance. The t-tests were conducted with unequal sample sizes, as there were more women in the sample than men. Because the sample size was already reduced, enhancing power was prioritized in conducting the tests. Further, a random sample of women was used to compare means with the men, in order to have equal sample sizes, without differences in the results.

Independent-samples t-tests were conducted to compare the racial/ethnic microaggression vignette responses for women and men. Only the participants exposed to the racial/ethnic microaggression vignette were included in these tests. In response to the racial/ethnic microaggression vignette situation, the only gender difference found was women's greater use of social coping [$t(75) = -2.53, p < .05$], with a moderate effect size ($d = .62$). No gender differences were found for attribution to discrimination, stress response, direct coping, or indirect coping. T-test results and gender descriptive statistics may be found in Table 8.

Women and men were also compared on their endorsement of six-month racial/ethnic microaggression experiences and psychological distress. The full sample was used for these analyses. Men endorsed significantly more racial/ethnic microaggressions on the REMS-A measure as a whole [$t(58.52) = 2.56, p < .05, d = .57$], and for the following REMS-A subscales: Assumptions of Inferiority [$t(142) = 3.03, p < .01, d = .52$], Second-Class Citizen and Assumptions of Criminality [$t(83.63) = 2.39, p < .05, d = .43$], Microinvalidations [$t(78.01) = 2.52, p < .05, d = .47$], Exoticism and Assumptions of Similarity [$t(144) = 2.79, p < .01, d = .47$], and Workplace and School Microaggressions [$t(160) = 2.77, p < .01, d = .45$]. Effect sizes ranged from small to moderate. T-test results and gender descriptive statistics may be found in Table 9.

Table 8

Means, Standard Deviations, and Independent-Samples T-tests for Mean Scale Scores for Women and Men in the Microaggression Vignette Sample

Variable	Women		Men		<i>t</i>
	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	
Attribution to discrimination	52	17.29 (7.24)	26	15.00 (6.44)	-1.36
Stress response	45	52.49 (10.32)	24	47.21 (12.05)	-1.91
Direct coping	51	20.55 (5.29)	24	19.88 (4.86)	-.53
Indirect coping	48	16.60 (4.59)	27	15.63 (4.76)	-.87
Social coping	53	10.26 (3.25)	24	8.21 (3.40)	-2.53*

Note. * $p < .05$.

Table 9

Independent-Samples T-tests for Six-Month Microaggression Subscale Scores for Women and Men for the Full Sample

Variable	Women		Men		<i>t</i>
	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	
Six-month racial/ethnic microaggressions	59	47.83 (38.58)	35	72.74 (49.44)	2.56*
Assumptions of Inferiority	95	8.24 (10.02)	49	13.88 (11.59)	3.03**
Second-Class Citizen and Assumptions of Criminality	97	4.99 (6.88)	50	8.28 (8.41)	2.39*
Microinvalidations	87	7.99 (9.46)	47	13.04 (11.88)	2.52*
Exoticism and Assumptions of Similarity	94	11.82 (9.72)	52	16.77 (11.20)	2.79**
Environmental Microaggressions	98	13.44 (7.97)	53	14.23 (8.02)	.58
Workplace and School Microaggressions	107	4.49 (5.87)	55	7.27 (6.42)	2.77**
Psychological distress	109	11.85 (13.08)	54	12.48 (13.22)	.29

Note. $p < .05$. ** $p < .01$.

In order to determine whether women who reported high six-month experiences with racial/ethnic microaggressions would report greater psychological distress than men who reported high six-month experiences with racial/ethnic microaggressions, a moderated multiple regression analysis was conducted. Six-month racial/ethnic microaggressions was the independent variable and psychological distress was the dependent variable, using gender as a moderator of the relationship. In order to limit multicollinearity, the predictor and moderator variables were centered before determination of interaction terms. When six-month racial/ethnic microaggressions and gender were entered (Step 1), the overall model explained 6.0% of the variance [$F(91) = 2.83, p = .06$]. When the interaction of these variables was included (Step 2), the model as a whole explained 6.1% of the variance. The interaction of these variables explained an additional .001% of the variability in psychological distress when six-month racial/ethnic microaggressions and gender had been controlled for statistically, and was not significant. The model as a whole was not significant [$F(91) = 1.91, p = .13$], and none of the predictors made a unique contribution. Table 10 shows regression coefficients, standard errors, 95% confidence intervals, degrees of freedom, and significance for each of the predictor variables. The 95% confidence interval for the standardized betas for the moderated multiple regressions for Hypotheses 4 and 5 were calculated using a formula that took into account tolerance. A graph representing the lack of interaction is presented in Figure 2. Scores were plotted at the mean, and one standard deviation above and below the mean for six-month racial/ethnic microaggressions and psychological distress for women and men (as recommended by Cohen, Cohen, West, & Aiken, 2003 and Frazier, Tix, & Barron, 2004).

Table 10

Hierarchical Multiple Regression Analyses Predicting Psychological Distress From Six-Month Microaggression Experiences, Moderated by Gender for the Full Sample (N = 91)

Predictor	Unstd. <i>B</i>	<i>SE</i> Unst. <i>B</i>	95% CI for Unstd. <i>B</i>	Std. β	<i>SE</i> Std. β	95% CI for Std. β	<i>t</i>	<i>df</i>	<i>p</i>	Model R^2	R^2 Change
Step 1											
REMS-A	.08	.03	.01, .14	.25	.10	.05, .46	2.37	91	.02*		
Gender	1.29	2.96	-4.60, 7.17	.05	.10	-.16, .25	.43	91	.67	.06	-
Step 2											
REMS-A	.09	.05	-.003, .18	.29	.10	-.003, .59	1.92	91	.06		
Gender	1.39	2.99	-4.55, 7.33	.05	.10	-.16, .26	.46	91	.64		
REMS-A X											
Gender	-.03	.07	-.17, .11	-.05	.10	-.34, .23	-.36	91	.72	.06	.001

Note. REMS-A = Attribution to discrimination.

* $p < .05$.

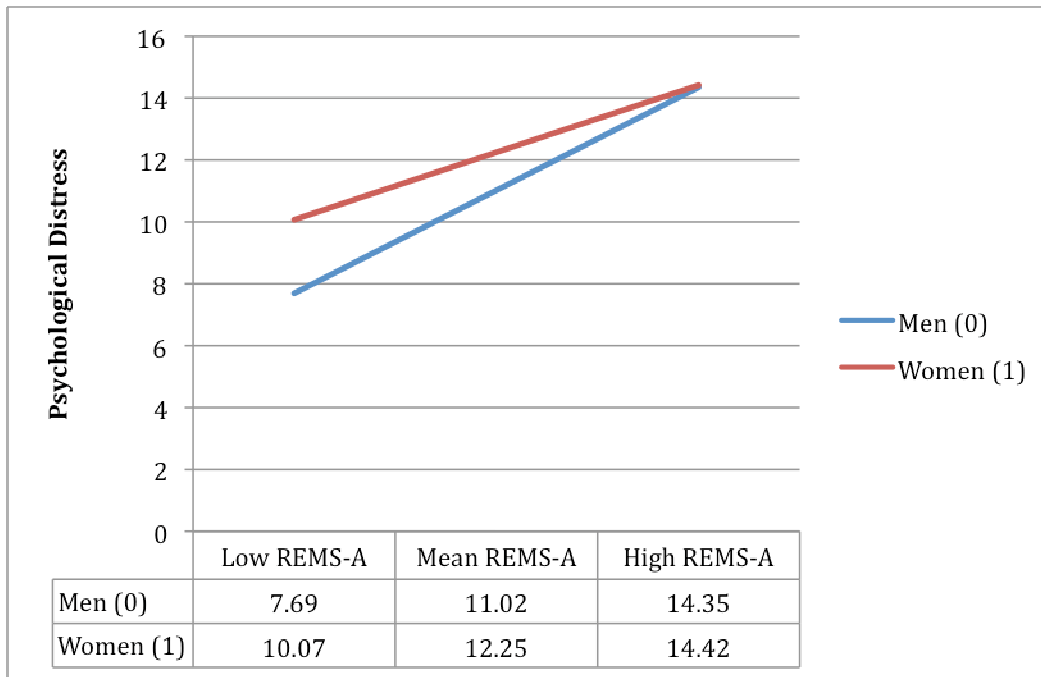


Figure 2. Hierarchical multiple regression analyses predicting psychological distress from six-month racial/ethnic microaggressions, moderated by gender.

Hypothesis 6

Potential nativity status differences, in regard to experiencing racial/ethnic microaggressions, was investigated utilizing the same approach taken for gender differences. Independent-samples t-tests were used to determine whether differences existed between U.S.-born and foreign-born participants, regarding responses to the discrete racial/ethnic microaggression vignette, as well as differences in six-month experiences of various racial/ethnic microaggressions. The t-tests were also conducted with unequal sample sizes, as there were more U.S.-born than foreign-born participants in the sample than men. Conducting the tests using equal sample sizes did not show differences in the results.

Independent-samples t-tests were conducted to compare the racial/ethnic microaggression vignette responses by nativity status; therefore, only the participants exposed to the racial/ethnic microaggression vignette were included in these tests. In response to the racial/ethnic microaggression vignette situation, U.S.-born participants endorsed greater use of direct coping [$t(73) = -2.06, p < .05$], with a moderate effect size ($d = .51$). No nativity status differences were found for attribution to discrimination, stress response, indirect coping, or social coping. T-test results and nativity status descriptive statistics may be found in Table 11.

U.S.-born and foreign-born participants were also compared on their endorsement of six-month racial/ethnic microaggression experiences and psychological distress. The full sample was used for these analyses. No nativity status differences were found for the REMS-A measure as a whole, or for any of the REMS-A subscales. A difference was found for psychological distress, as foreign-born participants did endorse greater

Table 11

Means, Standard Deviations, and Independent-Samples T-tests for Mean Scale Scores for U.S.-born and Foreign-born Participants in the Microaggression Vignette Sample

Variable	U.S.-born		Foreign-born		<i>t</i>
	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	
Attribution to discrimination	48	17.15 (7.26)	30	15.53 (6.62)	-.99
Stress response	44	51.36 (12.54)	25	49.40 (8.27)	-.78
Direct coping	48	21.23 (5.35)	27	18.74 (4.36)	-2.06*
Indirect coping	46	16.15 (4.99)	29	16.41 (4.10)	.24
Social coping	48	9.71 (3.57)	29	9.48 (3.20)	-.28

Note. * $p < .05$.

psychological distress than U.S.-born participants [$t(159) = 2.06, p < .05$]; the effect size was small ($d = .34$). T-test results and nativity status means and standard deviations may be found in Table 12.

In order to determine whether U.S.-born Latina/os who report high six-month experiences with racial/ethnic microaggressions would report greater psychological distress than foreign-born Latina/os who report high six-month experiences with racial/ethnic microaggressions, a moderated multiple regression was conducted. Six-month racial/ethnic microaggressions was the independent variable and psychological distress was the dependent variable, using nativity status as a moderator of the relationship. The predictor and moderator variables were centered before determination of interaction terms. When six-month racial/ethnic microaggressions and nativity status were entered (Step 1), the overall model explained 8.1% of the variance. When the interaction of these variables was included (Step 2), the model as a whole explained 10.1% of the variance [$F(91) = 3.91, p < .05$]. The interaction of these variables explained an additional 2.0% of the variability in psychological distress when six-month racial/ethnic microaggressions and nativity status had been controlled for statistically, and was not significant. The model as a whole was significant [$F(91) = 3.29, p < .05$]. Six-month microaggression experiences ($B = .16, p < .05$) was the only predictor that made a statistically significant contribution. Statistics for the regression are displayed in Table 13. The interaction is presented in Figure 3, where scores were plotted at the mean, and one standard deviation above and below the mean for six-month racial/ethnic microaggressions and psychological distress for U.S.-born and foreign-born participants.

Table 12

Independent-Samples T-tests for Six-Month Microaggression Subscale Scores for U.S.-born and Foreign-born Participants for the Full Sample

Variable	U.S.-born		Foreign-born		<i>t</i>
	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>	
Six-month racial/ethnic microaggressions	70	55.64 (46.25)	23	60.04 (39.27)	.41
Assumptions of Inferiority	96	9.72 (11.07)	47	10.83 (10.55)	.57
Second-Class Citizen and Assumptions of Criminality	96	6.01 (7.80)	49	6.10 (7.28)	.07
Microinvalidations	95	9.96 (10.83)	38	9.26 (10.30)	-.34
Exoticism and Assumptions of Similarity	95	13.55 (11.08)	49	13.29 (9.36)	-.14
Environmental Microaggressions	98	14.24 (7.75)	51	12.63 (8.36)	-1.18
Workplace and School Microaggressions	103	5.02(6.15)	57	6.02 (6.30)	.98
Psychological distress	105	10.50 (12.90)	56	14.95 (13.28)	2.06*

Note. * $p < .05$.

Table 13

Hierarchical Multiple Regression Analyses Predicting Psychological Distress From Six-Month Microaggression Experiences, Moderated by Nativity Status for the Full Sample (N = 73)

Predictor	Unstd. <i>B</i>	<i>SE</i> Unst. <i>B</i>	95% CI for Unstd. <i>B</i>	Std. β	<i>SE</i> Std. β	95% CI for Std. β	<i>t</i>	<i>df</i>	<i>p</i>	Model R^2	R^2 Change
Step 1											
REMS-A	.07	.03	.01, .13	.23	.10	.04, .43	2.30	91	.02*		
Nativity status	-4.12	2.77	-9.62, 1.38	-.15	.10	-.35, .05	-1.49	91	.14	.08	-
Step 2											
REMS-A	.16	.07	.02, .29	.53	.10	.08, .98	2.27	91	.03*		
Nativity status	-3.69	2.77	-9.19, 1.82	-.14	.10	-.33, .06	-1.33	91	.19		
REMS-A X											
Nativity status	-.13	.09	-.31, .05	-.33	.10	-.78, .12	-1.41	91	.16	.10	.02

Note. REMS-A = Attribution to discrimination.

* $p < .05$.

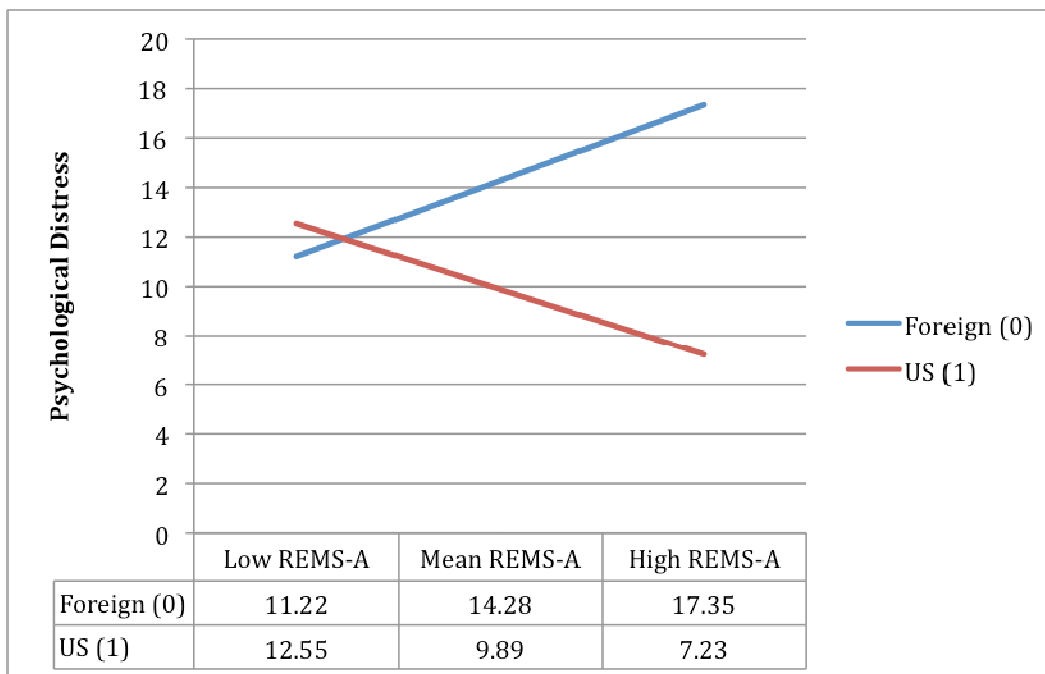


Figure 3. Hierarchical multiple regression analyses predicting psychological distress from six-month racial/ethnic microaggressions, moderated by nativity status.

Hypothesis 7

To test the hypothesis that six-month racial/ethnic microaggressions, gender, nativity status, age, and percent of life lived in the U.S. would predict a profile of Latina/os with clinically-significant psychological distress, a binomial logistic regression was performed. The full sample was included in the analysis, as it was not specific to the racial/ethnic microaggression vignette. The logistic regression analysis sought to predict group membership into groups above and below the clinical cutoff for psychological distress. Because there were no specific hypotheses regarding the order of importance of the predictor variables, these variables were entered into the logistic regression equation simultaneously.

A test of the full model with five predictors against a constant-only model was statistically significant [$\chi^2(5, N = 87) = 12.06, p < .05$], indicating that the predictors, as a set, reliably distinguished between participants above and below the clinical cutoff for psychological distress. When predictor variables were entered into the model, the accuracy of correctly identified cases was not improved (81.6% before and after). Table 14 shows regression coefficients, standard errors, Wald statistics, degrees of freedom, significance, odds ratios, and 95% confidence intervals for each of the predictors.

Age was the only variable that predicted psychological distress status. When compared to the nonclinical group, the odds ratios showed a .96-unit increase in the likelihood of being in this distress category. Overall, greater age predicted decreased probability of the participant having clinically significant psychological distress and therefore can be considered a protective factor. Six-month racial/ethnic microaggression experiences, gender, nativity status, and percent of life lived in the U.S. were not

Table 14

Summary of Logistic Regression Analysis for Variables Predicting Clinically Significant Psychological Distress Status for the Full Sample (N = 87)

Variable	<i>B</i>	<i>SE</i>	Wald		<i>p</i>	OR	95% CI for OR	
			χ^2	<i>df</i>			<i>Lower</i>	<i>Upper</i>
Six-month racial/ethnic microaggressions	.01	.01	.89	1	.35	1.01	.99	1.02
Gender	.11	.66	.03	1	.87	1.11	.30	4.08
Nativity status	.13	1.86	.01	1	.95	1.14	.03	43.93
Age	-.05	.02	4.96	1	.03*	.96	.92	.99
Percentage of life lived in U.S.	-.02	.03	.42	1	.52	.98	.93	1.04

Note. * $p < .05$.

significant predictors. A similar issue addressed for Hypothesis 2 was present for this analysis; namely, there was a large difference in group sizes for the outcome variable (i.e., 71 participants below the cutoff, 16 participants above the cutoff). A logistic regression analysis performed using a median split of psychological distress outcome variable did not enhance the significance of the model.

DISCUSSION

Hypothesis 1

The first aim of the present study was to determine whether the vignette methodology developed was effective in eliciting an experience of a racial/ethnic microaggression. Results indicated that the participants in the racial/ethnic microaggression vignette group made greater attributions to discrimination than the general stress group. This indicates that the vignette offered a different stimulus than the stressful situation. Because the only difference between these vignettes was the element of the race/ethnicity of the perpetrators involved, it is likely that the race/ethnicity element provided a unique stimulus for recognizing a racial/ethnic microaggression. Although attribution to discrimination did not differ significantly between the racial/ethnic microaggression vignette and neutral vignette groups, it trended toward significance ($p < .06$). The tendency for Latina/os to make an attribution to discrimination for a situation that was not expected to be stressful and did not address race/ethnicity may reflect a broader tendency for Latina/os to make attributions to discrimination in social situations. Latina/os may expect discrimination to be present in an objectively neutral situation, which may relate to priming for a subjective experience of discrimination.

Although the racial/ethnic microaggression vignette and general stress vignette groups differed in attribution to discrimination, they did not differ in the elicitation of an associated stress response or direct, indirect, or social coping behaviors related to the vignette stimuli. The measures used for these components were adapted in that participants were asked to consider how they would respond in the vignette situation.

Requesting participants to imagine a response may have been challenging, as they may not have been able to relate to the vignette situation or easily predict how they would respond. Given the limitations of this imaginal approach, an in vivo exposure to a racial/ethnic microaggression may provide more reliable information on the associated responses. An in vivo exposure would not rely upon participants' ability to relate to the situation or predict responses. Further, development and use of coping scales specific to discrimination (e.g., the Coping With Discrimination Scale; Wei, Alvarez, Ku, Russell, & Bonett, 2010) would allow for more relevant information related to behavioral responses of experiencing a racial/ethnic microaggression.

Group differences were also absent for six-month racial/ethnic microaggression experiences and psychological distress. Because these variables were not specifically related to the vignette, and the groups were otherwise similar, differences between groups would not be expected. Because participants began the questionnaire reading the vignette and responding to the associated measures, this result may indicate that exposure to the vignette experience did not prime participants to endorse more past experiences of racial/ethnic microaggressions. This finding further supports the subtle nature of the racial/ethnic microaggression vignette used. Because this was the first study utilizing this methodology and with these specific vignettes, further research should be conducted to ensure that this is a reliable means of studying racial/ethnic microaggressions.

Hypothesis 2

The second aim of the present study was to determine the relationships among the components involved in experiencing a racial/ethnic microaggression. Several positive relationships were found among the components. In particular, the finding that all forms

of coping were related to either the attribution to discrimination or the stress response of the racial/ethnic microaggression is significant. This demonstrates that Latina/os recognize that they would use coping in such a situation. In particular, those who made an attribution to discrimination expected to use direct coping. Because past research has demonstrated the effectiveness of direct coping (Crockett, et al., 2007; Torres, 2010; Torres, Driscoll, & Burrow, 2010; Torres & Rollock, 2007), it is an encouraging finding that Latina/os expected to respond in this way. Those who made a stronger attribution to discrimination were more likely to respond in a way found to be effective for Latina/os (i.e., direct coping). Latina/os' use of direct coping in response to recognizing a racial/ethnic microaggression may indicate an intention to change the environment or the social interaction. Those who experienced a stress response expected to use social or indirect coping. Social and indirect coping are more internal and emotional in nature, which corresponds to the affective stress response and potential need to regulate one's emotions internally. The finding that indirect and social coping, but not direct coping, were expected to be used for those who reported a greater stress response may indicate that there exists a need to cope in some way to the aversive experience, but that an active/problem-solving approach is not taken. Because attribution to discrimination and stress response were not significantly correlated, it may be that individuals respond to racial/ethnic microaggressions either in a more direct way (when they make an attribution to discrimination) or in a more internal, emotional way (when they have a stress response, but do not necessarily make an attribution to discrimination).

The stress associated with experiencing the racial/ethnic microaggression may hinder the ability to engage in direct approaches to coping. The negative impact of the

stress response was also shown in the results of the logistic regression analysis, as stress response was shown to be a risk factor for clinically-significant psychological distress. Attribution to discrimination was not a risk factor for psychological distress. Therefore, research examining the implications of racial/ethnic microaggressions on mental health should focus more on the perceived (or actual, given physiological measures) stress response in determining the consequences on mental health. Making an attribution or reporting frequency of racial/ethnic microaggression experiences may be less useful in understanding the psychological impact of the racial/ethnic microaggression. Social coping was included in the logistic regression, and it was found to be a protective factor against psychological distress. The protective role of social coping was expected given research indicating the positive relationship between social coping and mental health among Latina/os (Dunn & O'Brien, 2009; O'Brien & DeLongis, 1997) and the cultural value of *familismo* (Atkinson, 2004). Participants responded to items regarding the likelihood that they would seek emotional support, comfort, understanding, and advice from others. These components of social coping, therefore, may be particularly important for Latina/os when they experience racial/ethnic microaggressions.

Hypothesis 3

The third aim of the present study focused more specifically on the endorsement and impact of various racial/ethnic microaggressions. The results showed that greater endorsement of racial/ethnic microaggressions as a set was associated with greater psychological distress, and that when the full REMS-A measure was separated into its subscales, some were associated with greater psychological distress while some were not. The subscales that were most highly associated with psychological distress included

assumptions of inferiority, environmental microaggressions, and workplace and school microaggressions. An element that these three subscales share is that of experiences of discrimination in the occupational or educational setting. Whether it is others' assumptions about one's intelligence, one's lack of inclusion in a work group, or lacking examples of prominent Latina/os in one's place of business, it is evident that racial/ethnic microaggressions in the work or school environment are associated with great distress. This may reflect the current sociopolitical climate, and the heightened scrutiny of Latina/os working in the U.S. Further, Latina/os may encounter these types of racial/ethnic microaggressions regularly at work or school, which may result in an accumulation of stress, and a sense that one cannot avoid such negative interactions given the importance of continued work or school involvement. Although there was a large representation of Mexican immigrants in the sample, these microaggressions likely affect U.S.-born Latina/os as well.

The inability to use logistic regression analysis to investigate the racial/microaggression subscales that may be risk factors for psychological distress was due to the high correlations between these subscales. This finding is important in itself, as it may represent the tendency for those who experience racial/ethnic microaggressions to experience them in many domains, or represent the tendency for those who recognize and report more racial/ethnic microaggressions to do so across domains.

Hypothesis 4

The finding that six-month racial/ethnic microaggressions was not correlated with the components of a discrete racial/ethnic microaggression demonstrated that the endorsement of the discrete cognitive, affective, and behavioral components was not

related to one's longer-term past experiences with racial/ethnic microaggressions. This is an important finding when considering the appropriateness of the vignette, as it indicates the potential independence of past racial/ethnic microaggression experiences from a discrete, current experience. If participants were primed to endorse the components of the discrete racial/ethnic microaggression, given past experiences of racial/ethnic microaggressions, use of the microaggression vignette may have less internal validity, as the findings may relate more to past microaggression experiences than the current discrete microaggression presented in the vignette. This finding also indicates that assuming participants will endorse greater attribution to discrimination, affective response, and coping to a discrete racial/ethnic microaggression, given greater past experiences of racial/ethnic microaggressions, may not be appropriate.

Hypothesis 5

The present study also sought to determine whether the experiences of racial/ethnic microaggressions differed by gender. Fewer gender differences were found than anticipated. Due to consistent findings that women report greater psychological distress than men, they were expected to endorse more stress related to a racial/ethnic microaggression, and greater six-month racial/ethnic microaggression experiences were thought to predict more psychological distress. Men endorsed significantly more racial/ethnic microaggressions than women for every microaggression subscale except environmental microaggressions. This may be due to men's greater exposure to the dominant culture through being away from the home for work. Many of the women included in the present study described their occupation as a homemaker; therefore, these women may spend more time at home, caring for family, than interacting with the

mainstream culture. Further, the Latinas in this sample did not endorse greater overall psychological distress. Women did endorse more social coping, which was expected given prior research examining this relationship (Hovanitz & Kozora, 1989; Morganson, Jones, & Major, 2010; Ptacek, Smith, & Zanas, 1992). This may be due to the greater relational orientation of women (Fletcher, 2004) in general, and particularly important for Latinas in the context of *familismo*.

No gender differences were found for attribution to discrimination, direct coping, or indirect coping. A priori hypotheses were not offered for these relationships, and it may be the case that gender is not a critical factor in examining attribution to discrimination or coping strategies other than social coping. Although it was expected that an interaction would be found in the prediction of psychological distress from six-month racial/ethnic microaggressions, neither the model nor the interaction was significant. Post-hoc power analyses for the multiple regressions performed in the present study demonstrated that there may not have been sufficient power for the analyses (Soper, 2012). However, it may also be the case that there is a balance between women's greater general distress, and men's greater experiences with racial/ethnic microaggressions in impacting the potential interaction. Men may be affected by the cumulative consequences of experiencing more racial/ethnic microaggressions while women experience greater overall distress.

Hypothesis 6

Nativity status was also considered an important characteristic to address in understanding the experience of racial/ethnic microaggressions. The only component that differed in response to the racial/ethnic microaggression vignette was greater

endorsement of direct coping by U.S.-born Latina/os. This finding may be related to greater acculturation of U.S.-born Latina/os, as dominant American culture may value a more active/problem-solving approach to interpersonal stressors. However, being U.S.-born cannot be used as a reliable indicator of acculturation to the dominant culture. The present study demonstrated that U.S.- and foreign-born Latina/os are similarly likely to make an attribution to discrimination, and report associated stress and coping behavior. This is important in understanding the potential negative consequences of racial/ethnic microaggression, particularly for foreign-born Latina/os. Discrimination against foreign-born Latina/os may be less obvious, or be considered more justifiable from members of the dominant culture, given a rationalization that immigrants are inherently different in terms of their adherence to or competence within dominant American culture (e.g., having an accent, eating traditional foods). Again, nativity status is not a reliable indicator of acculturation, but may broadly represent differences in these groups regarding adherence to and competence within traditional versus dominant American culture. This is supported by the lack of nativity status differences on the REMS-A scale and for all of its subscales, and for the lack of a significant interaction in the prediction of psychological distress by six-month racial/ethnic microaggressions, using nativity status as a moderator. Further, the foreign-born Latina/os in the present study endorsed significantly more distress overall. This may relate to U.S.-born Latina/os greater use of direct coping, which has been determined effective, as discussed above. However, these relationships should be examined further with equal sample sizes, as the representation of foreign-born Latina/os in the sample was lower than that of U.S.-born Latina/os.

Hypothesis 7

The final aim of the study was to examine the ability of several sociodemographic variables and racial/ethnic microaggressions to differentiate Latina/os with clinically-significant psychological distress from those with nonsignificant levels of distress. The only protective factor identified was greater age. Although research examining the relationship between age and mental health is not consistent, several studies have demonstrated the protective role of increased age (Diener & Suh, 1997). This result has several potential explanations. The theory of socioemotional selectivity theorizes that, with age, individuals focus on emotionally meaningful goals and positive outcomes when their lifetime is perceived as limited (Carstensen, Isaacowitz, & Charles, 1999; Lam, Yip, & Gee, 2012). Also, experiences of racial/ethnic discrimination have been found to decrease with age (Adams & Dressler, 1988; Kessler, Mickelson, & Williams, 1999), which may offer protection against stress. Also, older adults may be less reactive to stress given better development of coping strategies over time (Almeida & Horn, 2004; Yip, Gee, & Takeuchi, 2008). It is also important to note that older Latina/o adults may be less likely to endorse psychological problems (Dupree, Herrera, Tyson, Jang, King-Kallimanis, 2010), which may impact results incorporating self-report scales. Although this finding is not specifically related to the racial/ethnic microaggression experiences, it is important for future research to take into account age of Latina/o participants. Further, lower age may be a risk factor that can be taken in account in clinical settings.

Summary

Taken together, the findings of the present study offer a foundation for the study of racial/ethnic microaggressions among Latina/os. By examining the potential components of a target's experience of a racial/ethnic microaggression, those most relevant to mental health may be determined. In particular, the present study demonstrates the important roles that attribution to discrimination and stress response have in relation to a racial/ethnic microaggression experience. Attribution to discrimination was shown to be the only response that differed among the vignette groups; therefore, the microaggression vignette appeared to have triggered different cognitive processing than the other vignettes. The vignettes did not differ in the elicitation of an associated stress response, demonstrating the importance of examining attribution to discrimination in order to determine participants' cognitive recognition of being a target of discrimination. Attribution to discrimination and stress response were also shown to differ in their relationships to mental health. Given a racial/ethnic microaggression experience, greater attribution to discrimination and greater stress response were associated with different coping forms. While those who made an attribution to discrimination expected to use direct coping, those who experienced a stress response expected to use social or indirect coping. Given differences in the effectiveness of these types of coping, it would be expected that making an attribution to discrimination and stress response may predict psychological distress differently, through the types of coping employed. This may relate to the finding that stress response was a risk factor for clinically-significant psychological distress, in that those who experience a greater stress response may use less effective forms of coping (i.e., social or indirect).

The finding that stress response was a risk factor for psychological distress, but attribution to discrimination was not, indicates that the stress response is a better predictor of distress. Although examining stress response to racial/ethnic microaggression experiences may be more useful in understanding the psychological impact of the racial/ethnic microaggression, including attribution to discrimination should continue to be studied, for further determination of its role in the racial/ethnic microaggression encounter.

By examining individual differences, namely gender and nativity status, the present study sought to take into account the importance of such factors in experiencing racial/ethnic microaggressions. Taken together, men generally endorsed more six-month experiences of racial/ethnic microaggressions, while women endorsed more social coping and overall distress. U.S.-born Latina/os endorsed greater use of direct coping, while foreign-born Latina/os endorsed significantly more distress. The findings also highlighted the potential role acculturation may play in understanding these findings. Although gender and nativity status differences were found, further examination of these factors should continue with analyses of greater power. Including variables such as gender, nativity status, and acculturation in future research will allow for greater nuance in understanding the variables that affect one's experience of racial/ethnic microaggressions.

Limitations

There were several methodological limitations of the present study, including issues related to the measures developed or adapted for use with the vignettes. The measure of attribution to discrimination was developed for the present study. Although it

showed variability and proved to be reliable for the present sample, repeated use of the measure is necessary to determine its psychometric properties and appropriateness for evaluation of attribution to discrimination given exposure to a racial/ethnic microaggression. Further, both the measures of affect (STAI-S) and coping (B-COPE) were adapted, with items responses intended to correspond with the presented vignette. The B-COPE is not developed specifically for responses to a social encounter, which a racial/ethnic microaggression is considered to be. Further, the imaginal nature of the study required endorsement of anticipated rather than actual responses. There may be individual differences in reporting anticipated response, based upon past responses to racial/ethnic microaggressions and social desirability. However, the study does offer the ability to examine the relative differences between groups. It should also be noted that variables such as attributions to discrimination may differ across time (Branscombe, Schmitt, & Harvey, 1999). Longitudinal and experimental designs would allow greater understanding of pathways within directional relationships (Branscombe & Ellemers, 1998; Landrine & Klonoff, 1996; Ruggiero & Taylor, 1995).

Experiencing a racial/ethnic microaggression is not only subtle, it is also subjective to the individual. There is inherent difficulty in assessing the true frequency and impact of racial/ethnic microaggression experiences. Although the taxonomy of microaggressions developed by Sue, Capodilupo, and colleagues (2007) offers an important structure, it lacks components such as the differential severity and impact of the microaggressions on mental health. Also, reporting exposure to perceived discrimination may be a sensitive topic for many individuals in nondominant groups. This may relate to social identity theory (Tajfel & Turner, 1986), which emphasizes the

importance of social acceptance in well-being, as exclusion causes distress. Because understanding the self as a target of discrimination is painful, limiting the attribution of discrimination to negative experiences may be protective. This may be why individuals in devalued groups tend to underestimate the likelihood they have been a target of discrimination (Ruggiero & Major, 1998; Ruggiero & Taylor, 1995, 1997). It is important that this is taken into account in measure development and administration.

The present study offered an opportunity to utilize the recently-developed measure of racial/ethnic microaggressions (REMS; Nadal, 2011), based upon Sue, Capodilupo and colleagues' (2007) taxonomy. Incorporating the REMS-B questions, which asked participants to report how bothersome a given racial/ethnic microaggression had been, was considered important in conjunction with the REMS-A, in order to understand whether a participant has experienced a racial/ethnic microaggression, as well as whether it was considered bothersome. An individual may experience a racial/ethnic microaggression without considering it aversive; therefore, both measures were thought to be valuable. Results of the current study indicated that the REMS-A and REMS-B measures were highly correlated and, because of this, the REMS-B was not used in analysis. Including the REMS-B items may have caused the measure to be confusing, potentially resulting in the problem of missing data. Given issues with incomplete data and unequal sample sizes, some statistical analyses had insufficient power or were unable to be completed. Determination of the bothersomeness of the racial/ethnic microaggressions remains valuable, and has been included in a call for future research by the developer of the REMS scale (Nadal, 2011). Beyond perceived bothersomeness, another extension of microaggression research should assess racial/ethnic

microaggression experiences beyond six-months, given the negative consequences of cumulative adversity.

Another limitation of the present study was the lack of a psychophysiological measure of the affective stress response. Self-report measures have limitations because they are subjective and dependent upon participant insight and accurate reporting. Further, participants may not have the necessary ability to reflect upon internal experience to recognize that a stress response has occurred in relation to a racial/ethnic microaggression. Several studies have identified markers of physiological reactivity thought to represent psychological distress within a social encounter (Brondolo, Rieppi, Erickson, et al., 2003; Kaiser, Vick, and Major, 2006; Mendoza-Denton, Purdie, Downey, & Davis, 2002; Pinel, 1999; Vrana & Rollock, 1996, 1998). Having a measure of cardiovascular reactivity or cortisol level would be beneficial in order to corroborate the self-reported anxiety measured by the STAI-S. Studying physiological responses may allow for another level of understanding related to the experience of discrimination as a stressful encounter by offering insight into social processing (Vrana & Rollock, 1998). Given an encounter involving a racial/ethnic microaggression, for example, physiological responses may be particularly informative in understanding automatic affective experiences of the target. Physiological markers also offer information about arousal at the time of the encounter, and therefore do not require reliance upon retrospective information. In a study of racial/ethnic discrimination among Latina/os, Huynh, Devos, and Dunbar (2012) examined both the frequency and perceived severity of discrimination experiences in predicting depression and anxiety. The study found that “low stress” experiences affected psychological distress when they occurred frequently, while “high

stress” experiences were associated with psychological distress, regardless of frequency. The study found that frequent discrimination experiences considered “low stress” were associated with psychological distress, indicating that there are negative consequences for mental health, even when a target does not consider discrimination experiences to be stressful (Huynh, Devos, & Dunbar, 2012). This study is particularly relevant to understanding the affective component by demonstrating that a target may experience negative consequences of a racial/ethnic microaggression (i.e., depression and anxiety) without having reported the experience to have been stressful. Without attribution to discrimination or a self-reported stress response, there may still be an associated physiological stress response that is not recognized. Physiological measures would therefore be a more reliable means of gathering this information.

Potential order effects of the scales must also be considered, as each participant was first exposed to the vignette, then answered questions related to the vignette, followed by the unrelated measures of six-month racial/ethnic microaggressions and psychological distress. Beginning with the vignette and associated measures may prime participants to respond to the other measures in particular manner, such as reporting greater racial/ethnic six-month microaggressions. Another limitation is that the data analyses examine the relationships between a discrete experience of a racial/ethnic microaggression (i.e., exposure to the vignette) with a generalized measure of psychological distress (BSI-18). Therefore, interpretation of the analytic results relies upon the assumption that the participants’ cognitive, affective, and behavioral responses to the discrete racial/ethnic microaggression presented in the study generalize to the manner in which she/he responds to such situations in daily life. This assumption was

important in the present study, however, as it allowed for consideration of how the experiences of discrete racial/ethnic microaggressions influence mental health.

Theoretical and Clinical Implications

The present study contributes valuable information to the burgeoning field of racial/ethnic microaggressions, through elucidating important components within the relationship between racial/ethnic microaggressions and mental health. Studying Mexican and Mexican-American experiences with racial/ethnic microaggressions is particularly relevant, given the social and political challenges of this group in modern American culture. Because little is understood about the components of experiencing racial/ethnic microaggressions, the findings of the present study have implications for further understanding of this form of discrimination, and offer direction for future research. The present study sought to determine the cognitive, affective, and behavioral components of the experience of racial/ethnic microaggressions utilizing innovative methodology. The vignette developed for the present study offered a unique way to examine potential differences between stress a Latina/o individual may experience in a situation involving a racial/ethnic microaggression versus a more general stressful encounter. It is considered worthwhile to continue utilizing this or similar methodology for the study of this elusive experience. Inclusion of the quantitative scale of racial/ethnic microaggressions extends the existing research that has focused on qualitative approaches to understanding the microaggressions experienced by various nondominant groups. The results discussed here also provide elucidation of some individual differences, based upon gender and nativity status, that require further investigation. The present study offers a foundation for continued investigation of the interactions between cognitive, affective, and behavioral

components of racial/ethnic microaggressions, as well as determining reliable instruments for measuring microaggressions.

Overall, studying the long-term consequences of racial/ethnic microaggressions on mental health functioning, as well as self-esteem, self-concept, and racial identity development (Sue, Capodilupo, et al., 2007) is important for scholarship as well as clinical practice. Given the research findings that perceived discrimination is related to mental health outcomes, it is appropriate and necessary to consider the experience and consequences of racial/ethnic microaggressions in matters of case conceptualization, intervention, and treatment planning with Latina/o clients (Moradi & Risco, 2006). The literature on the topic of perceived discrimination and its effects on mental health generally demonstrates the need for more complex models for understanding relevant pathways. It is important to determine variables that direct or influence the links in the pathways, as “identifying such intervening variables is critical for targeting limited resources toward the most fruitful points for prevention and intervention” (Moradi & Risco, 2006, p. 418). Clinical intervention would also be more useful to clients given clinicians’ better understanding of effective coping in response to discrimination and markers of resiliency (Sue, 2003).

The present study has important implications for the use of culturally-effective and appropriate intervention for individuals in nondominant groups, in order to address the negative consequences associated with experiencing discrimination in daily life. The use of culturally-effective and appropriate treatments for individuals of diverse backgrounds is imperative. Developing such treatments for Latina/os must incorporate or be amenable to incorporation of the stress associated with experiencing racial/ethnic

microaggressions in daily life among nondominant groups. For example, cognitive approaches that seek to change one's thoughts about distressing situations may not be appropriate when addressing issues of racial/ethnic microaggressions with a client. Considering one's thoughts related to a discriminatory event to be distorted, and encouraging the client to reframe these thoughts may be invalidating. It is important that a phenomenological approach be taken when understanding a client's perceptions of a potentially discriminatory experience at the cognitive level. Intervening at a behavioral level may be effective when considering the stress response of a racial/ethnic microaggression. Relaxation training, for example, may be helpful to implement with clients in order to address automatic physiological responses as well as undesired reactions toward a perpetrator. As is generally the case in therapy, a clear understanding of a client's coping strategies and their effectiveness for the individual is critical. Also, because the experience of racial/ethnic microaggressions is affect-laden and complex in regard to primary and secondary emotions, an emotion-focused approach may be particularly effective for clients expressing distress related to experiences with discrimination.

Understanding the impact of discrimination and microaggressions in treatment-seeking (Buser, 2009; Obasi & Leong, 2009; Townes, Chavez-Korrell, & Cunningham, 2009) and therapeutic relationships (Owen, Tao, & Rodolfa, 2010; Shelton & Delgado-Romero, 2011) is necessary. Because Latina/os are not likely to access care for depression and anxiety (Young, Klap, Sherbourne, & Wells, 2001), and may face challenges in doing so, eliminating any additional barriers, including racial/ethnic microaggressions within the therapeutic relationship, is critical. Understanding and

awareness of racial/ethnic microaggressions are important for clinicians to consider at a higher level given the importance of covert discrimination within the therapist-client dyad (DeRicco & Sciarra, 2005). Sue and colleagues (Sue, Capodilupo, et al., 2007; Sue, Nadal, et al., 2008) discuss the potential implications of racial/ethnic microaggressions within counseling relationships. According to the authors, it is important for clinicians to be aware of their own biases and prejudices, and be sensitive toward the experiences of nondominant groups. Open dialogue is important within all therapeutic relationships, and may be particularly crucial among cross-racial/ethnic dyads.

The study of racial/ethnic microaggressions has extended to the area of cultural awareness and competence of mental health professionals (Imel, et al., 2011; Owen, Leach, Wampold, & Rodolfa, 2011; Wang & Kim, 2010), including integration of microaggression-related issues into clinical training (Chao, Wei, Good, & Flores, 2011; Sehgal et al., 2011). Further, mental health professionals must be aware of potential microaggressions within the supervisor-supervisee relationships (Murphy-Shigematsu, 2010). Consideration of microaggressions is also important for teachers responsible for leading and managing difficult cultural dialogues in the classroom (Sue, Lin, Torino, Capodilupo, & Rivera, 2009).

Future Directions

Several future directions are offered, given the results and limitations of the present study. Research of racial/ethnic microaggressions may be expanded in several ways. In relation to the present study, replication of the methodology utilizing a vignette as stimulus for a racial/ethnic microaggression is warranted, with continued development and use of measures appropriately linked to the cognitive, affective, and behavioral

components in question. The present study was exploratory in nature, and replication would allow for more advanced analysis, such as path analysis, to confirm pathways of the psychological components of a racial/ethnic microaggression experience, and how they influence the mental health of Latina/os. Subsequent research may also utilize longitudinal methodology to inform the temporal elements of the model's components and to further understand the cumulative consequences of racial/ethnic microaggressions on mental health.

Studying microaggressions poses a unique challenge given the inherently subtle nature of the experience in questions. Continued efforts in developing appropriate methodology for studying racial/ethnic microaggressions is critical. One example may be Ecological Momentary Assessment (EMA), which has been used to gain more detailed information on the affective and interpersonal experiences as well as the discriminatory experiences of participants throughout each day. This diary-based procedure limits the potential issues inherent with self-report questionnaires. Studies using the EMA method have examined the pathways between discriminatory experiences and health outcomes (Broudy, et al., 2007; Taylor, Kamarck, & Shiffman, 2004). Other studies using diary-based procedures have also offered critical information on the incidence of discriminatory interaction in daily life (Swim, Cohen, & Hyers, 1998; Torres & Ong, 2010). Using such diary-based procedures may be particularly ideal in research on the correlates of the racial/ethnic microaggression experience because they are more reliable, more reflective of the actual discriminatory experience, and less likely to be influenced by recall bias (Stone & Shiffman, 2002).

Representation of Latina/o subgroups and individual characteristic, such as gender and nativity status, are important in elucidating unique experiences of Latina/os. There are other potentially significant factors to take into account when examining the relationship between racial/ethnic microaggressions and mental health. Individual factors found to influence appraisals of discrimination include the target's past experiences with discrimination (Schmitt & Branscombe, 2002), perception of the legitimacy and justification of discriminatory treatment (Branscombe, Schmitt, & Harvey, 1999), and worldview of meritocracy (Major, Kaiser, O'Brien, & McCoy, 2007). Individual factors such as optimism (Kaiser, Major, & McCoy, 2004), sense of control (Moradi & Risco, 2006; Sechrist, Swim, & Stangor, 2004), and collectivism (Shorey, Cowan, & Sullivan, 2002) also play a role in a target's tendency to make attributions to discrimination.

Cultural factors, including ethnic identity, group identification, acculturation, acculturative stress, and intercultural competence have consequences for Latina/o mental health (Cervantes, Padilla, & Salgado de Snyder, 1991; Hovey & King, 1996; Salgado de Snyder, 1987; Torres & Rollock, 2007), and may be particularly relevant given experiences with discrimination (Alderete, Vega, Kolody, & Aguilar-Gaxiola, 1999; Eccleston & Major, 2006; Ellemers, Spears, & Doosje, 1997; Finch, Kolody, & Vega, 2000; Crocker & Major, 1989; Major, Quinton, & Schmader, 2003; Moradi & Risco, 2006; Salgado de Snyder, 1987; Torres, 2009; Torres, Driscoll, & Voell, 2012; Torres & Ong, 2010; Torres, Yznaga, & Moore, 2011; Wei, Liao, et al., 2010; Zane & Mak, 2003). Further, examining the experience and responses to microaggressions among individuals who are members of multiple nondominant categories is important, as there may be unique interactions among such variables (Szymanski & Gupta, 2009). The process and

outcome of a target's confrontation of the perpetrator (Branscombe, Schmitt, & Harvey, 1999; Stangor, Swim, Van Allen, & Sechrist, 2002; Sue, Capodilupo, et al., 2007; Swim & Hyers, 1999) is also relevant in understanding the varied consequences of one's behavioral response to a racial/ethnic microaggression.

Although the present study focuses on the experience of the target of discrimination, it is also important to consider implications for the perpetrator of discrimination. Knowledge of racial/ethnic microaggressions within American society, and the potential recognition of one's use of microaggressions, is an important step in decreasing the prevalence of such discrimination, and improving inter-racial/ethnic relations (Spanierman & Heppner, 2004; Sue, Capodilupo, et al., 2007). Because perpetration of a racial/ethnic microaggression is ambiguous and often unintentional, perpetrators are unlikely to recognize, and potentially change, their discriminatory behavior unless confronted. Further, because targets of discrimination are unlikely to respond publicly or confront perpetrators (Swim & Hyers, 1999), discrimination may be perpetuated because the opinions of these targets are not shared with others. When unchallenged, a "pluralistic ignorance" may develop, and situations involving racial/ethnic microaggressions are able to continue in the daily lives of members of nondominant groups (Swim & Hyers, 1999). Regardless of these issues, the phenomenological approach to understanding the target's experience of a racial/ethnic microaggression remains appropriate. Whether the perpetrator's intention is malevolent or benign is of minimal importance in understanding the target's personal experience of the microaggression; however, the perpetrator's intention may influence the interpersonal

interaction. Therefore, studying the perpetrator's role and experience of the racial/ethnic microaggression may also be valuable.

Research has also discussed the “cost to Whites” of engaging in discrimination and behaviors associated with membership in the dominant group, such as reliance upon stereotypes, guilt related to privilege, fear of nondominant others, and limited interaction with culturally-different others (Sifford, Ng, & Wang, 2009; Spanierman & Hepner, 2004; Spanierman, Poteat, Beer, & Armstrong, 2006; Spanierman, Todd, & Anderson, 2009; Todd, Spanierman, & Poteat, 2011). Recognition of pluralistic ignorance and the negative consequences of racial/ethnic microaggressions for targets and perpetrators may decrease their prevalence and the social barriers that all involved in discrimination may encounter. Because the benefits of decreasing ignorance may be significant for targets and perpetrators, research determining effective intervention for perpetrators of racial/ethnic microaggressions, as well as effective response strategies for targets, is critical.

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APPENDIX

Racial/Ethnic Microaggression Vignette

Please read the following story. Questions about your reaction to being in the situation it describes will follow.

Suppose you are traveling with a close Latina/o friend on a plane flying from Milwaukee to Boston. The plane is small with a single row of seats on one side of the aisle and a double row on the other. Because there are only a few passengers, you are told by the White flight attendant that you can sit anywhere, so you sit close to the front, across the aisle from one another. This makes it easy for you to converse and provides a large, comfortable space for both of you. As the attendant is about to close the hatch, a White man and woman enter the plane, are informed they can sit anywhere, and promptly seat themselves in the row in front of you. Just before take-off, the attendant begins to close the overhead compartments and seems to scan the plane with her eyes. At that point she approaches you, leans over, interrupts your conversation, and asks if you would mind moving to the back of the plane to less comfortable seats near a noisy family. She indicates that she needs to distribute the weight on the plane evenly.

General Stress Vignette

Please read the following story. Questions about your reaction to being in the situation it describes will follow.

Suppose you are traveling with a close friend on a plane flying from Milwaukee to Boston. The plane is small with a single row of seats on one side of the aisle and a double row on the other. Because there are only a few passengers, you are told by the flight attendant that you can sit anywhere, so you sit close to the front, across the aisle from one another. This makes it easy for you to converse and provides a large, comfortable space for both of you. As the attendant is about to close the hatch, a man and woman enter the plane, are informed they can sit anywhere, and promptly seat themselves in the row in front of you. Just before take-off, the attendant begins to close the overhead compartments and seems to scan the plane with her eyes. At that point she approaches you, leans over, interrupts your conversation, and asks if you would mind moving to the back of the plane to less comfortable seats near a noisy family. She indicates that she needs to distribute the weight on the plane evenly.

Neutral Vignette

Please read the following story. Questions about your reaction to being in the situation it describes will follow.

Suppose you are traveling with a close friend on a plane flying from Milwaukee to Boston. The plane is small with a single row of seats on one side of the aisle and a double row on the other. Because there are only a few passengers, you are told by the flight attendant that you can sit anywhere, so you sit close to the front, across the aisle from one another. This makes it easy for you to converse and provides a large, comfortable space for both of you. As the attendant is about to close the hatch, a man and woman enter the plane, are informed they can sit anywhere, and promptly seat themselves in the row in front of you. Just before take-off, the attendant begins to close the overhead compartments and seems to scan the plane with her eyes. At that point she approaches the man and woman in front of you and asks if they would mind moving to the back of the plane to less comfortable seats near a noisy family. She indicates that she needs to distribute the weight on the plane evenly.