View metadata, citation and similar papers at core.ac.uk

brought to you by CORE

provided by NSU Works

OCCUPATION: A Medium of Inquiry for Students, Faculty & Other Practitioners Advocating for Health through Occupational Studies

Volume 3
Issue 1 *December 2018*

Article 4

12-1-2018

A Need for Occupational Justice: The Impact of Racial Microaggression on Occupations, Wellness, and Health Promotion

Emily Grullon
eg457@mynsu.nova.edu

Carlneshia Hunnicutt
carlneshiamonerah@gmail.com

MeLisa Morrison
mm4122@mynsu.nova.edu

Olandria Langford
ol102@mynsu.nova.edu

Mirtha M. Whaley
Nova Southeastern University, mwhaley@nova.edu

Follow this and additional works at: https://nsuworks.nova.edu/occupation

Part of the Occupational Therapy Commons

Recommended Citation

Grullon, Emily; Hunnicutt, Carlneshia; Morrison, MeLisa; Langford, Olandria; and Whaley, Mirtha M. (2018) "A Need for Occupational Justice: The Impact of Racial Microaggression on Occupations, Wellness, and Health Promotion," *OCCUPATION: A Medium of Inquiry for Students, Faculty & Other Practitioners Advocating for Health through Occupational Studies*: Vol. 3 : Iss. 1 , Article 4.
Available at: https://nsuworks.nova.edu/occupation/vol3/iss1/4

This Article is brought to you for free and open access by the Department of Occupational Therapy at NSUWorks. It has been accepted for inclusion in OCCUPATION: A Medium of Inquiry for Students, Faculty & Other Practitioners Advocating for Health through Occupational Studies by an authorized editor of NSUWorks. For more information, please contact nsuworks@nova.edu.

A Need for Occupational Justice: The Impact of Racial Microaggression on Occupations, Wellness, and Health Promotion

Nova Southeastern University

Abstract

"Ism," in general terms describes a practice that denotes oppression of a group based on the characteristics of its members: racism, sexism, and ageism, are the three types most commonly identified. "Isms" often impose limits on people, and while we have been aware of those limits at the macro level, we have been less aware of acts that happen at the level of the individual, the micro level. These acts, which are frequently heard and seen in the media, have personal, occupational, and health implications for those affected by them. The purpose of this paper is to raise awareness about the issue of racial microaggression and, from occupational therapy and occupational science perspectives, explore how it impacts engagement in valued occupations, wellness, and health. This paper aims to encourage scientific discourse among practitioners, students, and educators so that we can truly be client-centered and culturally effective advocates for inclusion and participation in life.

Keywords: social justice, occupational therapy, prejudice, "ism", discrimination, occupational justice, microaggression, occupation, wellness, health, power

A Need for Occupational Justice: The Impact of Racial Microaggression on Occupations, Wellness, and Health Promotion

Introduction

"Ism," in general terms, refers to a doctrine, theory, or practice. When applied to societal attitudes about specific groups of people, "ism" describes a practice that denotes oppression of a group based on the characteristics of its members with racism, sexism, and ageism, being the three types most common identified. "Isms" of any kind, often impose limits at the macro or societal level, on the groups affected, such as institutionalized or systemic limits of work, and social roles based on these "isms." However, missing from our societal and professional radars, are those acts that happen on a daily basis which are intended to demean, invalidate, intimidate, and limit individuals: acts of microaggression that may be heard and seen in the media, but are misunderstood in terms of the occupational and health impact they have.

Racism is a form of privilege and oppression defined as "a societal system in which actors are divided into 'races', with power unevenly distributed (or produced) based on these racial classifications (Paradies, 2006, pg. 145). Racism is identified as a source of structural pressure that gives rise to lack of equal access to opportunities at the macro level (Oliver, 2001; Beagan & Etowa, 2009). In American history, racism has evolved from the more overt forms such as slavery and segregation, to covert and more subtle forms of contemporary racism, described as racial microaggressions. Racial microaggressions ultimately lead to power imbalances, which create occupational barriers and injustices at the level of the individual...the micro level (Beagan & Etowa, 2009). Although racist beliefs within a society are generally observed at the sociocultural or macro level, they are actually operant and perpetuated at the level of the individual...the microlevel, which has a direct effect on the individual's occupational opportunities and well-being.

Problem Statement

Racial microaggressions, a term often used to define contemporary acts of racism, have limited many individuals from the freedom to engage in meaningful occupations. Sue et al. (2007) defines

microaggressions as "brief, everyday exchanges that send denigrating messages to people of color because they belong to a racial minority group" (p.273). Examples of microaggressions include, but are not limited to: discrimination and prejudices based on race, gender, or age, use of racial slurs, and dismissive attitudes towards an individual's lived experiences. The negative stressors associated with microaggressions have a direct influence on wellness and health promotion, as well as the following occupations: activities of daily living (ADLs), instrumental activities of daily living (IADLs), rest and sleep, leisure and play, social participation, and work and education. Within the United States (U.S.), people of color, otherwise known as minority groups, are stripped of their freedom to engage in meaningful occupations due to predispositions of racism and other discriminatory feelings toward them. These attitudes of exclusion evolve into forms of social and occupational injustices that lead to occupational imbalance and are expressed through the lack of access to meaningful daily occupations (Beagan & Etowa, 2009). Because the focus of occupational therapy is on overcoming barriers to participation in daily life, practitioners have an opportunity to play a vital role in addressing issues of occupational injustice promoted by acts of microaggression (Arnold & Rybski, 2010). Occupational therapists have a duty to advocate for the promotion of health and wellness, as well as occupational engagement for all individuals served, irrespective of abilities, socioeconomic status, or cultural background.

Definitions

Understanding the broad issue of microaggression requires that the reader become familiar with its many forms. The section that follows offers a review of the concept of occupational justice, and provides definitions and examples of different manifestations of microaggression.

Occupational justice. The *Occupational Therapy Practice Framework: Domain & Process, Third Edition* (OTPF-III) identifies occupational justice as the recognition of every individual's occupational rights to inclusive participation regardless of differences and including but not limited to: age, social class, ability, or gender (Nilsson & Townsend, as cited in American Occupational Therapy Association [AOTA], 2014). Additionally; Townsend and Wilcock (as cited in the OTPF-III) state that occupational justice includes having

access to resources to participate in occupations in order to meet personal, societal, and health needs; opportunities for social inclusion; as well as the accessibility and participation in meaningful occupations granted to others (AOTA, 2014). Similarly, Murphy, Griffith, Mroz, & Jirikowic (2017) indicated that occupational justice developed from the concept of social justice, which entails the rights of individuals to engage in desired or needed occupation, and to address equity and access.

Occupational justice expands upon the concept of social justice by including issues that relate to OT such as participation, empowerment, and meaningful activity (Paul-Ward, 2009; Arnold & Rybski, 2010). And yet, as the profession celebrated its Centennial, the US continued to experience various health and socioeconomic inequities that interfere with well-being, give rise to social unrest (Aldrich, Boston, & Daaleman, 2017) and promote occupational injustices.

Occupational injustice occurs "when participation in occupation is barred, confined, restricted, segregated, prohibited, undeveloped, disrupted, alienated, marginalized, exploited, excluded, or otherwise restricted" (Townsend and Wilcock, as cited in Paul-Ward, 2009, p. 83). WFOT (2006) states "abuses of the right to occupation may take the form of economic, social or physical exclusion, through attitudinal or physical barriers, or through control of access to necessary knowledge, skills, resources, or venues where occupation takes place". Additional threats to the right to occupation include poverty, disease, social discrimination, displacement, disasters (natural or man-made), and armed conflict (WFOT, 2006). Therefore, continued silence on issues of injustice, such as current ones related to racism in the U.S., promotes the absence of international dialogue regarding occupational justice (Aldrich et al., 2017). Such silence is also indicative of the acceptance of the status quo as there is a failure to challenge or foster change within the social structures that generates and continues marginalization and health inequities (Gerlach, 2015).

Racial microaggression. The face of racism has changed greatly in American history. It is believed that racism has evolved from an "old fashioned form" to more subtle forms of contemporary racism, which have been identified as modern racism (McConahay, 1986), symbolic racism (Sears, 1988), and aversive racism

(Dovidio & Gaertner, 2000). Sue et al. (2007) identified commonalities between the three forms of contemporary racism, which highlight that racism may be displayed in a more ambiguous form. The ambiguous manifestation of these forms of contemporary racism make them hard to define once they occur. It has been suggested that the term racial microaggression is a more appropriate term to highlight the everyday occurrence of contemporary forms of racism. Microaggressions may be intentional or unintentional ways of communicating "hostile, derogatory, or negative racial slights and insults to the target person or group" (Sue et al., 2007). The term racial microaggression encompasses words and interactions that are perceived as racist by the victim, which in turn may lead the victim to carry emotional weight or mental distress (Fleras, 2016). Microaggressions present themselves in many different forms to which have been identified by Sue et al. (2007) as microassaults, microinsults, and microinvalidations. The following definitions are offered to familiarize the reader with the terms.

Microassault. Sue et al. (2007) defines a microassault as, "an explicit racial derogation characterized primarily by a verbal or nonverbal attack meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory actions" (p. 273). This form of microaggression is similar to antiquated forms of racism, due to the ill intended actions of the perpetrator (Bleich, 2015). Perpetrators of microassaults usually remain anonymous as these acts mostly take place in private. An example of a microassault would be to use a derogatory name to refer to someone, such as calling a person with Indian features a "dot head". Other examples may be the display of White supremacy.

Microinsult. Sue et al. (2007) defines a microinsult as, "communications that convey rudeness and insensitivity and demean a person's racial heritage or identity" (p. 273). Microinsults are very subtle and oftentimes perpetrators of microinsults do not realize that their comments may be offensive to a person of color. Although everyday forms of racism in the present day may be unintentional, they are indicative of social inferiorities, which may lead the victim to feel alienated and in turn, question his/her place in society (Beagan & Etowa, 2009; Fleras, 2016). It requires a conscious effort to not participate in the use of microinsults, in a

society that systemically structures hierarchical relations of race and racism (Beagan & Etowa, 2009; Sue et al., 2007). An example of a statement entailing a microinsult is "You are a credit to your race".

Microinvalidation. Sue et al. (2007) defines a microinvalidation as, "communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color" (p. 273). An example of this is when a racial minority couple experiences poor services due to discrimination at a restaurant and are told that they are being overly sensitive. Another common example is when a person states, "I don't see color", in response to a racial minority's experience of racial discrimination. Each of these examples nullify and diminish the said experiences.

Review of the Literature

A review of the literature was completed to determine how multiple exchanges of microaggressions impact engagement in occupations. Research was found through CINAHL Complete, Medline, and PubMed. Key terms included the following: social justice, occupational therapy, prejudice, "ism", discrimination, occupational justice, microaggression, occupation, wellness, health, power. The articles were derived from the following disciplines: occupational therapy, sociology, anthropology, and public health. Literature published prior to 2000 were excluded. A total of 22 articles was used to complete the literature review.

Microaggressions have an impact on activities of daily living (ADL's), such as self- care and self-maintenance as well as on instrumental activities of daily living (IADL's). A recent study conducted by Hoffman, Trawalter, Axt, and Oliver (2016) found that medical students believed Black skin was thicker than White skin. Additionally, individuals with Black skin were believed to have a higher pain tolerance. These microinvalidations resulted in improper medical treatment of individuals with black skin (Hoffman et al., 2016). Beliefs such as these contribute to the present racial disparities which impact wellness and impact how minorities manage their health. Another study by Watson and Downe (2017) investigated the discrimination Romani women experienced from health professionals working in maternity wards. Roma women who are of darker skin, reported multiple cases of being mistreated, including: poor communication; being abandoned;

being physically and verbally abused; being refused care; and having to wait until non-Roma women were helped (Watson & Downe, 2017); all indicative of microinvalidations, microinsults, and microassaults.

In Canada, a study by Tang, Browne, Mussell, Smye, and Rodney (2015) reported that health care professionals believed that those on welfare are abusing both the health care system and the hard work of health care professionals. This belief exemplifies a microinsult, as these beliefs are insensitive to the needs of minority groups and those of lower socioeconomic status (Sue et al., 2007). Many could argue that this is one of the reasons that there has been opposition towards the Patient Protection and Affordable Care Act (ACA) in the U.S., along with the expansion of Medicaid in participating states. The ACA attempted to reduce racial and ethnic disparities in health care, which are linked to discrimination (Abdus, Mistry, & Selden, 2015; Pardasani & Bandyopadhyay, 2014).

In terms of racial disparities as related to health care, Blacks and other non-Hispanic minorities rated their self-health as being poor within both minority communities and those communities with mostly White residents, resulting in feelings of localized discrimination. (Gibbons & Yang, 2014). Consequently, the health of Black males has ranked the lowest compared to other racial groups (Gilbert et al., 2016). Personal factors of care recipients, such as education, trust, compassion, respect, affordability, and cultural sensitivity, contributed to limited access to health care (Cutts et al., 2016). Hispanics also reported feeling disrespected by health professionals and this has generated a general distrust in the medical system (Cutts el al., 2016). Studies investigating the importance of sleep and the factors that reduce sleep in individuals who experienced high levels of discrimination, found that shorter periods of sleep were associated with increased risk for depressive symptoms and vulnerability for these individuals, thus influencing their overall health and wellness (Sheikh, Tu, Saini, Fuller-Rowell, & Buckhalt, 2016; Yip, 2015).

Additionally, the literature indicates that racial microaggressions also have an impact on the IADL of child rearing. African Canadian women have had concerns of raising their children to 'deal' with racism (Beagan & Etowa, 2009). These concerns have led African-Canadian parents, as we have also seen in our own domestic

media in the past few months, to develop occupational roles as parents that include teaching coping strategies to their children to combat racism. Essentially, microaggressions experienced by past generations have created additional responsibilities for African-Canadian parents. Beagan and Etowa (2009) expressed, "there is no reason to believe the influence of racism on occupation will differ elsewhere" (p. 291), therefore the findings in Canada may be reflective of occurrences in the U.S. Furthermore, as Aldrich et al. indicate in their 2017 article, occupational therapists in the U.S. have yet to take on the responsibility of addressing occupational injustices within their practice.

Racial microaggression was found to have an impact on leisure occupations pursued by minority groups. Lee (2000) and Beagan and Etowa (2009) found that everyday forms of racism impacted leisure activities such as watching television, going out to dine, shopping and/or attending entertainment and sports events among African-American and African-Canadian women who participated in their studies. Lee (2000) also reported that African-American customers disclosed they were often monitored, scrutinized, and/or followed when shopping. Beagan and Etowa (2009) indicated that African Canadian women reported being ignored and belittled when shopping. These forms of microaggressions can be identified as microinsults and microassaults (Sue et al., 2007).

In the U.S. and Canada, the negative portrayal of minority groups by the media "may influence the self-concepts and beliefs of one's own group and also may generate attitudes and beliefs about such groups among the general public" (Berry, 2000, p. 58). The negative portrayal of minority groups by the media generates negative attitudes and beliefs about these groups. These negative portrayals by the media qualify to be defined as racial microaggressions according to Sue et al.'s (2007) description of hostile, derogatory, or negative racial slights and insults to the target person or group. Beagan and Etowa (2009) found that it was difficult for African Canadian women to relax while watching the television without being on guard for racial slights, thus impacting health and wellness, when pursuing this specific leisure activity.

Microaggressions occur on both conscious and subconscious levels (Spencer, 2017) in various situations that affect social participation. Spencer (2017), described microaggressions as "conversations that happen at our dinner table, college parties, and workrooms among our family members, friends, and co-workers. They are represented in the memes on the Internet, the mascots of teams for which we root, television and movies, classrooms and billboards" (p. 3). Furthermore, it is important to note that racism is a part of the social environment and exists at the macro, meso, and micro levels (Beagan & Etowa, 2009). Microaggressions occur during engagement in community, family, and peer/friend activities, which influence the occupational, social, and environmental domains of wellness. Spencer (2017) explains that microaggressions are most harmful when they are expressed by family, friends, and progressive-minded people. Racial microaggressions are not limited to face-to-face contacts, they also occur in various online contexts (Williams, Oliver, Aumer, & Meyers, 2016). In a recent experimental study, Williams et al. (2016) investigated how the experience of subtle racial discrimination offline may influence perceptions of offensiveness in racially themed memes for both Whites and people of color. Results indicated that, compared to that of their White counterparts, the experiences of people of color with microaggressions in daily everyday settings were predictive of the ratings they assigned to the racially themed internet memes. White participants reported experiencing racial microaggressions offline at least once in the past six months, compared to people of color's report of experiencing racial microaggressions daily (Williams et al., 2016).

It is not uncommon for children to experience microaggressions while pursuing an education. In an exploratory study, Pachter, Bernstein, Szalacha, and Coli (2010) found that microassaults were the most commonly perceived forms of discrimination among minority children (Sue et al., 2007). In the same study, it was found that minority children also experience microinsults, as teachers would call on them less in class and give their attention to non-minority students. Moreover, many minority youths are falsely accused of acts they did not commit by their teachers (Beagan & Etowa, 2009; Sue et al., 2007). These forms of microassaults and microinsults are linked to development of behavioral problems, depression, anxiety, low self-esteem, and an

increased risk of substance abuse in minority children, thus hindering their ability to engage in formal educational participation and negatively affecting wellness (Brody et al., 2006; Sellers, Caldwell, Schmeelk-Cone, & Zimmerman, 2003; Szalacha, Erkut, Garcia Coll, Alarcón, Fields, 2003; Terrel, Miller, Foster & Watkins, 2006; AOTA, 2014).

Latino children have been victims of microaggressions in schools, by teachers and peers, with details of them being discriminated against because of perceived ethnicity and knowledge of a foreign language. These acts are detrimental to a child's well-being in that Latino children are at risk to develop heightened levels of depression (Ayón & Philbin, 2017). Latino youth feared going to class and felt they were treated differently from non-Latino peers. In the form of institutional discrimination, these children were not allowed to speak Spanish in the classroom. In the form of microassaults, Latino children were told that being Mexican was something they should not take pride in (Ayón & Philbin, 2017; Sue et al., 2007). More extreme cases exist where they experienced derogatory comments related to White supremacy from their peers. Additionally, children were also negatively impacted by deportation threats. Collectively, these instances have both an emotional and social impact on Latino youth (Ayón & Philbin, 2017).

In a recent study, Stambaugh and Ford (2015) investigated gifted individuals who were African American, Hispanic, or of low socioeconomic status, and concluded that these individuals were more susceptible to experiencing microaggressions, when compared to their age-matched White counterparts. The study suggested that gifted students who also carry racial and socioeconomic disadvantages have an increased need to be socially accepted and are likely to conform to negative socially accepted views on academics, resulting in academic underachievement. Furthermore, the students lacked resources necessary to develop, meet, or challenge their occupational needs, which intensifies the natural desire for occupational fulfillment. Likewise, these students are oftentimes misunderstood, leading to a misdiagnosis of a disability, perceived behavioral problems, or seeking unnecessary counseling services (Stambaugh & Ford, 2015). Additionally, guidance counselors have been found to encourage less challenging academic courses to those of minority

groups, while boosting academic excellence to those in higher social class statuses (Beagan & Etowa, 2009). As it relates to the impact on health and wellness, the outcomes of racial microaggression hinder the academic success and further cause gifted minority students to be reluctantly accepted by peers, teachers, and counselors (Stambaugh & Ford, 2015).

Discrimination in the workplace hinders job advancements and the move toward equality by supporting the systematic perspective of superiority and withholding power and privilege from marginalized groups (Beagan & Etowa, 2009). Beagan and Etowa's (2009) study reported that African Canadian women felt they had to work twice as hard as their co-workers to prove intelligence, skills, and experience; this was true even when workers proved competence and eligibility. Challenging this form of discrimination has its drawbacks, as anyone in this specific situation may have now jeopardized their position on the job. Additionally, Beagan and Etowa (2009) found that African Canadian women experienced microassults and microinsults in the workplace in the form of outright racial slurs and exposure to comments or questions that were unintentionally offensive (Beagan & Etowa, 2009).

Reflection

Wellness has been defined as “a dynamic way of life that involves action, values, and attitudes that support or improve health and quality of life” (Brownson & Scaffa, 2001, p. 656) Wellness is comprised of eight dimensions, which include the emotional, social, intellectual, physical, spiritual, environmental, financial, and occupational (Substance Abuse in Mental Health Services Administration, 2017). Similarly, the Person-Environment-Occupation-Performance (PEOP) model categorizes the dimensions of wellness into intrinsic and extrinsic factors, which impact a person’s well-being and quality of life (Christiansen, Baum, & Bass, 2015). Scaffa, Reitz, and Pizzi (2010) explain how participation is enabled by health.

Utilizing the PEOP model occupational therapists are able to identify barriers to health and create strategies with their clients to optimize engagement in participation (Christiansen et al., 2015). Additionally, Whalley-Hamell (2017) suggests that occupational engagement is central to well-being which evolves into a

sense of belonging and self-worth. Occupational therapists often define occupation from a western point of view which often overlooks or fails to recognize the social structures that hinder occupational engagement. Therefore, injustice occurs when opportunities for valuable occupational engagement are unjustly constrained and occupational rights are contravened. Whalley-Hamell (2017) argues that occupational therapists have the "knowledge and skills to help increase the opportunities available for people to achieve well-being through occupational engagement, especially for all those disadvantaged, marginalized, and vulnerable people whose occupational opportunities are inequitably constrained by the structural factors that shape their lives" (p. 213).

Health and wellness, within the OTPF III, is classified as a concept under health management and maintenance, which the OTPF III considers an instrumental activity of daily living (American Occupational Therapy Association, 2014). Outcomes are defined as result of the occupational therapy process, specifically, outcomes describe what can be accomplished through occupational therapy intervention. Under outcomes, wellness also involves accessibility to resources and is an active process of awareness (American Occupational Therapy Association [AOTA], 2014). Therefore, it is within the scope of practice of occupational therapy to understand how social environments intersect with occupations, as well as how racism impacts a client's occupational performance, meaning, engagement, participation and health (Townsend & Polatajko, 2007).

Discussion

There is support in the literature for occupational therapist's role in social and occupational justice. In fact, the World Federation of Occupational Therapists (2006) states that all individuals have a right to participate in occupations. The right to occupation consists of civic, educative, productive, social, creative, spiritual and restorative occupations which are influenced by cultural, societal, and geographic context (World Federation of Occupational Therapy [WFOT], 2006). However, it has been noted that compared to other countries, occupational therapists in the U.S., have been slower to adopt the concept of occupational justice (Aldrich et al., 2017). Occupational therapy and the shift toward the biomedical model shapes health as an individual experience, ignoring the influence of social and political structures that cause injustice which

negatively impacts health (Wilcock & Hocking, 2015). Whalley-Hamell (2017) suggests that occupational therapists fail to address occupational opportunities that may be available or unavailable due to structural inequalities. In several cases, practitioners only pursue justice as it relates to advocacy and reimbursement, and others often question whether the pursuit of justice is even part of occupational therapy's domain of practice (Aldrich et al., 2017). According to Aldrich et al. (2017), The International Society for Occupational Science (ISOS) suggested that many occupational therapists feel the push toward occupational justice is a part of a political liberal agenda that interferes with the freedom and diversity of practitioners.

As occupational therapists, we pride ourselves on being client-centered; on valuing cultural diversity, cultural sensitivity, and cultural effectiveness; and on promoting social and occupational justice. While individually we may hold those beliefs and possess those attributes, as a profession, we lack the research and the scholarship to inform us about microaggressions, and their impact on occupations and wellness. If we truly embrace the ideal of social and occupational justice, then we have a moral imperative to promote those ideals by facilitating conditions that support the rights of all to resources and occupational engagement.

We begin, by ensuring that practitioners understand the language of “isms;” by raising awareness of the realities faced by individuals who are victimized by microaggressions; by understanding the impact that these realities have on engagement in meaningful occupations and on wellness (AOTA, 2014); and by remembering that our profession is guided by seven core principles...altruism, freedom, equality, justice, dignity, prudence, and truth (American Journal of Occupational Therapy [AJOT], 1993). We must remember that occupational injustices lead to negative outcomes, and that these include occupational imbalance, occupational deprivation, occupational marginalization, and occupational alienation (Stadnyk, Townsend, & Wilcock, 2011). We must acknowledge that these outcomes of occupational injustices go beyond decreased occupational participation, and that they influence health and quality of life (Stadnyk et al., 2011). We must advocate for a just society where we believe in:

An unselfish concern for the well-being of others (altruism); the perception that participation in occupations is a basic human right for all individuals (equality); enabling individuals to demonstrate autonomy in selection of preferred occupations (freedom); providing OT services for individuals affected by occupational barriers and injustices (justice); recognizing the worth and uniqueness of each individual and respect (dignity); upholding accountability and honesty within our attitudes and actions (truth); and utilizing reason to address occupational barriers and injustices (prudence) (AJOT, 1993; AOTA, 2014).

Our clients are diverse, and they include veterans, refugees, unemployed workers, individuals who don't look like us or have the same sexual preferences, individuals who have limited education, and individuals who have limited health care. We know this, we see them and treat them in our clinics, but the question remains whether we understand and address the occupational injustices they experience (Aldrich et al., 2017). As professionals, we have the responsibility to identify opportunities that benefit underserved populations, as evidenced by AOTA's inclusion of social justice within the service delivery (Murphy et al., 2017); to identify and address issues of injustices (Whalley-Hamell, 2017); to promote justice by addressing occupational barriers that limit participation in daily activities and to recognize the impact that these have on health and well-being (Pollard, Kronenberg, & Sakellariou, 2008; WFOT, 2006; Whalley-Hamell, 2017). Occupational therapists have the knowledge and skills to promote and support occupation for all individuals; work with groups, communities, and societies; and to identify and raise issues regarding occupational barriers and injustices (WFOT, 2006; Whalley-Hamell, 2017).

Practitioners must commit to developing and consistently utilizing assessments that measure well-being and occupational engagement outcomes, as well as the contextual structural constraints that hinder participation (Whalley-Hamell, 2017). Additionally, occupational therapists can engage in prevention and early intervention, by educating teachers and administrators on how racial microaggressions impact occupations (Ayón & Philbin,

2017). Education, from a systems perspective, can focus on the consequences of discrimination and how these acts of microaggression can be addressed at all levels and prevented (Ayón & Philbin, 2017).

Further research is needed to identify areas where practitioners can bring awareness of the need for occupational justice in the U.S. Ethnographic and/or narrative studies can investigate the impact of microaggressions on occupation. Studies of therapists' perceptions, beliefs, and attitudes about social justice, microaggressions, and our professional responsibilities can help shape educational interventions. (Beagan & Etowa, 2009).

By continuing to use a client-centered approach, with emphasis on occupational engagement and awareness on how microaggressions can be barriers to equitable participation, occupational therapists can support healthy development throughout the lifespan (Ayón & Philbin, 2017), and advocate for policies and conditions that promote social and occupational justice (Ayón & Philbin, 2017). By communicating with interprofessional leaders within the health care system, further awareness on the issue can take place. In turn, these actions may encourage the development of policies which address the role of racism as a social determinant of health (Paradies, 2006; Whalley-Hamell, 2017).

Occupational therapists must also acknowledge their biases, as well as exhibit cultural humility throughout treatment (Whalley-Hammell, 2013). Cultural humility requires practitioners to be critically aware of their own perspectives. Whalley-Hammell (2013) suggests that occupational therapists must be respectful and open to the experiences of their clients regarding the impact of structural inequalities on their occupational opportunities and well-being (Whalley-Hammell, 2013). Lastly, occupational justice must be integrated into the occupational therapy curricula to prepare practitioners with the knowledge and skills to identify and address issues of injustices that create health inequities (Aldrich et al., 2017; Arnold & Rybski, 2010).

While it is important for occupational therapists to acknowledge their own biases when working with people of color, they must also acknowledge "how systematic social power relations shape occupational meanings and engagements" (Beagan & Etowa, 2009, p. 291). By acknowledging the structural inequalities,

occupational therapists show understanding of the negative impact racism has on occupational engagement for people of color (Beagan & Etowa, 2009). Occupational therapists must recognize that engagement and motivation are impacted in clients who have experienced racial microaggressions, when participating in certain occupations (Beagan & Etowa, 2009). Due to these occurrences, it is important for occupational therapists to open the discussion of occupational meaning as it relates to the impact of microaggression on health and wellness with people of color, in addition to other marginalized groups in today's society. In conclusion, to support the promotion of a truly client-centered and inclusive practice, it is within the role of occupational therapists to address the impact of racial microaggressions on occupations in order to prevent negative occupational outcomes such as occupational imbalance, occupational deprivation, occupational marginalization, and occupational alienation (Beagan & Etowa, 2009; Stadnyk et al., 2011; Whalley-Hamell, 2017).

References

Abdus, S., Mistry, K. B., & Selden, T. M. (2015). Racial and ethnic disparities in services and the patient protection and affordable care act. *American Journal Of Public Health*, *105*S668-S675. doi:10.2105/AJPH.2015.302892

Aldrich, R. M., Boston, T. L., & Daaleman, C. E. (2017). Justice and U.S. occupational therapy practice: a relationship 100 years in the making. *American Journal Of Occupational Therapy*, *71*(1), 1-5. doi:10.5014/ajot.2017.023085

American Occupational Therapy Association. (2014). Occupational therapy practice framework: domain and process (3rd ed.). *American Journal of Occupational Therapy*, 68(Suppl. 1), S1– S48. http://dx.doi.org/10.5014/ajot.2014.682006

Arnold, M. J., & Rybski, D. (2010). Occupational justice. In *Occupational therapy in the promotion of health and wellness* (pp. 135-156). Philadelphia, PA: F.A. Davis.

Ayón, C., & Philbin, S. P. (2017). "Tú no eres de aquí": Latino children's experiences of institutional and interpersonal discrimination and microaggressions. *Social Work Research*, *41*(1), 19-30. doi:10.1093/swr/svw028

Beagan, B. L., Etowa, J. (2009). The impact of everyday racism on the occupations of African Canadian women. *Canadian Journal of Occupational Therapy*. *76*(4), 285-293

Berry, G. (2000). Multicultural media portrayals and the changing demographic landscape: the psychosocial impact of television representations on the adolescent of color...William T. Grant Foundation Conference on Media and Youth, November 15 and 16, 1999. Journal Of Adolescent Health, 27(2), 57-60.

Bleich, M. R. (2015). Microaggression and its relevance in health care. *Journal Of Continuing Education In Nursing*, *46*(11), 487-488. doi:10.3928/00220124-20151020-13

Brownson, C. A., & Scaffa, M. E. (2001). Occupational therapy in the promotion of health and prevention of disease and disability statement. *American Journal of Occupational Therapy, 55*(6), 656-60.

Christiansen, C., Baum, C. M., & Bass, J. D. (2015). *Occupational therapy: Performance, participation, and well-being* (Fourth edition.). Thorofare, NJ: SLACK Incorporated.

Cutts, T., Langdon, S., Meza, F. R., Hochwalt, B., Pichardo-Geisinger, R., Sowell, B., & Jones, M. T. (2016). Community health asset mapping partnership engages Hispanic/Latino health seekers and providers. *North Carolina Medical Journal*, *77*(3), 160-167. doi:10.18043/ncm.77.3.160

Dovidio, J. F., & Gaertner, S. L. (2000). Aversive racism and selective decisions: 1989–1999. Psychological Science, 11, 315–319.

Fleras, Augie. (2016). Theorizing micro-aggressions as racism 3.0: shifting the discourse. Canadian Ethnic Studies. 48. 1-19. 10.1353/ces.2016.0011.

Gerlach, A. J. (2015). Sharpening our critical edge: occupational therapy in the context of marginalized populations. Canadian Journal of Occupational Therapy, 82, 245–253. https://doi.org/10.1177/0008417415571730

Gibbons, J., & Yang, T. (2014). Self-rated health and residential segregation: how does race/ethnicity matter?. *Journal Of Urban Health: Bulletin Of The New York Academy Of Medicine*, *91*(4), 648-660. doi:10.1007/s11524-013-9863-2

Gilbert, K. L., Ray, R., Siddiqi, A., Shetty, S., Baker, E. A., Elder, K., & Griffith, D. M. (2016). Visible and invisible trends in black men's health: pitfalls and promises for addressing racial, ethnic, and gender inequities in health. *Annual Review of Public Health*, *37*, 295-311. doi:10.1146/annurev-publhealth-032315-021556

Hoffman K.M., Trawalter, S., Axt, J.R., Oliver, M.N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between Blacks and Whites.

Proceedings of the National Academy of Sciences of the United States of America, 113(16), 4296-4301. doi:10.1073/pnas.1516047113

Lee, J. (2000). The salience of race in everyday life: Black customers' shopping experiences in Black and White neighborhoods. *Work and Occupation, 27*, 353-376.

McConahay, J. B. (1986). Modern racism, ambivalence, and the Modern Racism Scale. In J. F. Dovidio & S. L. Gaertner (Eds.), Prejudice, discrimination and racism (pp. 91–126). Orlando, FL: Academic Press.

Murphy, A. D., Griffith, V. M., Mroz, T. M., & Jirikowic, T. L. (2017). Primary care for underserved populations: navigating policy to incorporate occupational therapy into federally qualified health centers. *American Journal of Occupational Therapy*, *71*(2), 1-5. doi:10.5014/ajot.2017.712001

Nilsson, I., & Townsend, E. (2010). Occupational jus- tice—Bridging theory and practice. *Scandinavian Jour- nal of Occupational Therapy, 17,* 57–63. http://dx.doi. org/10.3109/11038120903287182

Oliver, W. (2001). Cultural racism and structural violence. *Journal of Human Behavior in the Social Environment,* 4, 2-3, 1-26. DOI: 10.1300/J137v04n02_01

Pachter, L., Bernstein, B., Szalacha, L., & Coll, C. (2010). Perceived racism and discrimination in children and youths: an exploratory study. *Health & Social Work*, *35*(1), 61-69.

Paradies, Y. (2006). Defining, conceptualizing and characterizing racism in health research. *Critical Public Health*, *16*(2), 143-157.

Pardasani, M., & Bandyopadhyay, S. (2014). Ethnicity matters: the experiences of minority groups in public health programs. *Journal Of Cultural Diversity*, *21*(3), 90-98. Paul-Ward, A. (2009). Social and occupational justice barriers in the transition from foster care to independent adulthood. *American Journal of Occupational Therapy*, 63, 81–88.

Paul-Ward, A. (2009). Social and occupational justice barriers in the transition from foster care to independent adulthood. *American Journal of Occupational Therapy*, 63, 81–88.

Pollard, N., Kronenberg, F., & Sakellariou, D. (2008). A political practice of occupational therapy. In N. Pollard, D. Sakellariou, & F. Kronenberg (Eds.), *A political practice of occupational therapy* (pp. 3–19). Edinburgh, Scotland: Churchill Livingstone.

Scaffa, M. E., Reitz, S. M., & Pizzi, M. (2010). *Occupational therapy in the promotion of health and wellness*. Philadelphia: F.A. Davis.

Sears, D. O. (1988). Symbolic racism. In P. A. Katz & D. A. Taylor (Eds.), *Eliminating racism: Profiles in controversy* (pp. 53–84). New York: Plenum.

Sheikh, M.E., Tu, K.M., Saini, E.K., Fuller-Rowell, T.E., Buckhalt, J.A. (2016). Perceived discrimination and youths' adjustment: sleep as a moderator. *European Sleep Research Society. 23,* 70-77. Doi:10.1111/jsr.12333

Spencer, M.S. (2017) Microaggressions and social work practice, education, and research. *Journal of Ethnic & Cultural Diversity in Social Work, 26*(1-2), 1-5. Doi:10.1080/15313204.2016.1268989

Stadnyk, R., Townsend, E.A., Wilcock, A. (2011). Occupational justice. In Christiansen, C., & Townsend, E.A. Introduction to occupation: the art and science of living (pp. 329-354). London: Pearson Education International.

Stambaugh, T., & Ford, D. Y. (2015). Microaggressions, multiculturalism, and gifted individuals who are Black, Hispanic, or low income. *Journal Of Counseling & Development*, *93*(2), 192-201. doi:10.1002/j.1556-6676.2015.00195.x

Substance Abuse in Mental Health Services Administration. (2017). The eight dimensions of wellness. Retrieved from: https://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness

Sue, D.W., Capodilupo, C.M., Torino, G.C., Buccerci, J.M., Holder, M.B., Nadal, K.L., & Esquilin, M. (2007). Racial microaggressions in everyday life: implications for clinical practice. *American Psychologist*. 62(4):271–286. doi:10.1037/0003-066X.62.4.271

Szalacha, L. A., Erkut, S., Garcia Coll, C., Alarcón, O., Fields, J. (2003). Discrimination and Puerto Rican children's and adolescents' mental health. Cultural Diversity and Ethnic Minority Psychology, 9, 141-155

Tang, S. Y., Browne, A. J., Mussell, B., Smye, V. L., & Rodney, P. (2015). 'Underclassism' and access to healthcare in urban centres. *Sociology Of Health & Illness*, *37*(5), 698-714. doi:10.1111/1467-9566.12236

Terrel, F, Miller, A. R,, Foster, K., & Watkins, C.EJ. (2006). Racial discrimination—induced anger and alcohol use among Black adolescents. Adolescence, 41, 485—492.

Townsend, E., & Polatajko, H. (2007). Enabling occupation IL Advancing an occupational therapy vision for health, well-being & justice through occupation. Ottawa, ON: CAOT Publications ACE.

Townsend, E., & Wilcock, A. A. (2004). Occupational justice and client-centred practice: A dialogue in progress. *Cana- dian Journal of Occupational Therapy, 71,* 75–87. http://dx.doi.org/10.1177/000841740407100203

Watson, H.L., Downe, S. (2017). Discrimination against childbearing Romani women in maternity care in Europe: a mixed-methods systematic review. *Reproductive Health, 14*(1). doi:10.1186/s12978-016-0263-4

Whalley-Hammell, K.R. (2013). Occupation, well-being, and culture: theory and cultural humility. *Canadian Journal of Occupational Therapy, 80*(4), 224-234. DOI: 10.1177/0008417413500465

Whalley-Hamell, K.R. (2017). Opportunities for well-being: the right to occupational engagement. *Canadian Journal of Occupational Therapy, 84*(4-5), 209-222
DOI: 10.1177/0008417417734831

Wilcock, A. A., & Hocking, C. (2015). An occupational perspective of health (3rd ed.). Thorofare, NJ: Slack.

Williams, A., Oliver, C., Aumer, K., & Meyers, C. (2016). Racial microaggressions and perceptions of internet memes. *Computers in Human Behavior*, *63*424-432. doi:10.1016/j.chb.2016.05.067

World Federation of Occupational Therapists. (2006). Position statement human rights. Retrieved from http://www.wfot.org/ AboutUs/PositionStatements.aspx

Yip, T. (2015). The effects of ethnic/racial discrimination and sleep quality on depressive symptoms and self-esteem trajectories among diverse adolescents. *Journal Of Youth And Adolescence*, *44*(2), 419-430. doi:10.1007/s10964-014-0123-x