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ACCEPTANCE

This dissertation, **THE PERCEIVED RELATIONSHIP BETWEEN WELLNESS AND RACIAL MICROAGGRESSIONS IN AFRICAN AMERICAN AND LATINA AMERICAN FEMALE DOCTORAL STUDENTS IN COUNSELOR EDUCATION PROGRAMS**, by **DAWN M. ROBINSON**, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree Doctor of Philosophy in the College of Education, Georgia State University.

The Dissertation Advisory Committee and the student's Department Chair, as representatives of the faculty, certify that this dissertation has met all standards of excellence and scholarship as determined by the faculty. The Dean of the College of Education concurs.

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ABSTRACT

THE PERCEIVED RELATIONSHIP BETWEEN WELLNESS AND MICROAGGRESSIONS IN AFRICAN AMERICAN AND LATINA AMERICAN FEMALE DOCTORAL STUDENTS IN COUNSELOR EDUCATION PROGRAMS

by

Dawn M. Robinson

Wellness has been identified as one of the primary goals in the counseling profession (Myers, 1992; Myers & Sweeney, 2005; Roscoe, 2009). Although wellness is one of the main goals of counseling, and there has been a plethora of research on wellness, there is a scarcity of wellness research focused on counselors, and counselors in training (Myers & Sweeney, 2008). Research on racial discrimination and microaggressions in students, as well as faculty in higher education suggests that many colleges and universities are hostile settings for people of color (Bradley & Holcomb-McCoy, 2004; Salazar, 2009; Salazar et al., 2004). Day to day experience with racial microaggressions can be detrimental to the well-being of people of color (Sue, Lin, Torino, Capodilupo, & Rivera, 2009; Troxel et al., 2003). This study utilized qualitative methods to examine the perceived relationship between racial microaggressions and wellness in female graduate students of color. A phenomenological approach (Creswell, 2007; Moustakas, 1994) guided this methodology. Participants included seven African American and one Latina American females who were enrolled in CACREP accredited counselor education doctoral programs in one region of the United States. Participants were interviewed face to face and/or by phone in two rounds of interviews. Interview questions addressed participants' experiences, their definitions of wellness, and their perceptions of the

relationship between wellness and racial microaggressions. Participants discussed seven themes including: program experience, day to day experiences of microaggressions, types of microaggressions, wellness, the impact of microaggressions on wellness, wellness strategies in coping with microaggressions, and program expectations. The primary types of microaggressions experienced were microinsults (n=8) and microinequities (n=7). Microaggressions were found to have an impact on emotional, academic/career, overall, interpersonal/social, physical, psychological, personal, and spiritual components of wellness. Wellness strategies helped to decrease participants (n=4) vulnerability to racial microaggressions. This study provides information which informs counseling programs of the unique experiences and needs of Latina and African American female graduate students, with implications for increasing retention rates and improving the overall quality and wellness of these students.

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ABBREVIATIONS

ACA	American Counseling Association
AACD	Association for Counseling and Development
CACREP	Council for Accreditation of Counseling and Related Educational Programs
GMS	General Mattering Scale
HBCU	Historically Black Colleges and Universities
LAQ	Lifestyle Assessment Questionnaire
OCS	Objectified Body Consciousness Scale
PSS	Perceived Stress Scale
PWI	Predominantly White Institutions
WEL	Wellness Evaluation of Lifestyle
5F-WEL	Five Factor Wellness Inventory

CHAPTER 1

WELLNESS AND FEMALE GRADUATE STUDENTS OF COLOR

*Day by day, the pain
ate away
bits and pieces of my mind, body, spirit, soul
My heart decaying
rotted to nothing.
Racism? Discrimination?
Deep inside my soul, my innermost being
Darkness
A slow and painful death.*

Literature Review

The above is an excerpt of a poem that I wrote, describing my experiences as an African American female and the impact of racial microaggressions on wellness. It echoes the voices and sentiments of many people of color who have dealt with the daily struggles and complexities of race. Due to double minority status, women of color in particular, face a myriad of problems as they navigate through the day-to-day intricacies within the workplace and in academia (Bryant et al., 2005; Reynolds-Dobbs, Thomas, & Harrison, 2008). Many of these issues stem from systemic, hegemonic practices that continue to prevail within our society (Day-Vines & Holcomb-McCoy, 2007; Depken, 1994; Jackson & Sears, 2001).

The World Health Organization's Constitution (2006) states:

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition...The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health. (p. 1)

Although the literature reflects that wellness is a goal for the medical and physical health sciences (Insel & Roth, 2006; Travis & Ryan, 2004), as well as counseling professions (Myers & Sweeney, 2008), many social injustices continue to exist. There is a scarcity of research that addresses the impact of microaggressions on the wellness of women of color.

Many grave disparities exist for people of color in the United States (Insel & Roth, 2006). According to the data from the Center for Disease Control (2006), 3.2% of adults who identified themselves as Black or African American were reported to have experiences with serious psychological distress in the past 30 days; 3.9 percent of American Indian or Alaska Native; 3.4 percent Hispanic or Latino; and 6.5 percent of people of two or more races in comparison to 2.7 percent of adults who were identified as White. Perceived discrimination, situations which an individual perceived as being associated with racism and discrimination in combination with racism and sexism, has been correlated with factors such as increased levels of stress (King, 2005) and has been associated with higher levels of psychological distress (Moradi & Hasan, 2004; Moradi & Risco, 2006). Furthermore, studies on race related stress in African Americans have found evidence to suggest that race-related stress can impact the physical (Troxel, Matthews, Bromberger, & Sutton-Tyrrell, 2003) and psychological well-being of individuals (Broman, 1997; Fray, 1993).

Many women of color have made significant strides in various professions and in academia, yet factors such as racism and discrimination continue to persist (Bryant et al., 2005; Utsey, Ponterrotto, & Porter, 2008) and can create a number of problems that can be detrimental to their well-being (Vakalahi & Starks, 2011). Discrimination due to race

and gender can impact the overall wellness and quality of life for women of color. Troxel et al. (2003) conducted a study of African American and European American women and found that females who reported that they had experienced racial discrimination had an increase in health risks compared to those who did not report experiences with racial discrimination.

Experiences with racism and discrimination can impact an individual's wellness (King, 2005; Sue, Lin, Torino, Capodilupo, & Rivera, 2009) and their trajectory as it relates to career aspirations (Carlone & Johnson, 2007; Chung, Baskin, & Case, 1999; Evans & Herr, 1991; Mays et al., 1996). Many of the factors that are expressed in the literature in counselor education reflect a concern that the culture of graduate programs are potentially hostile environments (Bradley & Holcomb-McCoy, 2004; Salazar, 2009; Salazar et al., 2004) which can ultimately impact the wellness of women of color pursuing graduate degrees in counseling programs. Factors such as White privilege and power differentials based on race, class, and gender that continue to exist within our larger societal context are often replicated within academia (Bryant et al, 2005; Tuitt, Hanna, Martinez, del Carmen Salazar, & Griffin, 2009). As such, this can have an impact on rates of attrition and wellness of female graduate students of color.

This paper examines the literature on wellness and microaggressions and evaluates the perceived relationship between wellness and microaggressions for female graduate students of color. Chapter one provides a review of the literature on wellness, including definitions of wellness; wellness models; wellness assessments; and empirical research on wellness, a review of literature on racial microaggressions, as well as the implications for future research on racial microaggressions and wellness.

Wellness

Wellness has always been a primary focus within the counseling profession (Myers, 1992; Myers & Sweeney, 2008; Roscoe, 2009). From the onset of our profession, we have sought to provide counseling interventions that meet the developmental needs of our clientele. Counselors strive to ensure all of our clients receive services that promote their physical, psychological, and social well-being throughout the life span (Myers & Sweeney, 2008). Remley (1991) suggests what differentiates us from other professions is our focus on a preventative approach that is not based in an illness or deficit model, but a strengths perspective. As such, our focus on wellness allows us to assist our clients in a manner in which we emphasize their role to create change in their lives without pathologizing who they are.

Within the past two decades, there has been a call for a more aggressive approach as it relates to wellness. In 1989, the Governing Counseling for the American Counseling Association (ACA), at that time known as the Association for Counseling and Development (AACD), made a commitment to the promotion of wellness in the counseling profession based on the strategic plan and mission that was developed by ACA in 1988 (Myers, 1992). Since that time, numerous research studies within our field have explored various elements of wellness among different populations (Chang & Myers, 2003; Degges-White & Myers, 2006; Spurgeon & Myers, 2008; Tatar & Myers, 2004).

Wellness has been an essential component to our role as professional counselors in numerous areas of specialty. The Council for Accreditation of Counseling and Related Education Programs (CACREP) discusses the role of counselors as it relates to wellness

in at least thirteen different places in the 2009 standards including the areas of professional identity, career counseling, clinical mental health counseling, school counseling, and student affairs and college counseling. As such, it is important for counselors to be aware of the definition of wellness, models of wellness, ways to assess wellness, and have an understanding of the role of wellness and its application in their individual lives.

Definitions of wellness. Many authors have noted that the concept of wellness is difficult to define because it is subjective (Kelly, 2000; Roscoe, 2009). Myers and Sweeney (2008) state that, “the roots of wellness go back almost 2,000 years. The Greek philosopher Aristotle, writing in the 5th century B.C., was perhaps the first person to write about wellness” (p. 482). Past definitions of wellness have primarily been from within the medical field and have primarily been viewed in relation to the role that physical components such as exercise and nutrition have on other areas of an individual’s overall wellness. These definitions of wellness failed to take into account the significance of the mind, body, and spirit in wellness, as well as the role that an individual can have in playing a proactive role as it relates to their wellness.

Within the past six decades, the definitions of wellness have emerged and modern definitions of wellness take into consideration the unique strengths of individuals in comparison to a deficit perspective that was implied by past definitions of wellness. Dunn (1977) defined wellness as “an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable. It requires the individual maintain a continuum of balance and purposeful direction within the environment where he is functioning” (p. 4). Hettler (1984), the founder of the National Wellness Institute,

developed a definition of social wellness that took into consideration the role of the environment in an individual's wellness. He defined wellness as "an active process through which people become aware of, and make choices toward, a more successful existence" (p. 14). Although his definition of wellness suggested that individuals can play a proactive role in their wellness and took into account the role of the environment, it primarily focused on the role that the individual played in contributing to their community and did not focus on the mutual interaction between the person and environment.

Travis and Ryan (2004) state:

Wellness is not a static state. High-level wellness involves giving good care to your physical self, using your mind constructively, expressing your emotions effectively, being creatively involved with those around you, and being concerned about your physical, psychological, and spiritual environments. (p. xix)

This perspective of wellness focuses on the responsibility of the individual in his or her wellness. Insel and Roth (2006) describe wellness as "the new health goal" and "not a static goal but a dynamic process of change and growth" and define wellness as "optimal health and vitality, encompassing physical, emotional, intellectual, spiritual, interpersonal and social, and environmental well-being" (p. 1).

In 2006, the World Health Organization defined wellness as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (p. 1). The American Heritage Medical Dictionary (2008) defines wellness as "the condition of good physical and mental health, especially when maintained by proper

diet, exercise, and habits” (p. 583). Stedman’s Medical Dictionary (2008) states that wellness is, “A philosophy of life and personal hygiene that views health as not merely the absence of illness but the fullest realization of one’s physical and mental potential, as achieved through positive attitudes, fitness training, a diet low in fat and high in fiber, and the avoidance of unhealthful practices (smoking, drug and alcohol abuse, overeating)” p. 1805. Within the physical health sciences and medical fields the definition of wellness has expanded and most view wellness as an integration of various components involved in an individual’s life. Additionally, current definitions of wellness explore the role that ecological factors play in an individual’s life.

In the field of counseling, definitions of wellness also address the multifaceted factors that influence the wellness of an individual. The Council for Accreditation of Counseling and Related Education Programs (CACREP, 2009) defines wellness as, “a culturally defined state of being in which mind, body, and spirit are integrated in a way that enables a person to live a fulfilled life” (p. 63). In comparison to other definitions, this definition draws an emphasis on the role that culture plays in defining wellness. Myers et al. (2000) state that wellness is:

A way of life oriented toward optimal health and well-being, in which body, mind, and spirit are integrated by the individual to live life more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving. (p. 252)

Although there has been a plethora of definitions of wellness and there has been differing perspectives about this concept, most modern day authors and researchers would agree that wellness is a continuum with worseness at one end and wellness at the

other, and that it is a multidimensional concept (Myers & Sweeney, 2009; Roscoe, 2009). Past definitions of wellness have taken into consideration the role of the environment in the lives of individuals. However, they have not addressed the unique mutual interaction between the person and environment. These definitions would lead one to conclude that if an individual were striving to achieve wellness of the mind, body, and spirit, the individual would be well. Although this is ideal, it fails to account for the role that persistent environmental factors can play on ones well-being. As such, they diminish the role that we as helping professionals must play as change agents and advocates working towards social justice in our society. Factors such as persistent racism, sexism, and homophobia can have a detrimental impact on individuals despite their proactive attempts to improve their well-being.

Models of wellness. Just as many disciplines have attempted to define wellness based on the basic proponents of their specific profession, models of wellness have also been proposed. Experts in the medical and physical health fields developed the early models of wellness. Halbert Dunn (1961), a physician, developed a model of wellness that included three interconnected circles reflected the mind, body, and spirit of an individual. An arrow pointed vertically and intersected with these three circles, symbolized the individual throughout their life span. Implied in this model is the idea that individuals play a role in their wellness and it acknowledged the role of the environment in wellness.

Donald Ardell (1977), discussed wellness as an alternative to medical issues in which an individual is responsible for taking actions to improve their well-being. Travis and Ryan (1981, 1988, 2004) designed a model of wellness that is on a continuum. This

continuum ranges from illness to wellness. Hettler (1980; 1984) who has been known as the “father of the wellness movement” (Myers & Sweeney, 2005, p. 8) proposed a model of wellness that consists of a hexagon including physical, emotional, occupational, social, intellectual, and spiritual components that comprise the concept of wellness. He believed that individuals should put effort into each of these six areas in order to achieve optimal wellness. This model is the foundation for a number of assessments that have been widely used including Lifestyle Assessment Questionnaire (LAQ) and Testwell, a popular paper-pencil wellness assessment. Hinds (1983) developed an assessment, The Lifestyle Coping Inventory, to assist individuals in measuring stress management and health promotion (Hattie, Myers, & Sweeney, 2004). Hinds’ and Hettler’s models of wellness are primarily based in healthcare and do not take into account the psychological development of individuals (Hattie, Myers, & Sweeney). As such, these models do not consider the individual throughout the life span, which is essential for effective counseling interventions (Myers & Sweeney, 2005, pp. 185-187). Insel and Roth (2006) designed a model of wellness that is comprised of six interconnected aspects of wellness on a continuum ranging from a low level of wellness to a high level of wellness. These six components include: intellectual, emotional, social, physical, spiritual, and environmental wellness.

According to Myers, Sweeney and Witmer (2008), although there are a number of models of wellness, there are only two evidenced based models of wellness within the counseling profession: The Wheel of Wellness (Myers, Sweeney, & Witmer, 2000; Sweeney & Witmer, 1991; Witmer & Sweeney, 1992) and The Indivisible Self (Myers et al., 2004). Both models are based on Adlerian principles, such as the three basic life tasks

identified by Alfred Adler- work, friendship, and love (Myers & Sweeney, 2005). The center of the original Wheel of Wellness is spirituality surrounded by seven components of self regulation which include sense of humor; physical fitness and nutrition; sense of worth; sense of control; realistic beliefs; spontaneous and emotional response; and intellectual stimulation, problem solving, and creativity. The “rims of this wheel” (Myers & Sweeney, 2005, p. 18) were the basic life tasks of work, love and friendship. The outermost rim included the factors of business/industry, media, government, community, family, religion, and education and global events.

This model of wellness was later revised to include five life-tasks with spirituality as the center. The term self direction is used instead of self regulation. Additional constructs were included such as, self-care, stress management, gender identity, cultural identity, sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, and exercise. The model also includes various components that interact with the individual including family, community, media, religion, education, business/industry, government, and global events. This model has been the foundation for many assessments used within the field of counseling, including the Wellness Evaluation of Lifestyle (WEL) (Myers & Sweeney, 2005, p. 12). The WEL has been adapted and utilized to conduct research that has explored wellness in Korean American adolescents (Chang & Myers, 2003), first year college students (Parsons, 2006), traditional and nontraditional college students (Hermon & Davis, 2004), and a number of other research studies that have which inform other models of wellness based on data collected from this assessment.

The Indivisible Self model was designed after research conducted by Hattie, Myers, and Sweeney (2004) found evidence to suggest that the past model was not empirically supported, as the data did not reflect the model. Research did not confirm spirituality as the center of the model. Instead, the self was empirically supported as the center. Confirmatory factor analysis revealed wellness as a higher order factor with five second-order factors loading on wellness (the essential self, the social self, the creative self, the physical self, and the coping self).

The researchers used structural equation modeling to assist in developing the model. Five second order factors had seventeen factors loading on them including 1.) (essential self) cultural identity, gender identity, self care, essence; 2.) (social self) love, friends; 3.) (creative self) intelligence, control, emotions, humor, work; 4.) (physical self) exercise, nutrition; 5.) (coping self) leisure, stress, worth, beliefs. The model also consists of the local, institutional, global, and chronometrical contextual variables which impact of the wellness of the individual. This model reflects an ecological perspective as it takes into account the systemic factors involved in an individual's wellness throughout time. There is a mutual interaction between the person and environment, therefore change or transitions in one area of wellness can have a direct impact on other areas of wellness. More recently, a four factor model of wellness has been proposed based on data from previous assessments.

Other models of wellness have been developed to address variables such as gender and ethnicity. Crose et al. (1992) developed a multidimensional model of wellness including physical health, emotional health, intellectual health, social health, occupational health, and spiritual health to address variances in gender. Constantine and

Sue (2006) proposed a model of wellness to address factors such as oppression and social injustices in people of color. The model of wellness includes cultural factors that can impact an individual's wellness including collectivism; racial and ethnic pride; spirituality; interconnectedness of the mind, body, and spirit; and family and community.

Wellness Assessments. Wellness assessments have been utilized to explore wellness in a number of populations including children (Omizo, Omizo, & D'Andrea, 1992; Tatar & Myers, 2004), adolescents (Chang & Myers, 2003), women (Degges-White & Myers, 2006; Gill, 2005; Sinclair & Myers, 2004), college students (Shurts & Myers, 2005; Spurgeon & Myers, 2008), counselors (Fourie et al., 2008), and counselors in training (Myers, Mobley, & Booth, 2003; Roach & Young, 2007). Although the vast majority of studies on wellness have been conducted on undergraduate college students, very little research has been conducted on graduate students in general, even less is known about students in counseling graduate programs.

The primary instruments that have been used to assess wellness by practitioners and by researchers in the counseling profession are the Wellness Evaluation of Lifestyle (WEL) and the Five Factor Wellness Inventory (5F-WEL). These instruments have been used to evaluate wellness in adults and have been revised to assess wellness in elementary school aged children and adolescents. Additionally, they have been translated into more than eight different languages. Although there have been adaptations of these assessments for different populations, few wellness assessments have been designed specifically to address cultural differences as it relates to wellness (Chang & Myers, 2003).

Empirical research on wellness. Most of the wellness studies on college and university students have been conducted on undergraduate students. These studies have examined the differences between traditional and nontraditional students compared to nonstudent adults; some have examined ethnic and gender differences as it relates to wellness. This section reviews the literature in wellness for undergraduate and graduate students and discusses the implications for future research.

Mobley and Myers (2004) conducted a quantitative study of nontraditional and traditional students compared to a normalized group of 702 non-students. Study participants included 1,567 undergraduates and results were compared with non-student adults. Participants attended small to intermediate size colleges and universities in six states in the United States. Each participant completed the The Five Factor Wellness Inventory, 5F-WEL, a paper pencil assessment based on the Indivisible Self Model of Wellness that assesses the components of the model (Myers & Sweeney, 2005, p. 41). Results revealed that undergraduate students scored higher on scales examining the Social Self and scored lowest on scores in the area of the Coping Self. T-tests were used to examine the differences in scores between undergraduate students and non-students from the normalized group. Non-students scored higher in 11 different areas of wellness in comparison to traditional students and non-traditional students including Realistic Beliefs, Love and Self Care (Thinking, Leisure, Positive Humor, and Friendship. Traditional students scored higher than nontraditional students on scales assessing Exercise and Leisure. The researchers also evaluated data scores of wellness for students of color in comparison to European American students as well as to examine the difference in scores based on gender and age. They found evidence to suggest that there

are no significant differences in wellness based on age and gender. Scores for students of color in comparison to European American students revealed that students of color scored lower on the Social Self, Friendship, Self-Control, Physical Self, Exercise, and Leisure and higher on Cultural Identity and Realistic Beliefs in comparison to European American students. Additionally, when the researchers evaluated the interaction of age and ethnicity, non-traditional students of color scored lower than European American students in Total Wellness, the Essential Self, Creative Self, Coping Self, Self-Care, Thinking, Nutrition, Stress Management, and Self Worth. The researchers noted one of the limitations of this study was the small sample size for students of color. Overall results indicated that undergraduate students are at an increased risk for lower levels of wellness in comparison to non-student adults. This study would suggest that college students are in need of wellness interventions in comparison to nonstudents. Specifically, undergraduate students need education and resources on coping and opportunities for social networking as a means of support. It also suggests that there is a need to target non-traditional students of color to provide services to enhance their overall wellness. Additionally, this study suggests that there is a need to conduct further research that has a representative sample of students of color and to explore the experiences of non-traditional students of color so that colleges and universities are better equipped to meet their needs.

Gibson and Myers (2006) examined the relationship between perceived stress, wellness, and mattering among military college students in the Southeast U.S. The 234 participants enrolled in this study completed the Five Factor Wellness Inventory (5F-WEL), Perceived Stress Scale (PSS), and the General Mattering Scale (GMS). Scores

were compared to a normalized group of undergraduate students who were not attending military colleges. The results indicated that no differences were found between perceived stress and mattering. When examining the differences based on gender, female participants scored higher in Social Self, Friendship and Cultural Identity scales than male students in this study. The researchers were unable to examine the differences in scores based on ethnicity because of the small sample size for people of color.

Some studies of wellness have been specific to students within certain regions and may not be representative of the diverse mix of college and university students throughout the United States. Parsons (2006) conducted a study of first year students in the Midwest and found that they scored lower on scales measuring Nutrition and Stress Management, but scored higher in Love and Sense of Worth. No information was provided regarding students of color or on gender differences.

Hermon and Davis (2004) analyzed data from the Wellness Evaluation of Lifestyle Inventory (WEL) in a sample of traditional and nontraditional aged students in the Midwest. Significant scores were found in Realistic Beliefs, Sense of Control, Physical Exercise, and Self Care. Nontraditional aged students scored lower in scales measuring Exercise and higher in Self-Care and Realistic Beliefs in comparison to traditional aged students. Traditional aged students scored higher in Exercise compared to nontraditional aged students. Females that were nontraditional aged had higher scores on Self Care in comparison to traditional aged men. No data was reported regarding differences in ethnicity. This study, in combination with the study conducted by Gibson and Myers (2006) would suggest that women are more likely to take proactive attempts as it relates to their health. Yet, the fact that no differences in total wellness scores are

discussed may imply that for females, there may be other factors related to wellness that may have an impact on overall wellness that have not been addressed.

Although the research is limited, studies have also examined factors that impact college and university women and people of color. Sinclair and Myers (2004) conducted a study using the 5F-WEL and the Objectified Body Consciousness Scale (OCS) to examine body consciousness and wellness in female college students. A negative correlation was found between two dimensions of Body consciousness (Body Surveillance and Body Shame) and the Coping Self. A negative correlation was also found between body shame and the Creative Self.

Spurgeon and Myers (2008) examined the relationship between racial identity and wellness for students attending Predominantly White Institutions (PWI's) in comparison to Historically Black Colleges and Universities (HBCU's) in a sample of 203 male participants. The researchers used the Five Factor Wel (5F-WEL), a measure of racial identity attitudes, and a demographic questionnaire to gather data from participants. Students at HBCUs scored higher than students at Predominantly White Institutions on all dimensions of wellness, including total wellness, except for the Physical Self. Significant scores were only found for the Social Self factor and the Physical Self factor with students at Predominantly White Institutions scoring lower on the Social Self and higher on scales measuring the Physical Self in comparison to students attending HBCUs. Additionally, the study found that there was no relationship between racial identity and wellness. This study suggests that there may be environmental factors within college and university settings that may impact areas of wellness for African American male students. Historically Black Colleges and Universities may provide African American males with

opportunities for support that can increase wellness that may not be available at Predominantly White Institutions. It also suggests that environmental factors may impact the wellness of students. As such, it may be beneficial for colleges and universities to provide opportunities for African American males such as programs and organizations specifically tailored to provide social support. Additionally, Historically Black Colleges and Universities may benefit by exploring ways to enhance physical wellness. Further research is needed to explore differences among African American females and other populations of students of color as it relates to wellness.

Racial Microaggressions

Racism and discrimination continue to persist in our society (Utsey et al., 2008). Although racism may not always be as blatant as it was in the past, it is still very prevalent; but now it is more covert and subtle. These racial inequities and biases can be potentially detrimental to the well-being of individuals who experience them. Because of the covert and subtle nature, it is very difficult to operationalize or describe these behaviors as discriminatory, which often results in feelings of self-doubt and confusion for people of color that experience these situations. This often can also result in experiences of anger, frustration and a decrease in self esteem in comparison to more blatant forms of racism (Solórzano, Ceja, and Yorso, 2000) “Without an adequate classification or understanding of the dynamics of subtle racism, it will remain invisible and potentially harmful to the well-being, self-esteem, and standard of living of people of color” (Sue et al., 2007, p. 272).

Sue et al. (2007) described these subtle acts as racial microaggressions. Racial microaggressions are defined 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 et al., 2007, p. 271). Sue et al. reviewed the narratives of psychologists of color and European American psychologists to examine types of microaggressions and found three distinct categories of racial microaggressions: microassaults, microinsults, and microinvalidations.

Microassaults are defined as “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” (Sue et al., 2007, p. 274). An example of this would be putting patrons of color in the back of a restaurant when there are empty seats in the front of the restaurant where European American patrons are being seated or describing an African American woman as a Black “girl” while referring to a European American woman as being a “woman.”

Microinsults are defined as, “subtle snubs, frequently unknown to the perpetrator, but clearly convey a hidden insulting message to the recipient of color” (Sue et al., 2007, p. 274). For instance, professors cutting off students of color during class discussions or rolling their eyes when a student of color speaks are examples of microinsults.

Microinvalidations are described as, “communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color” (Sue et al., 2007, p. 274). For example, if a person of color discusses blatant racial inequities with a coworker who is European American and is told that they (the persons of color) cannot be serious since they (the persons of color) have a college degree, there is no reason why people would treat them differently. Implied in this statement is that individual’s educational status excludes them from racial discrimination- therefore invalidating their experiences.

When people of color are in situations in which they experience microaggressions and they are unable to find validation for their perceptions, or their experiences are minimized, it can cause them to question their own reality and internally scrutinize the accuracy of these experiences. Such may lead them to ask, “Did that just happen?” Shah (2007) conducted a qualitative study of female graduate students of color and found evidence to suggest that women of color who perceived that they had experienced racist or discriminatory acts questioned their perceptions of their experiences of these events (Shah, 2007). Consequently, in the absence of others who will acknowledge these experiences, people of color are often left with the burden of confronting these issues only to further be invalidated. Over time, these experiences diminish an individual’s mental and physical well-being, ultimately resulting in a decrease in overall wellness (Sue, Lin, Torino, Capodilupo, & Rivera, 2009; Troxel et al., 2003).

Wellness and Graduate Students of Color

The majority of the wellness research has been conducted on undergraduate students. Very little is known about the role of wellness in the lives of graduate students,

particularly graduate students of color. In addition, research on wellness has not fully explored the role of wellness in the lives of individuals over the life span. Currently, there are few studies that explore the subjective realities of wellness for various cultural populations. The majority of wellness research has been conducted on European American populations. Wellness research on diverse and marginalized groups is scarce. Although there are some studies which investigated the differences between European Americans and people of color, the sample sizes were frequently too small to account for any meaningful differences between the groups.

McGoldrick et al. (2005) state:

Ethnicity is a continuous evolution. We are all always in a process of changing ethnic identity, incorporating ancestral influences while forging new and emerging group identities, in a complex interplay of members' relationships with each other and with outsiders...In addition, to define oneself as belonging to a single ethnic group, such as "Irish," "Anglo," "African American," is to greatly oversimplify matters, inasmuch as the process of cultural evolution never stands still. We are always evolving ethnically. (p. 6)

Although the concept of ethnicity is a multidimensional construct it is often oversimplified in counseling literature on wellness. Most studies on wellness categorize the groups as Whites, African Americans, and Other. These studies typically fail to take into account variances within different cultures. Although there are significant cultural differences these studies typically do not make any distinction between people of color who have recently immigrated from Jamaica, Haiti, or indigenous Africa and individuals who are African American born and raised in the United States.

To date, most of the research on wellness is quantitative. Quantitative research is limited in that it does not provide an opportunity for researchers to explore the lived experiences of people of color. Throughout the literature, when differences are found between ethnic groups, cultural experiences are often overlooked or minimized as having any effect on wellness. For instance, one quantitative study on wellness found evidence to support that African Americans scored higher on sense of worth scores in comparison to European Americans and other ethnic minority groups (Asian Americans and Latinos (Hattie et al., 2004), however there were few possible suggestions as to reasons for these difference. One possible explanation is that the research was conducted primarily on student populations versus the general population. Other factors such as socioeconomic status, age, marital status, and previous attendance in Predominantly White Institutions (PWI's) versus Historically Black Colleges and Universities (HBCU's) could also potentially influence an individual's wellness in addition to ethnicity. Additionally, the term ethnicity is often used in the literature of wellness to refer to group differences which relate more to the social construct defined in American culture as "race," (Myers & Mobley, 2004).

Quantitative research cannot account for the impact of within group differences on an individual as a result of the complexion of an individual's skin. For instance, African Americans with darker skin tend to be more at risk for experiences with discrimination than African Americans with lighter skin complexions (Klonoff & Landrine, 2000). Quantitative research also cannot allow a researcher to gain a deep understanding of the collective experiences of individuals. Qualitative research, however, allows a researcher to capture the shared experiences of individuals and provides an

opportunity to give voice to various groups whose voices have been silenced as a result of oppression (Bogdan & Biklen, 2007).

Deiner (1984) suggested models of wellness should take into account an individual's subjective experiences and their individual life perspective, as well as take into consideration the global influences in their life. Again, a limitation of the current empirical wellness literature is that many experiences are not fully investigated or explored within the vast majority of quantitative designs. Further research is needed to explore the unique experiences of people of color as it relates to wellness. Qualitative studies can provide an opportunity for researchers to explore the daily experiences of people of color as it relates to wellness. As agents of change, it is our professional obligation to continue to work towards social justice for our clients, as well as in our profession. Continued research on wellness in people of color can assist in providing services to address the disparities that continue to exist in our society.

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CHAPTER TWO

THE PERCEIVED RELATIONSHIP BETWEEN WELLNESS AND MICROAGGRESSIONS IN AFRICAN AMERICAN AND LATINA AMERICAN FEMALE DOCTORAL STUDENTS IN COUNSELOR EDUCATION PROGRAMS

There Is Such A Place

*Repetitive thoughts insults and actions, from individuals, cliques, organizations, or factions
A common denominator is so very clear; folks that practice this are filled with much fear
Cannot envision or appreciate, diversity because they have been trained to hate
Infecting children with this dreadful disease, as they indoctrinate others, "if you please"
Some like terrorist use their poisoned tongue, to bomb, threaten, intimidate, & harass our young
Many groups use cunning tactics to entice or lure, few will ever know that tolerance can cure*

*But I'm glad to know that there is such a place, where one day we won't have to worry about race
Where there is equality among all women and men, regardless to the color of his or her skin*

Cheryl Robinson-Stewart (2010)

People of Color in Higher Education

Experiences of racism and discrimination can have a deleterious effect on the well-being of individuals who experience this treatment on a daily basis (King, 2005; Moradi & Hassan, 2004; Moradi & Risco, 2006; Troxel et al., 2003). People of color on college and university campuses are often faced with situations in which they experience microaggressions (Salazar, 2009; Salazar et al., 2007; Shah, 2007; Sue, Lin, Torino, Capodilupo, & Rivera, 2009). These situations of dealing with daily experiences of racial microaggressions can have a profound impact on the wellness of people of color (Sue, online lecture, Feb. 16, 2010; Sue, Capodilupo, & Holder, 2008). Latina American and African American female students, in particular, are at an increased risk of attrition (Fry, 2005; NCES, 2003; Suen, 1983), experiences of microaggressions (Ancis, Sedlacek, & Mohr, 2000-for African American students), and negative outcomes to wellness (Lee, 2005, pp. 106-108). Quantitative and qualitative research on Latino/Latina Americans,

African Americans, as well as other racial/ethnic groups of people of color in higher education provide further insight into the multitude of complex issues that these specific groups of students of color face, such as unequal treatment and systemic oppression as a result of racial and gender biases (Ancis et al., 2000; Salazar, Herring, Cameron & Nihlen, 2004; Shah, 2007).

African Americans in higher education

Empirical research studies on student attrition suggest that African American students attending Predominantly White Institutions are at an increased risk of attrition in comparison to students of European descent (Furr & Eling, 2002; NCES, 2009; Suen, 1983). Additionally, African American students are more likely to report experiences of racial conflicts and racial separation in comparison to European American, Latino American and Asian American students (Ancis, Sedlacek, & Mohr, 2000). Recurrent experiences with situations that are perceived as being related to racial and/or gender discrimination can negatively impact one's well-being. King (2005) conducted a study of 115 African American female undergraduate students. They were asked to listen to taped situations in which they were to imagine themselves listening to two European American males giving them negative feedback. Each participant was then given questionnaires that evaluated whether or not they believed the situation was related to discrimination, the degree to which they believed it was relevant to them, and degree to which they experienced stress. The study found evidence to support that situations perceived as being related to ethnic or gender discrimination increased the level of stress that African American women experienced. King (2005) suggests African American women belong to two oppressed groups: one being their race and the other their gender. They may have a

greater risk of developing negative and stressful outcomes related to discrimination than those who belong to one oppressed group. Although this study was conducted solely on undergraduate students and all participants were African American females, there are possible implications for African American females and for other groups of female graduate students of color in counseling programs. This study suggests that for African American females, daily experiences of situations that are perceived as being due to racial discrimination can impact wellness. The study provided useful information about differences in ethnic, ethgender (interrelated ethnicity and gender), and gender discrimination. Limitations of this study are that variables such as socioeconomic status and sexual orientation were not addressed.

Bradley and Holcomb-McCoy (2004) conducted a study to examine the tenure rate and experiences of African American counselor educators. The researchers sent out surveys to the 159 schools that were accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). There were 129 of the 159 surveys returned and from these 129 schools there were 49 African American faculty members that were identified. Of these 49 faculty members, only four had received tenure. One of the limitations of this study was that participants were only selected from CACREP accredited programs. Although some programs may not be CACREP accredited, data collected from programs that are not CACREP accredited may have been useful. It is possible that African American faculty were more likely to be employed by programs that non CACREP accredited program. The findings of this study had significant implications for African American female graduate students and faculty at CACREP accredited institutions. It suggested that there may have been challenges in

CACREP accredited programs that could have impacted African American faculty member's ability to receive tenure. These possible challenges may have impacted the career aspirations and wellness of African American female students and faculty members in higher education settings. The study also suggested there was a need to recruit and provide programs and services to retain African American faculty members: there was a need to provide a sense of belonging by providing mentors and social networking opportunities for African American faculty members at CACREP accredited institutions. Increasing recruitment and retention programs and services could potentially increase the tenure rate of African American faculty.

Sue, Capodilupo, and Holder (2008) conducted a qualitative study to examine racial microaggressions in African Americans. Thirteen students and staff members in graduate school settings, including nine counseling psychology graduate students participated in focus groups exploring their experiences with microaggressions. The five themes that emerged were incident, perception, reaction, interpretation, and consequences. Incidents consisted of verbal, nonverbal/behavioral, and environmental situations. The theme perception, included "participants' beliefs about whether an incident was racially motivated" (p. 332). Reaction included healthy paranoia which refers to "a sense of paranoia that ensues right before or after the incident" (p. 332). Sanity check involved "using other Black/African American friends, family members, and coworkers as a way to check on their perceptions of incidents as racism" (p. 332), empowering and validating self, and rescuing offenders. The theme, interpretation included "the meaning the participants make of the microaggressions" (p. 333). This theme includes the subthemes, "you do not belong," "you are abnormal," "you are

intellectually inferior,” “you are not trustworthy,” and “you are all the same.” The theme consequences referred to “the psychological effects of microaggressions on the recipient...how the microaggression affected the individual’s behavior patterns, strategies, cognitive reasoning, psychological well-being, and worldview over time. Subthemes of consequence include “powerless,” “invisibility,” “forced compliance and loss of integrity,” and “pressure to represent ones group” (p. 334). These day-to-day experiences with racial microaggressions can eventually become harmful to an individual’s health.

Latino/Latina Americans in higher education

Latino/Latina American students face numerous challenges as they matriculate through institutions of higher education. Hurtado, Carter, and Spuler (1996) examined college adjustment in a longitudinal study of Latino students in four-year colleges and universities. Participants completed the National Survey of Hispanic Students (NSHS) during their first and second years of college. College and university settings that were perceived as having a “hostile climate for diversity” were found to have a negative correlation with measures of adjustment. Additionally, in data in which participants were able to respond to open ended questions regarding the “climate for diversity” the researchers reported:

“The most difficult transition issues for some students entailed “[The social aspect-[the] attitude of students here was much colder and less caring than in my own violent neighborhood”; “Realizing that my life would be a struggle because of the way the system is biased against my ethnicity”” “Being treated as inferior by people who only knew that I was a Hispanic (like they didn’t know that I did

have a brain, and some morals, and a good upbringing).” (Hurtado et al., p. 149)

Martins (2007) conducted a qualitative study examining the experiences of Latina doctoral students in psychology programs. The study consisted of 10 participants, the majority of which discussed experiences with institutionalized racism. Study participants indicated that there was an increase in the intensity of experiences with institutionalized racism as their educational level increased closer to the doctoral level.

In the article, “Dialoguing the Latina experience in higher education,” Reyes and Rios (2005) described their experiences as Latina graduate school students and faculty members in the academy. In her description of her graduate experiences, Reyes stated:

Three themes come to mind as I remember my experiences: (a) low-expectations, (b) nurturing of codependency and overreliance on mentors mostly the overextended Latino faculty, and (c) isolation from mainstream students... There was a notion that we had to be walked through things and guided to the point of picking out courses and determining our course load. I got my share of “You need this course,” or “This course can’t be done without that other one.” (p. 382)

She further went on to describe her experiences in searching for a job in academia after completing her doctoral degree.

I visited two campuses to simply get acquainted... Unfortunately, the homogenous White faculty of the department who invited me had no interest nor desire whatsoever in me as a hire. That visit was a waste of time and energy for me, to put it mildly. I had never been treated so poorly as a potential job candidate. (p. 384)

Many African American, Latina American, Asian American, and Native American female students, in particular those in graduate programs, are often faced with situations in which they experience racial microaggressions (Shah, 2007) and wonder whether what they are experiencing is because of race/ethnicity or these if these experiences are related to other factors. This internal confusion can create a significant amount of stress that can gradually impact their academic achievement and ultimately impact their well-being.

Students of color in higher education

Shah (2007) conducted a qualitative study of female graduate students of color (African American, Latina American, and Asian American) in counselor education and counseling psychology programs in a Southeastern university in the United States. Seven of the 10 participants interviewed reported experiences with situations that they perceived as racial or ethnic discrimination: these situations were mainly described as racial microaggressions. Reportedly, one of the most common experiences of microaggressions from student participants was the lack of visibility of students and/or faculty of color within their program. Many of the participants reported this lack of visibility had an impact on them emotionally, as well as academically.

There are subconscious messages that is sent out by colleges and universities and at times internalized when students of color see few people of the same racial/ethnic background in academia; the messages are that you, as a person of color are not competent and/ or you do not belong (Sue, Capodilupo, & Holder, 2008; Sue et al., 2007). Ultimately, this can have an impact on the physical and mental health, as well as academic achievement of students of color, in particular female students of color, who

are often dealing with the complexities of race and gender. It is important that counseling programs examine the implications when female students of color see few students and faculty of color of the same racial/ethnic background in their programs and work to address issues that may occur as a result.

Over time, experiences with racial microaggressions can impact physiological and psychological wellness (Sue, online lecture, Feb. 16, 2010; Sue, Capodilupo, & Holder, 2008) and decrease an individual's productivity (Sue, online lecture, Feb. 16, 2010). Latina American and African American females who are graduate students in counseling programs are faced with unique challenges. First, there is a disproportionately low number of African American and Latina American faculty in universities. According to The National Center for Educational Statistics (2010) "In fall 2007, minorities made up 17 percent of U.S. faculty" (para.1.). Second, many Latina American and African American students often cannot afford to pursue graduate degrees without having additional employment outside of their graduate school responsibilities, as such many of these students are at risk of experiencing microaggressions within two organizational environments, the workplace, as well as in the academic environment. These factors can have an impact on their well-being.

Although the research on counselors in training and wellness is scarce, there have been studies conducted which examine the wellness of graduate school students in counseling. This research suggests that doctoral students have higher levels of wellness as indicated on wellness assessments in comparison to master's level students (Myers, Mobley, & Booth, 2003). Research also suggests that Latino/Latina counselors in training have a decrease in Total Wellness towards the middle of their experiences in their

graduate counseling programs (Roach & Young, 2007). This may suggest that for Latino/Latina counselors in training, environmental factors may impact their overall wellness and overtime, these factors may become more noticeable. In addition, students of color (African American, Latino/Latina American, and Asian American students) in graduate counseling programs score higher on scales measuring Cultural Identity in comparison to European American students (Myers, Mobley, & Booth, 2003). Yet, in a study of African American males in Predominantly White Institutions (PWI's) and Historically Black Colleges and Universities (HBCU's), Spurgeon (2008) found evidence to support that there is no relationship between racial identity and wellness for African American males. This study may suggest that for students of color, cultural identity may not be as strong of a moderator of wellness. Studies on counselors in training in graduate programs have also found evidence to suggest that there is a negative correlation between wellness and psychological distress (Smith, Robinson & Young, 2007). There has been evidence to suggest that for Latina/Latino Americans and African Americans, experiences of perceived discrimination are positively correlated with psychological distress (King, 2005; Moradi & Risco, 2006).

Current models of wellness de-emphasize the role that gender and ethnicity play in an individual's wellness (Depken, 1994; Day-Vines & Holcomb-McCoy, 2007). Day-Vines & Holcomb-McCoy (2007) suggest there is a need for qualitative studies that address the wellness experiences of people of color. The purpose of this study is to examine the wellness experiences of African American and Latina American female doctoral students in counselor education programs. In particular, I hope to discover information about the perceived relationship between racial microaggressions and

wellness in African American and Latina American female doctoral students. The primary research question used to guide this study is: What is the perceived relationship between wellness and microaggressions in Latina American and African American female doctoral students?

Method

Participants

African American and Latina American females accounted for a higher percentage of students of color with conferred graduate degrees (National Center for Educational Statistics, 2010), that additionally had higher reports of psychological distress (Centers for Disease Control, 2009) - for African American females-and physiological distress (Healthy People , 2010). Participants in this study included eight participants (seven who identified as African American females and one who identified as Latina). All participants were doctoral students in CACREP accredited counselor education programs in a region within the United States who were residing in six different states.

Research Design

This study utilizes a qualitative approach to explore the perception of Latina American and African American female graduate students regarding the relationship between wellness and microaggressions. A phenomenological approach as described by Creswell (1998, 2007) is used as the theoretical grounds and methodology for this study. Phenomenology enables the researchers to examine the lived experiences (Creswell; deMarrais & Lapan, 2004; Groenewald, 2004) of female graduate students in counseling programs as it relates to their perception of the relationship between wellness and

microaggressions. This approach is useful in understanding phenomenon that is not clearly addressed by research (Creswell, 1998).

Previous researchers on wellness have discussed the role of culture in the understanding of wellness (Constantine & Sue, 2006; Deiner, 1984). A phenomenological approach allows researchers to understand the meaning that participants make about wellness in their day-to-day lives (deMarrais & Lapan) and their perception of the relationship between wellness and microaggressions. All participants in the study have experienced the phenomena, the interaction of racial microaggressions and wellness, as experience of the phenomena is essential for phenomenology (Creswell).

Methodology

The foundations of phenomenology can primarily be attributed to the works of philosophers Edmund Husserl (Bogdan & Biklen, 2007; Creswell et al., 2007; Groenewald, 2004) and Alfred Schutz (Bogdan & Biklen, 2007). Phenomenology is rooted in constructivist epistemology (Creswell). This approach focuses on the socially constructed (Bogdan & Biklen) meanings of participants as it relates to a phenomenon.

“Phenomenological inquiry begins with silence” (Psathas, 1973). This ‘silence is an attempt to grasp what it is they are studying by bracketing an idea the informants take for granted as true. That is researchers act as if they do not know what it means and study it to find out what is actually taken for granted. What phenomenologists emphasize, then, is the subjective aspects of people’s behavior. They attempt to gain entry into the conceptual world of their informants (Geertz, 1973) in order to understand how and what meaning they construct around events in their daily lives. Phenomenologists believe that multiple ways of interpreting

experiences are available to each of us through interacting with others, and that it is the meaning of our experiences that constitutes reality (Greene, 1978). Reality, consequently, is “socially constructed” (Berger & Luckmann, 1967). (Bogdan & Biklen, p. 26)

Although some researchers have maintained differing perspectives of the philosophical assumptions of phenomenology, there are some elements that are consistently identified.

Writers following the footsteps of Husserl also seem to point to different philosophical arguments for the use of phenomenology today (contrast, for example, the philosophical basis stated in Moustakas, 1994; in Stewart and Mickunas, 1990; and in van Manen, 1990). Looking across all of these perspectives, however, we see that the philosophical assumptions rest on some common grounds: the lived experiences of persons, the view that these experiences are conscious ones (van Manen, 1990), and the development of descriptions of the essences of these experiences, not explanations or analyses (Moustakas, 1994). (Creswell, 2007, p. 58)

Creswell (2007) identifies four “philosophical perspectives in phenomenology” as cited by Stewart and Mickunas (1990) including: “a return to the traditional tasks of philosophy,” “a philosophy without presuppositions,” “intentionality of consciousness,” and “refusal of subject-object dichotomy” (Creswell, p. 58-59).

Creswell’s (1998, 2007) guidelines for phenomenological research are utilized throughout this investigation. Creswell frequently refers to Moustakas’ (1994) approach to psychological phenomenology as it “has systematic steps in the data analysis

procedure and guidelines for assembling the textual and structural descriptions” p. 60. This approach begins with the researcher determining the need to conduct a phenomenological study and “bracketing out” (Creswell, p. 61) or an “epoche” of their experiences to better enable them “to take a fresh perspective toward the phenomenon under examination” (Creswell, p. 59). Moustakas (1994) states “the challenge of the epoche is to be transparent to ourselves, to allow whatever is before us in consciousness to disclose itself so that we may see with new eyes in a naive and completely open manner” (p. 86). Furthermore, Moustakas states “in the epoche, no position whatsoever is taken; every quality has equal value” and “nothing is determined in advance” (p. 87). As such, the primary student researcher began this investigation by writing about her experiences as an African American female graduate student and her perception of the relationship between wellness and microaggressions. The primary student researcher was also interviewed using the initial interview guide and a reflexive journal was kept to evaluate subjectivities. Additionally, the primary student researcher and the two doctoral students who coded the data met prior to conducting the study to discuss potential biases. Each research team member involved in the coding process reflected on their experiences and was questioned about preconceived notions about the interaction of racial microaggressions and wellness.

Next, researchers using this approach collect data about the lived experiences of research participants. In this study, data were collected by conducting semi-structured interviews of participants. Purposeful sampling and snowballing techniques (Creswell, pp. 126-127) were used for convenience and to ensure that a diverse group of students of color were selected as potential participants. Purposeful sampling also assisted in order to

“obtain maximum variance” (Iwamoto, Creswell, & Caldwell, 2007, p. 340). Participants were recruited through emails and flyers sent to counselor education programs in the one U.S. region and by word of mouth through key informants. Potential participants were contacted by email and/or phone to inform them about the purpose of the study and to screen for appropriateness in this investigation. After the initial interview, each participant was given a \$10 gift card for participating in the study. The follow-up interview provided an opportunity for the primary researcher to discuss potential questions that arose from the interview and/or data. Additionally, member checks were utilized as a means of verifying data.

During the interviews participants were asked about their “experiences with the phenomenon” and about “contexts or situations” that have “influenced or affected” their experiences with the phenomenon. After interviews were conducted the researcher analyzed data from transcriptions to highlight themes that describe participants’ perspectives of the phenomenon. Themes were used to generate “textural descriptions” (Creswell, p. 61) of participants’ experiences of the phenomenon and to discuss these in relation to contextual factors (“structural description”). Creswell suggests that the researchers also discuss their experiences and how these relate to their role as a researcher, but differentiates his approach to Moustakas’ (1994) in writing about this prior to conducting research or having a discussion of this role in the methods section. The primary student researcher wrote about her experiences prior to conducting research and the research team discussed potential concerns prior to beginning the study. Last, this approach calls for the researchers to write descriptions that reflect the “essence” of the phenomenon as experienced by research participants. The final write up provides

information describing the experiences of the research participants and discusses the implications for counselor education programs.

Procedures

After approval was granted from The Institutional Review Board at a Southeastern university, prospective participants were invited to participate in this study. The criteria used to screen participants included: 1.) the participant identified as a Latina American or African American female 2.) was enrolled in a CACREP accredited counselor education doctoral program 3.) lived in the a specific region in the United States and 4.) experienced the interaction of wellness and racial microaggressions. A flyer and email was sent to CACREP accredited counselor education programs in a one U.S. region soliciting participants that met the criteria for participation in this study. A list of doctoral programs in this U.S. region was generated from the CACREP website. The primary student researcher contacted students via email and/or phone to explain the purpose of the study and screen potential participants. Interviews were conducted in locations that were comfortable, and convenient for the participant. Participation in the research study was voluntary. Each participant completed an informed consent form that described the purpose of the study, the procedures, and potential risks. Once consent/verbal assent was obtained, the participant completed a demographic questionnaire. Participants were interviewed in two rounds of interviews, to the point of saturation of data, defined as the point that no additional information was needed to “add to the understanding of the category” (Creswell, 2007, p. 240). Once saturation of data was achieved no additional participants were interviewed. The interviews consisted of one initial 60 to 90 minute interview and a brief 15 to 45 minute follow-up interview.

Eight participants participated in the initial interview and seven participants were interviewed during the follow-up interview. The primary student researcher was unable to contact Participant 2 for the second interview prior to the conclusion of the data collection phase.

Research Team

The research team consisted of the primary student researcher, who is an African American female doctoral student, two female doctoral students who assisted with data analysis, a professional transcriptionist, and an external auditor. Some members of the research team have experience with the phenomenon, the interaction between racial microaggressions and wellness. Members of the research team met prior to conducting the interviews to discuss preconceived notions that were held. Detailed notes taken from the meetings were analyzed with participant data. The student researchers have training in qualitative research.

Data Sources

Several data sources were used to conduct this phenomenological inquiry. The primary researcher began with an epoche to address potential biases. Each study participant completed a demographic questionnaire and an informed consent form. Semi-structured interviews were employed to gather data about each participant's lived experience through face-to-face interviews and/or phone interviews. Participants were contacted by phone for a follow up interview and by phone and/or email depending on convenience of the participant for member checks.

Epoche. Phenomenological research begins with epoche, which enables the researcher to “set aside his/her views of the phenomenon and focus on the views reported

by the participants” (Moerer-Urdahl & Creswell, 2004, p. 7). The primary researcher is a 37 year-old African American female doctoral student who has experienced the interaction of racial microaggressions and wellness. As such, was critical that any potential biases about this phenomenon be explored so that the data reported reflects the lived experiences of the participants. Creswell notes that one of the challenges of phenomenology is that it is often difficult for researcher to bracket out personal experiences (Creswell, 1998, p. 55). Although it was a challenge for the research team to bracket out their experiences, the research team made the following efforts to put aside preconceived notions: 1.) The primary researcher began this investigation by writing about her experiences as an African American female graduate student of color and her perception of the relationship between wellness and microaggressions prior to beginning this investigation.. 2.) The primary researcher was interviewed with the interview guide to gather data about her experiences as a female graduate student of color so that they could be differentiated from the experiences of research participants. 3.) Data from the interview was transcribed, analyzed, and discussed in addition to the initial writings with members of the research committee. 4.) The primary researcher also used a reflexive journal as a means of exploring potential biases and assumptions. 5.) The initial writings, transcripts from the primary student researcher’s interview, and reflexive journal were reviewed throughout the research process, and 6.) Information about biases is discussed in the final write up of the study.

Demographic questionnaire. Each participant completed a demographic questionnaire, which included information about the participant’s age, gender, ethnicity, graduate level program, current year in their program, marital status, whether or not they

had children, whether or not they worked outside of their graduate school program and if so number of hours per week, as well as the city and state of their graduate school. Additionally, participants were asked questions about their wellness, as well as questions related to their university, program, department, and faculty as it relates to diversity. These questions were designed to provide additional information about the participants' perceptions of their environments and factors that may have contributed to their experiences. They are based on literature obtained from previous studies on wellness and microaggressions. Additionally, the questions in the demographic questionnaire provided another source of data to assist in establishing the credibility of the study. Information from the demographic questionnaire was analyzed with data to provide more insight into the experiences of participants and the contexts in which they experience the phenomenon. Questions that arose from interviews and the demographic questionnaires were further explored in the brief follow-up interview.

Semi-structured interviews. Creswell (2007) states “phenomenology can involve a streamline form of data collection by including only single or multiple interviews with participants” (p. 62). After completing the informed consent form and demographic questionnaire, each participant was interviewed face-to-face and/or by telephone (depending on the convenience of the participant and the primary student researcher) for two rounds of interviews, including a 60-90 minutes semi-structured interview, and a 15-45 minute brief follow-up interview. The interviews were audio-taped with the consent of the participant. The initial interview began with questions about participant's experience as a female graduate student of color, as well as about their graduate program. These questions were used to build rapport and understand the

participant's perception of their environment. As the interview progressed, the primary student researcher asked participants about their definition of wellness and their perception of the relationship between wellness and microaggressions. Participants were provided with an opportunity to verify, question and clarify any information that was asked or offered throughout the interview process. Each interview was audio-recorded and transcribed verbatim by a professional transcriptionist. A follow-up interview was conducted by phone to address any additional questions that arose during the data collection process. Participants were informed about the follow-up interview during the informed consent procedures prior to the initial interview. The primary student researcher wrote notes about the interview process in the reflexive journal.

Member checking. Creswell (2007) discusses various ways to enhance the credibility of research and discusses the use of credibility versus validity (p. 204). One technique used to increase the credibility of a research study is *member checking* (Brown et al., 2006; Creswell, 2007). Creswell states:

In member checking, the researcher solicits participants' views of the credibility of the findings and interpretations (Ely et al., 1991; Erlandson et al., 1993; Glesne & Peshkin, 1992; Lincoln & Guba, 1985; Merriam, 1998; Miles & Huberman, 1994). This technique is considered by Lincoln and Guba (1985) to be "the most critical technique for establishing credibility." (p. 314)

During the brief follow-up interview, the primary student researcher verified potential themes with participants for accuracy. Once data from the initial and follow-up interview were transcribed and analyzed, participants were emailed the preliminary results of the study, and responded about the accuracy of the themes and subthemes by

phone or email, depending on their convenience for member checks. Member checks were utilized as a means of establishing the credibility of the research (Creswell, 2007). Participants were provided information about themes that emerged from their specific data and were able to confirm the accuracy of each theme during the member checks.

Explication of Data/ Data Analysis

The primary student researcher in this study is an African American female who is enrolled in a CACREP accredited counselor education doctoral program and as such, it was essential to examine the role of her subjectivities in this study. A reflexive journal was kept by the primary student researcher and was analyzed concurrently with data that was collected from each participant. Members of the research team meet to control for possible biases throughout the process. Notes taken from research team meetings were analyzed concurrently with data. Additionally, participants had an opportunity to discuss preliminary results during the member checks to ensure the accuracy of data and as an additional means of controlling for potential biases (Moustakas, 1994). Potential biases are discussed in the final write up of the study. A professional transcriptionist transcribed the data and the primary student researcher met with the transcriptions before and after data was transcribed to discuss any possible concerns. A codebook was utilized to assist in the analysis of data. The primary student researcher read through each participant's transcript several times to gain an understanding of the participants' experiences. The primary student investigator and two graduate students on the research team analyzed each transcript for potential themes using a phenomenological method as described by Creswell (1998; 2007). The primary student researcher and members of the research team utilized a constant comparative approach to analyze the data (Bogdan & Biklen, 2007;

Glaser & Strauss, 1967; Strauss & Corbin, 1998). Participants were contacted via phone for potential follow up interview questions that arose from their initial interview.

Additionally, participants were contacted by phone or email for member checks to validate results of the study.

Creswell (2007) addresses steps to assist researchers in conducting phenomenological data analysis. *Horizontalization* is identified as the first step of data analysis (see also Brown, Sorrell, McClarren, & Creswell, 2006; Iwamoto, Creswell, & Caldwell, 2007; Moustakas, 1994; Moerer-Urdahl & Creswell 2004). The primary student researcher read through the first three transcripts several times to gain a clear understand of participants experiences. Next the primary student researcher generated a table which included a column that contained the significant statements from the participants' interviews (the invariant constituents/structures), utilized these statements to make possible meaning of these experiences, and made a second column that contained the potential meaning units for each of these invariant structures (Brown et al., 2006). The primary researcher developed a table which consists of possible themes that were developed from the meaning units. The primary student researcher and two members of the research team then analyzed each participant's transcript for statements that reflected the experiences of participants. Afterwards, the primary student researcher developed a table which included a list of expressions that reflect the experience of participants (Brown et al., Iwamoto et al.), the participant number, and the line number of the expression. Analytic memos were kept by the primary student researcher and analyzed concurrently with the data. All statements by participants were seen as significant and coded independently by the primary student researcher and two members of the research

team. Third, after the transcripts were coded independently, the primary student researcher and two members of the research team met to identify and come to consensus about possible meaning units and themes. All meaning units and themes were agreed upon by the research team. After the fifth interview, the primary student researcher began conducting follow up interviews with participants. During the follow-up interview participants were asked to provide feedback about the accuracy of potential meaning units and themes. Once data from the follow up interviews and the initial interviews for the three other participants were transcribed, the research team analyzed each transcript independently and met to come to consensus about the meaning units and themes. These meaning units and themes were collapsed by the primary student researcher and the primary student researcher and two members of the research team agreed upon each meaning unit and theme.

Finally, the primary student researcher identified the “composite structural and textural descriptions of the phenomena” (Brown et al., p. 124, 2006). The primary student researcher determined the “contexts and settings of the phenomenon” (Iwamoto et al., 2007, p. 342), the structural descriptions and “how the phenomenon was experienced and the description of the meaning the individual attributes to the experience” (Iwamoto et al., 2007, p. 343) -the textual description. Last, the primary researcher “developed a composite description of the essence of the experience that represents the group as a whole” (Brown et al., 2006).

Trustworthiness

Schwandt (1997), as cited in Creswell and Miller (2000, p. 124), define validity as, “how accurately the account represents participants’ realities of the social phenomena

as incredible to them. They state that in research that reflects a constructivist worldview, researchers often use the term trustworthiness, which refers to the credibility, transferability, dependability, and confirmability of a research study, in comparison to words typically used in quantitative research to describe validity. Several steps were taken to enhance the trustworthiness of this research study.

Credibility. Member checks were utilized as a means of enhancing the credibility of this research study. All participants were contacted by phone and/or email depending on the convenience of the participant to confirm the accuracy of the findings of the research. Seven of the eight participants provided information about potential subthemes and themes during the second interview and all of the participants responded about the accuracy of themes and subthemes during the member checks which were conducted after data collection and analysis of the data.

Consensual and ethical validation. *Consensual validation* is a second means of establishing credibility (Creswell, 2007, p. 204). The research team met throughout the research process to address differing perspectives and come to an agreement on possible emerging themes, thus establishing consensual validation. *Ethical validation* was achieved by questioning any assumptions that are made and honoring the “equitable treatment of diverse voices” (Creswell, p. 205) throughout the research process. All participants were invited to provide information in the initial interview, follow-up interview, and member check which allowed them to participate in the data collection and data analysis process to ensure that their voices are reflected by the data.

Audit trail. Additionally, an *audit trail* was conducted to increase the trustworthiness of the research study. An external auditor determined that the findings of

the study were grounded in the data from participants, determined that the inferences that were made were logical, determined that the categories that were structured were appropriate, and evaluated the degree of researcher bias that was involved in the study (Creswell & Miller, 2000).

Transferability. Creswell (2007) states “to make sure that the findings are transferable between the researcher and those being studied, thick description is needed” (Creswell, p. 204). Significant statements that reflected the participants’ experiences were selected from each transcript. Members of the research team agreed on significant statements. The primary student researcher provided thick descriptions of emerging themes in order to increase the transferability of the research study. These descriptions were discussed with the research team and agreed upon prior to their selection. These rich thick descriptions allow readers to determine the transferability of the research study.

Results

Data analyzed by the research team revealed seven major themes (See table 1) discussed during the initial and/or follow-up interview: *program experience, day to day experiences of microaggressions, types of microaggressions, wellness, the impact of microaggressions on wellness, wellness strategies in coping with microaggressions, and program expectations.*

Table 1: *Themes and subthemes*

Themes	Subthemes
Program Experience	<p>Perception of the Program Environment</p> <ul style="list-style-type: none"> Lack of diversity Talking about diversity versus action, acceptance, and appreciation Stressful Competitive/Individualistic Hierarchy of power Economic disadvantages <p>Perception of Self within Environment</p> <ul style="list-style-type: none"> Lack of support/concern (by faculty)

	<p>Isolated Disconnected Lack of support/concern (in general)</p>
<p>Day to Day experiences of microaggressions</p>	<p>Contributing Factors Past experiences shape perception Personality The impact depends on the context Level of comfort leading up to microaggressions Perception determines the impact</p> <p>Microaggressions versus typical stress Questioning of experience It wears on your spirit/soul Difficult to identify Less control over it Added stressor Desensitization/People are more likely to empathize with typical stress</p> <p>The microaggressor Faculty Other students</p> <p>Microaggressions in Academia Class Interactions Increase in frequency/awareness of in the doctoral program Microaggressions are more subtle</p> <p>Consequences for speaking up It gets turned on you Feelings invalidate</p> <p>Cultural Difference Response of the microaggressor Unawareness/Nonapologetic Emotional</p> <p>Participant Response Microaggressions and vulnerability</p>
<p>Types of microaggressions</p>	<p>Microinsults Stereotypical assumptions related to race -assumption that English is not your first language if you are Latina or Asian -assumption that you can relate to/ are connected to other people of the same racial background Being put on display as the representative for your race/culture Comments indicating the perception that you don't have to work as hard because of your race Ascription of intelligence Mimicking perceived mannerisms/dialects of a racial/ethnic group Comments about physical features Questioning your abilities and qualifications Disregarding your comments</p> <p>Microinequities Disproportionate opportunities Being excluded from groups</p> <p>Microinvalidations Comments indicating others do not want to learn about different cultures Minimizing race</p>

	<p>Being disregarded/blamed when you bring up issues regarding race Comments indicating that your racial group is not valued Treated as if invisible Comments made to identify with a racial group and/or deny individual racism</p> <p>Environmental microaggressions Microassaults</p>
Wellness	<p>Definition Self care Importance of balance/being centered Domino Effect Holistic</p> <p>Components of wellness Physical component of wellness Spiritual component of wellness Psychological/Mental component of wellness Emotional component of wellness Interpersonal/Social component of wellness Academic/Career component of wellness Personal component of wellness</p> <p>Meaning of wellness Necessary for success Decreased vulnerability to microaggressions Keeps you grounded</p> <p>Wellness over time Better prior to entering their doctoral program Previous condition prior to program Increase in awareness of wellness in doctoral program</p>
Impact of microaggressions on wellness	<p>Emotional Academic/Career Motivation/Production Having to do more Having to pave my own way Influences future career choices/interests Sense of responsibility to educate, advocate for, and mentor others Prepares to cope with future experiences</p> <p>Overall wellness Takes a toll on you Being on guard/heightened sense of awareness</p> <p>Interpersonal/Social impact of microaggressions on wellness Inside of Program –Stepping back from interactions Outside of Program -Stepping back from interactions outside of the program -Relying on social network</p> <p>Physical Diet and Weight Physiological response</p> <p>Psychological/Mental Personal Identity Ability to be authentic/genuine</p> <p>Spiritual</p>

Wellness strategies in coping with microaggressions	<p>Interpersonal/Social</p> <ul style="list-style-type: none"> Family and friends as a source of support Opening up/receiving support from peers/faculty within the program Advocating and educating Networking/receiving support from people/groups outside of the program Receiving advice from others Talking to others who validate your experience <p>Personal (honoring and respecting who you are, self preservation, relaxation/mindfulness)</p> <ul style="list-style-type: none"> Humor Doing activities you enjoy Journaling/Writing <p>Physical</p> <ul style="list-style-type: none"> Exercise <p>Spiritual</p> <p>Psychological/Mental</p> <p>Academic/Career</p> <p>Emotional</p>
Program expectations	<p>Equality/Equity</p> <p>Collegiality</p> <p>Not expecting level of microaggressions</p>

Program Experience

Program experience refers to how an individual participant perceived their experience within their program environment. It includes the individual's perception of their doctoral program environment and the perception of the self within the environment. Each participant was asked in as much detail as possible to describe their experience as an African American or Latina American female within their program environment. Two themes, *perception of the program environment* and *perception of self within environment*, as well as nine subthemes emerged.

Perception of the Program Environment.

Lack of diversity. Six of the eight participants described a lack of diversity within their doctoral program. Although some participants discussed efforts in terms of diversity

within their programs, they described a minimal presence in terms of students and/or faculty of color within their program environments. One participant noted,

I think overall, the program has done a good job of having some diversity but this new group, I think there's 7 or 8 of them and they're all the same, all White I should say, yeah this is like the first year of...it's been at least 4 years that I know of that there's no people of color. (Participant 6)

Talking about diversity versus action, acceptance, and appreciation. Five participants described diversity as a concept that was discussed and/or written about in policies and mission statements, but that there was no true appreciation for diversity in terms of race within their program environments. Participant 7 stated, "it's talked about but it's real limited, if that makes sense. I wouldn't necessarily say strongly that it's not respected because that's what they teach, I just don't know if it's very actively participated." Participant 5 described that lack of appreciation for diversity by peers in her program, "It's just that when its peers and we're in a setting where we're supposed to be able to appreciate difference, I'm finding that it's not always the case." Additionally, participant 3 stated, "I feel like I was tolerated here but I don't think there's a real appreciation." Participant 8 described her experiences of feeling that there was more acceptance of diversity in terms of sexual orientation in comparison to racial acceptance in her program environment:

Yes and I said to someone not too long ago, that it's more accepted and more welcoming to be a gay non-minority person in my program than it is to be a heterosexual minority person in my program....I just notice how I've been treated

and others who look like me have been treated versus how others have been treated in the program.

Stressful. Four of the eight participants discussed stress that was in association with their doctoral programs that was not attributed to microaggressions. Participant 4 commented, “I’m stressed as of now for the last three years....It’s draining....It’s constant....It feels like you never have a break even when you have a break.”

Competitive/Individualistic. Part of “fitting into the system” or the socialization of being in a doctoral program included learning to adapt to the competitive nature of academia. Competitive/individualistic refers to an environment in which a participant described hostile, competitive, and/or individualistic behaviors. As Participant 1 stated, “I had to learn to adapt to a whole different academic culture. It was very competitive for one.” Three of the eight participants described their program environments as competitive/ individualistic. Participant 2 stated, “I feel like they didn’t reach out and maybe that’s just me and maybe that’s just a cultural thing because I feel like it’s very individualistic for a program. Like you’ve got to get yours, you’ve got to get it any kind of way.” Two of the three participants who described competitive/individualistic program environments discussed competition in terms of race. Participant 8 described racially based competition within her doctoral program:

I feel like my program is so competitive and I feel like there’s serious cliques and those students who identify with being Caucasian kind of like stick together. Then we hear about things after they’ve happened. Like we’ll get an email “congratulations to such and such for applying for this and that” and they got it.

Whereas I didn't even receive any information that that position was open or there was a scholarship or grant or a contest.

Hierarchy of power. Three participants discussed the hierarchy of power in terms of race and gender within their program environments. Participant 4 discussed the hierarchy of power in her counseling programs:

What I've noticed, particularly at this university and I'm not sure if it's the same elsewhere, but if you are a White male in the counseling program, it's kind of like they're gold, they're untouchable. Then second comes White female and then comes...I'm not sure, it depends, the African American male but there's a definite preference to White male.

Participant 1 described the hierarchy of power within her program:

I feel like White women are on the top of the chain and then White men and then maybe some Hispanic women here and there but White people run this program basically..... that's the hierarchy I see and in the graduate program itself, that's kind of what I see what goes on in the graduate program where the chair is interchangeable between a White female and a White male. They change positions every two or three years but it's reflected in the program itself and how they set up the students in support basically.

Economic disadvantages. Economic related disadvantages are situations in which participants describe students of color having limited financial resources in their program environment. Two participants discussed economic related disadvantages in their programs. Participant 1 stated,

there's one and she works most of the time like what my research has been showing, and supporting herself from an outside job which is not a bad thing but that takes away from her possibly getting better relationships with the Chair and the department on campus but yeah, she works fulltime and there's only one and she's in the Master's program and not in the "doc" program.

Perception of Self within Environment.

Participants shared their experiences of their perception of themselves within their doctoral program environment. All of the eight participants discussed their experiences with a *lack of support/concern (by faculty), feeling isolated and disconnected*, and/or a *lack of support/concern (in general)*.

Lack of support/concern (by faculty). Seven of the eight participants described a *lack of support/concern by faculty* members within their counseling programs. Participant 3 shared,

Then as the program went on, I saw my White cohort member getting more attention and things like that from our mentor...I did not get a lot of one on one contact with my mentor...I just really got the impression that there was no interest at all in me here...

My mentor communicated the fact to her that she didn't care for me ...she didn't like me.

Participant 8 commented about the way in which *lack of support* trickles down from leadership:

And I feel like it starts at the head and however the person running the department interacts and engages support does not provide support, then it trickles down to

other faculty and other students that are in the program. That's what I believe that's happened.

Isolated. Six of the eight participants discussed being isolated within their program environment. Participant 2 described her experiences of isolation in her doctoral program as a result of having to secure an assistantship outside of her department:

So I was away a lot of the time. Most everybody else had Assistantships with professors and they were able to work with them. So I say my experiences with my PhD program have been very disconnected, and very isolated, and very withdrawn. So I don't have any real connections with most professors in my department at all.

Participant 7 also shared her experiences of isolation as a result of not having an advisor:

and then I didn't feel like I had any support because that was before I had my new advisor. That whole year, I went without an advisor and come to find out, the department didn't know that. She was my contact, my advisor was in the process of retiring and she basically told them that she was taking over, when she didn't have any contact with me throughout the year. So it was like I was out there by myself, I didn't have any support.

Disconnected. *Disconnected* program experience refers to a sense of disconnectedness within the program experience. Six participants described a sense of disconnectedness within their counseling program. Participant 6 discussed disconnectedness in terms of feeling invisible, "It's just the feeling of feeling invisible, that's the main thing." Participant 4 described a sense of disconnectedness which effected how she interacted in her environment:

Well, I think that people tend to connect with people that they feel are similar to themselves. So when you're in a place where there's not someone who's really representative of you, other people get attached to those professors first or they get more attention from those professors than you do. You have to push more and look around more to see if you can make that connection. Then sometimes when you do try, it kind of feels like they're doing you a favor and then you don't want to bother.

Lack of support/concern (in general). Five of the eight participants discussed a *lack of support or concern in general* within their department. Lack of support and/or concern in general included statements in which it appeared that there was a lack of support from peers and/or a lack of support that did not appear to be connected to relationships with faculty members. Participant 1 elaborated on her experiences:

That's what we did in my master's program, we got no discrimination there and I remember asking that question and one of the white girls turned to the other white girl and look at her like you'd better not say nothing and she said, "oh we're not working on anything" a month later I found out that they win four prizes for the essay contest, all these different awards for things they were working on....

Day to Day Experiences of Microaggressions

Day to day experiences with microaggressions are situations that are related to daily experiences with microaggressions within the doctoral program environment. All of the participants discussed situations in which they experienced microaggressions.

Participants discussed *contributing factors, microaggressions and vulnerability, responding to microaggressions, consequences for speaking up, cultural differences,*

microaggressions in academia, the microaggressor, response of the microaggressor, and microaggressions versus typical stress.

Contributing factors. *Contributing factors* are factors that are described as potentially contributing to experiences with microaggressions. All of the participants discussed contributing factors to their experiences. Five subthemes emerged from this theme: *past experiences shape perception, personality, the impact depends on context, level of comfort leading up to microaggressions, and perception determines impact.*

Past experiences shape perception. *Past experiences shape perception* refers to a description of how past experiences potentially contribute to ones' experiences with microaggressions. Six of the eight participants discussed the way that past experiences can shape the perception of an individual who is experiencing microaggressions.

Participant 4 stated,

I think that there are things that happen to people that can make them extra sensitive to microaggressions based on their experiences before. I think age is something that affects how sensitive someone is, especially when I talk to doctoral students who are older than I am. They may see it faster than me because they've seen it before....From where a person has been brought up, they have to be sensitive to those changes in the environment because it could be a safety issue, to be honest with you. It depends where that person is from, if that person is from a particularly prejudiced or racist town, you have to be able to pick up the microaggressions faster because it could be dangerous.

Personality. *Personality* refers to personalities which the participant perceives may contribute to day to day experiences with microaggressions. Three participants

discussed *personality* as a contributing factor to experiences with microaggressions.

Participant 8 suggested,

I think that sometimes in our program we're seen as a threat. I think when that threat is heightened that's when the microaggression is more obvious. Uhm..I think, from what I understand, all of the Black females who are in the program that I'm in have experienced microaggressions, it's been different levels. I think those who are under the radar probably don't experience it as much as those of us who are not under the radar.

Other participants described personalities in which individuals are assertive, but viewed by their program environment as being aggressive as a contributing factor to experiencing microaggressions.

The impact depends on the context. Impact depends on context refers to a contextual factors that contribute to the perception of how an individual perceives and/or is impacted by experiences with microaggressions. Three of the eight participants discussed contextual factors that impacted their experiences. One participant described the way in which life events outside of the doctoral program affected the impact of microaggressions, "I think honestly it was just the timing of events. My husband proposed to me and that sort of brought something fresh for me to kind of look at and to get away and not think about all of this other stuff." Other life events and multiple experiences with microaggressions during a short time period appeared to determine the level of impact microaggressions had on some participants.

Level of comfort leading up to microaggressions. Level of comfort leading up to microaggressions is a description of the level of comfort and trust that is perceived to be a

contributing factor that precedes the experience of a microaggression. Two of the eight participants discussed a level of comfort that typically occurs prior to microaggressions taking place. Participant 1 stated, "...I mean the more comfortable they got with me, the White students, the more they started saying things out of their mouth like that."

Perception determines the impact. *Perception determines impact* refers to ways in which the perception of an individual who is experiencing a microaggression contributes to how the microaggression impacts them. Two of the eight participants described ways in which the perceptions of microaggressions affect the impact.

Participant 1 describes how perception may determine the impact of microaggressions:

So those types of microaggressions don't bother her, she's like whatever I got my family at home. Say someone like me who's single, doesn't have support here and has had a past full of abuse, I would view it very differently and so everybody's experience kind of ties into their perception basically.

Microaggressions versus typical stress. During the follow up interview, participants were asked to describe microaggressions versus typical stress that is experienced by doctoral students. All of the eight participants described the difference between microaggressions versus typical stress during the initial and/or the follow up interview. Six subthemes emerged from this theme including: *questioning of experience*, *difficult to identify*, *less control over it*, *added stressor*, *it wears on your soul*, and *desensitization*.

Questioning of experience. *Questioning of experience* refers to microaggressions being differentiated from typical stress in that the person who experiences the microaggression questions whether or not an experience is a microaggression. Six out of

the eight participants described situations in which they questioned their experiences with microaggressions. Participant 5 stated, “Sometimes I wonder is it me, am I blowing this out of proportion because often they tell me ‘let it go, that’s small, that ain’t nothing big’, I’m like it is big...”

Participant 6 also explained,

the added component of am I imagining this, is it just me; so when I think you’re in the regular stress, it’s a common feeling and people...like I said, when they say yeah I know exactly how you feel, they probably have felt that way but with microaggressions, they’re so subtle thatoccur or thought about. Then you have to question your whole... your judgment or question your thought.

The questioning of the experience of the microaggression often influenced the person experiencing the microaggression to question whether what they experienced was related to race, gender and/or personality, wondering whether or not they were blowing things out of proportion, and often became an additional stressor for the individual.

It wears on your spirit/soul. It wears on your soul/spirit refers to microaggressions being differentiated from every day it wears on the spirit/soul/core of the person experiencing the microaggression. Six out of the eight participants describe microaggressions *wearing on the spirit/soul*. Participant 3 stated,

Typical stress, I think doesn’t wear at you as much. I think microaggressions kind of ...I don’t know I think typical stress is something that everybody is going to go through with different life events. Whatever some of the stress that you might be going through, any academic program is workload, meeting deadlines, things like that. I think microaggressions kind of wears it...I don’t want to say your soul.

Difficult to identify. *Difficult to identify* refers to microaggressions being differentiated from typical stress because microaggressions are difficult to define, measure, and/ or identify, as well as difficult to identify the way in which they impact you. Four participants described microaggressions as being difficult to identify.

Participant 5 said,

One thing I would say that would differentiate microaggressions from other forms of stressors is that, as far as being able to define an act. Whereas some of the other stressors, people know what they are, they have universal definitions. Whereas with microaggressions, it can be verbal or non-verbal and so being able to just point out something that can be like somebody's rolling their eyes at them or making some type of gesture – how do you get across that somebody did something that was implicitly...you know, was rude to you or they were being insensitive?

Less control over it. *Less control over it* refers to microaggressions being differentiated from typical stress because an individual has less ability to control the experience from happening, as well as less ability to control the way that the experience impacts them in comparison to other typical day to day stressors. Four participants described less control over it as differentiating between microaggressions and typical stress. Participant 4 stated,

This is a stressful program as is, let alone to have someone make you feel like they don't like you for no reason that you can control. I'm born brown and I like being brown and I'm not trying to change it.

During her second interview, she goes on further to explain the difference in controlling typical stress related to being a doctoral student in comparison to stress related to microaggressions:

Well, I mean just the feelings that's being elicited. There's a stress to being a doctoral student, this is ridiculous [laugh]. It's not an evil stress, it's a bad stress but it's not evil. It's something that you know you can work through; you have more control of it. If I feel like I'm feeling overwhelmed with my dissertation, either I'm going to take time off and either watch TV or watch a movie or something, go for a run or something to kind of bring it down but I have a control over that. If I feel like I'm not writing enough, you know what I'm just going to have to pull an all nighter, I'm going to write until I'm sure I wrote enough for that day.

Added stressor. Some participants acknowledged that being a doctoral student is at times stressful, but microaggressions were seen as an *added stressor* to typical everyday stress experienced by a doctoral student. *Added stressor* refers to microaggressions as an added stressor to day to day life. Four participants described microaggressions as an added stressor to everyday life. Participant 8 stated,

Yeah, because typical stress to me is stuff that comes with...like you know, the PhD program is a stressful program because it is, but when you add the microaggression, it makes it difficult. It's like being a runner, it's like every day you get up and you normally run a 10 minute mile but the microaggression is like a 50 pound weight being added to you and people still expecting you to run that 10 minute mile, can't do it.

Desensitization/People are more likely to empathize with typical stress.

Desensitization/people are more likely to empathize with typical stress refers to less empathy received from other people when there is a microaggression in comparison to typical stress. Two out of the eight participants describe situations in which people are less likely to empathize with microaggressions in comparison to typical stress. Participant 5 explained,

So I'm thinking about that whole empathy, where with some of the other stressors, people are more likely to empathize, but when it's the microaggressions, maybe because they may not necessarily with them being from a non-White group; it's like "alright, I don't know what's it's like to be Latin American, I don't know what's it like to be African American, that was something I heard" and I was like really. Some of the things that I keep thinking about were implied messages, you know like you're the exception or...

The microaggressor. The microaggressor refers to the person who perpetuates microaggressions. Participants identified other students and faculty members as the microaggressor. All of the participants described either a faculty member and/or a student as the microaggressor. Four participants described situations in which the person who was the perpetrator was unaware of their actions.

Faculty. *Faculty* refers to faculty members who are viewed as the person who perpetuates the microaggression. Six out of the eight participants described situations in which the person who they perceived as perpetrating a microaggression was a faculty member. Participant 7 stated,

I really have to go back to when I was initially admitted. I had one professor who...she and I have never been able to mesh and it really boiled down to I don't think she wanted me in the program. There's nothing she actually ever said, it was just the things she did.

Participants discussed situations in which there was a lack of support, feeling invalidated, and/or not being acknowledged by faculty members in their environment.

Other students. Participants also described situations in which *other students* were the perpetrators of microaggressions. *Other students* includes doctoral and master's level students who are viewed as the person who perpetuated the microaggression. Five of the eight participants described *other students* as the microaggressor. Participant 5 described differences between microaggressions that occur from master's level students versus doctoral students:

Actually it would be like Masters Level that would be making the comments.

Whereas with the "doc" level, it slightly changes the whole context of how it's said. With Masters, it's like "oh, well you know you're the exception",...whereas with "doc" – we try to intellectualize it, try to come up with some of the research and things.

Microaggressions that were perpetrated by other students typically occurred during class interactions and/or during activities outside of the doctoral program environment.

Microaggressions in Academia. Participants described microaggressions in academia in comparison to other environments. They discussed *class interactions*, the *increase in the frequency and/or awareness of microaggressions* in the doctoral program, and *microaggressions as being more subtle in academia*.

Class Interactions. *Class interactions* are interactions that occur within the classroom environment. Seven of the eight participants described class interactions in which they experienced microaggressions. Participant 1 described a *class interaction* in which she experienced a microaggression.

I actually had an experience yesterday where one of the students from class during the presentation in my multi-cultural class stated “I’m sick of reading about African Americans, I want to read about other cultures” and that is microaggression because what you’re telling me is that you’re over it; but I’m thinking but I’ve been learning about your culture since the day I popped out.

Participant 8 discussed a microaggression that occurred in a research class:

I’m trying to think of the most recent.... I was in a research class and we were doing an activity as a class and our professor had placed us in groups. We didn’t get to choose the groups. When she came to your group, she asked different people in the groups different questions. And uhm...when it was my group, she asked a question about a statistical equation or something and a comment was made “well we know that boys are better at math than females and white males at that and so maybe you want to defer to someone else in your group to answer that question”.

Increase in frequency/awareness of microaggressions in the doctoral program.

Increase in frequency/awareness of microaggressions in doctoral program refers to becoming more aware of and/or experiencing more microaggressions in the doctoral program in comparison to other environments. Six out of the eight participants described an increased frequency and/or awareness in the doctoral program. Participant 1

commented, "...but for the most part I can say the frequency has changed or it's been more frequent in the doctoral program compared to my master's program." Participant 5 noted, "I'm noticing now that I'm getting further along in the program, is that I'm more or less able to pick up on some more of these put downs. I'm hearing more of the "I don't think of you as being Black", that whole colorblindness thing or folks minimizing."

Microaggressions are more subtle. *Microaggressions are more subtle* refers to descriptions of microaggressions within academia being more subtle than in other environments. Three participants described the subtlety of microaggressions in academia. Participant 5 shared, "So, it's more subtle I'm finding with the 'doc' students. Whereas, with the Masters students, I could be more prepared because it's in my face or even with people who aren't in academia. Whereas with academia, it's more of...hidden..." When asked, she further elaborated,

Whereas what I'm starting to hear from the "doc" students, that's where some of the whole intellectualizing, it's a more subtle form of insensitivity – kind of like that "oh, they must have gotten through on that minority scholarship" or the favorite one is about the tenure. So, not realizing that it's some sort of insult or even that "I have the Black friends" or "I listen to certain types of music". For example, I have a colleague, when she talks to me she speaks in Black speak and I'm like what the heck.

Participant response. Participant response refers to ways in which the participant has responded to experiences with microaggressions. Participant responses to microaggressions include *discussing the situation with faculty* (4 participants discussed), *speaking out* (4 participants discussed), *leaving/ignoring* (2 participants discussed), and

challenging concerns (one participant discussed). Seven participants discussed ways that they responded to racial microaggressions. Participant 7 described *speaking out* in her program environment:

So I started dealing with it, I'm a very vocal person; I don't mind calling people out. Not in a bad sense, I will ask what is it that I've done to you or what is it that makes this situation with me different than the situation with this person. Usually when you call certain people out like that, they can't get it and they'll go like "oh" and they'll back track. Some people who don't realize that stuff is so deep within them, they don't get it, like that student I had the issue with.

Consequences for speaking up. Consequences for speaking up refers to the participant's descriptions of consequences that they have had, others in their program environment have had, and/or a potential perception of consequences for speaking up when microaggressions occur. Six participants discussed consequences and/or the fear of potential consequences for speaking up in their program environments. Participant 4 described a fear of consequences for speaking up as a doctoral student.

It's something that you can't seem to rock the boat quite that much, especially when you're a student because they have, the faculty has a large impact on whether or not you can succeed, they can stop it. So you don't want to insult somebody, especially on something that they don't necessarily know what they're doing.

Two subthemes emerged from consequences for speaking up including having *feelings invalidated* and *it gets turned on you*.

It gets turned on you. *It gets turned on you* refers to a consequences for speaking up in which the person experiencing the microaggression is blamed and/or seen as a problem when they respond when microaggressions occur. Five out of the eight participants discussed situations in which they feared that they would be seen as the problem when speaking out. Participant 2 described how a situation in which a peer was reprimanded for speaking out against microaggressions caused her to be concerned about consequences for speaking out:

So basically they were calling her into this meeting because she was a Black woman who got passionate about issues concerning race, ethnicity, gender. It's like are you kidding me? ...At that point, I felt like wow, I don't feel safe. I can't be who I am, I can't express myself. Or if you get upset about somebody else sort of misrepresenting or mocking who you are, then you're targeted and you're told you have an anger problem, you need to calm down...

Feelings invalidated. Four out of the eight participants described feeling invalidated as a consequence for speaking out when microaggressions occur. *Feeling invalidated* refers to situations in which the participant and/or others within the program environment have responded to microaggressions and have had their experiences invalidated by others within their environment. Participant 5 described how feelings can be invalidated when speaking out about microaggressions:

So the thing is, if I try to call her out on it, then I'm caught in a situation where I'm wondering what's going to happen if my peer denies it and then I'm like no, no, no, I saw when you did it. So it's kind of like that slap in the face.

Participant 8 elaborated,

It's difficult at times, because classmates have made comments and have wanted to engage in dialog about the large discrepancy between African American, minority students getting GTA positions versus non-minority students getting GTA positions. I've had to go to faculty to be supported and when I've had to address issues they have not gone over...it's gone over like I'm complaining or my concerns haven't been taken seriously.

Cultural differences. Six of the eight participants discussed *cultural differences* related to experiences of microaggressions. *Cultural differences* refers to differences related to cultural factors such as race, gender, and/or other cultural factors as they relate to experiences of microaggressions. Participant 5 stated,

Other things I get with the complexion and I find this with other African American and Latina students is it was actually another African American colleague, she was talking to me about how I didn't have it as bad as her. With her being light skinned and how she would often be told that she wasn't Black enough but by me being dark skinned, people see me and they know I'm Black.

She further explained,

I would say it would be my peers. For example, there's another African American female who...we're like in the same part of the program, we're in the middle phase of the program. She was pointing out how it really doesn't bother her, she feels that she has some access to privileges...she doesn't feel that she's in any way oppressed.

Participants discussed skin complexion, gender, how a person identifies, developmental differences, a past experiences with microaggressions, and personality as some factors

that may account for cultural differences as it relates to experiences with microaggressions.

Response of the microaggressor. *Response of microaggressor* refers to the ways that a person who perpetuates a microaggression responds after the microaggression occurs. Five of the eight participants discussed typical responses of the microaggressor. Typical responses of microaggressors included *unawareness/non apologetic* and/or being *emotional*.

Unawareness/Nonapologetic. Four of the eight participants described the person perpetrating the microaggression as being unaware and/or nonapologetic after the microaggression occurred. Participant 5 stated,

Sometimes they don't realize that they're acting with some sort of bias...because they're afraid of that, the thing is who wants to say that I'm actually doing something or they may not even realize they're doing it.

Emotional. Two participants described emotional responses of the person who perpetrated the microaggression after the microaggression occurred. Participant 1 described an emotional experience that occurred in a class:

Everybody was in class crying, I started crying, the girl was crying, everyone was so emotional. The thing is now, she won't leave me alone, she keeps calling me, she feels so guilty but even that is microaggression because you feel guilty about what you did. Now you're bothering me about it.

Microaggressions and vulnerability. Microaggressions and vulnerability refers to factors that contribute to one being vulnerability to the impact of microaggressions on wellness. During the second interview, participants were asked about risk factors that

they perceived to cause one to be more vulnerable to the impact of microaggressions on their wellness. Four participants discussed risk factors they believed impacted vulnerability to microaggressions. Participant 3 described the way that a lack of support can increase vulnerability to microaggressions:

I would say if you don't have the support. I think a big issue for me personally was being...coming down here just to go to school and being so far away from my family. The only thing I could rely on for support was phone calls, which was good support but it makes a difference when you have like people in your corner, like around you. So I think just going to school which many people choose to do, so far away from their support systems, I think that's a significant factor.

Four participants discussed *lack of support* as a factor contributing to being vulnerability to microaggressions. Additionally, two participants discussed *self esteem/self concept* and two participants discussed *not having effective coping strategies* as risk factors.

Types of Microaggressions

All of the participants described *types of microaggressions* that they experienced as doctoral students. Participants described experiences with *microinsults*, *microinequities*, *microinvalidations*, *environmental microaggressions*, and/or *microassaults*.

Microinsults. *Microinsults* are “behavioral/verbal remarks or comments that convey rudeness and insensitivity and demean a person’s racial heritage and identity.” All eight of the participants discussed situations in which they experienced *microinsults* within their program environments. Eight subthemes were discussed by participants including: *stereotypical assumptions related to race*, *being put on display as the*

representative for your race/culture, comments indicating the perception that you don't have to work as hard because of your race, ascription of intelligence, mimicking perceived mannerisms/dialects of a racial/ethnic group, comments about physical features, questioning your abilities and qualifications, and disregarding your comments.

Stereotypical assumptions related to race. Stereotypical assumptions related to race are assumptions that are made that are based on stereotypical beliefs about individuals from specific racial backgrounds. Five out of the eight participants discussed stereotypical assumptions that were made related to race. Participant 2 stated,

I've heard from some people that I don't have that angry Black woman stance or demeanor or disposition. The neck rolling, the eyes rolling and the old school snapping of the finger, that whole thing. So, I'm like okay, and the "you're articulate, you're so articulate", I'm like what, am I not supposed to be.

Assumption that English is not your first language if you are Latina or Asian.

Two of the eight participants discussed the *assumption that English is not your first language if you are Latina or Asian*. Participant 4 said,

The most offensive thing to me since I'm not a fluent Spanish speaker and the idea that I'm not going to get a job or I'm rough end because I don't speak Spanish and since I'm Latina, it's almost like a how dare you not speak Spanish. Those are the things that are most offensive to me because it's not based on the fact that I don't know how to do the work or because I'm doing well in my school, I know how to do work and I do all that but it really is about the fact that I can't speak Spanish and if you are Latino or have a Latino student, it's kind of like a bonus if they speak Spanish and it's like you disappoint them if you don't.

Another participant, an African American female, commented about a statement made regarding a peer who identifies as an Asian American female that she perceived indicated there was an assumption that English was not her first language.

Assumption that you can relate to/are connected to people of the same racial background. Two participants discussed the *assumption that you can relate to/ are connected to other people of the same racial background.* Participant 5 remarked, “I’ll give you an example: in that particular class, one of the students told me “I think the client... a particular client would probably be able to relate better to you, with you being Black.”

Being put on display as the representative for your race/culture. Five participants discussed situations in which they perceived to be put on display as the representative for their race and/or culture. Participant 3 explained,

I felt like we were put on display to be the spokesperson for our group, regarding certain issues in the class....When you’re the spokesperson, it doesn’t feel so good after a while...It just became uncomfortable that we had to be the spokespersons in that instance.

Participant 8 also shared,

In another class we were talking about the rate of minorities, specifically African Americans who start counseling sessions with therapists and don’t finish them and why that is. I was asked to represent the entire African American community and I made the statement that I was not able to speak for my entire race, I could only speak from my experience and my perspective.

Comments indicating the perception that you don’t have to work as hard

because of your race. Comments indicating the perception that you don't have to work as hard because of your race refers to comments that communicate a belief that people of color receive opportunities and privileges due to their race and as a result do not have to work as hard. Five of the eight participants described situations in which comments were made indicating a perception that they did not have to work as hard because of their race. Participant 1 noted,

I had an incident with one of the students who is a White student in the program and we were having a conversation at dinner and she stated to me, we were talking about when we get jobs and ...she said to me, "oh you don't have to worry about getting a job, you know because you're Black..."that took me aback because I'm thinking so I don't have to work as hard as you do because I'm Black?

Participant 8 said,

"A lot of it has been comments, like I had one person say to me that...asked me did I know that I got accepted into the program because I was Black. Another person said you don't have to worry about getting a job when you're done because you're Black and you're female."

Ascription of intelligence. Three participants discussed situations in which assumptions were made about their intelligence. These situations were ones in which they were perceived by others in their program environment to be less intelligent because of their race. Participant 5 shared a comment that was made by a student, "She was like you have all those letters behind your name, are you actually smart?"

Mimicking perceived mannerisms/dialects of a racial/ethnic group. Three participants discussed situations in which people mimicked perceived mannerisms and/or dialects of racial and/or ethnic groups. Participant 4 added,

... I think the two that stands out the most with me is storytelling and using dialects, so if you're talking about a Black character, there's a Black dialect; if you're talking about an Asian character, there's an Asian dialect; a Latin character, there was a Latin dialect. You're just kind of sitting there like why does there have to be a dialect for all these people. That was I think the most offensive.

Comments about physical features. Comments about physical features refers to comments that are made about specific physical features and/or appearance. Two participants described situations in which comments were made about their physical features. Participant 5 remarked,

Since we're on the hair thing, the other thing that normally goes along with the hair is my dark skin. Me being dark skinned the light versus dark complexion. I'm very comfortable being who I am.... It has ranged from, if it's a fellow student who...like I'll get an email or I'll talk to her over the phone -"I didn't realize, you know you don't sound the way you look over the phone". What do you mean by that? "Well you know you sound different.".....yeah, like what do you mean? "Well you know you don't sound so Black over the phone". I'm like really, you don't sound so ignorant over the phone [laughter].

Questioning your abilities and qualifications. Two participants described situations in which their abilities and qualifications were questioned. They discussed

feeling as if they had to prove or defend themselves as a result of people questioning their abilities. Participant 8 stated,

Whereas when a non-minority student has made a comment and not really had any factual information to back it up, there's no questioning what they're saying and they don't have to defend themselves.

Disregarding your comments. Participant 8 described comments that she made being disregarded. She shared,

We were in another class and we were going around talking about our research question for our dissertation and there were two minority students in the room. When the other students, who were all Caucasian, who all identify as Caucasian, let me say that; when it was their time, the professor had really good feedback for them. Like that's great, very interesting, it's a good topic, I can't wait to see your results but when it got to the two of us and she went before I did and then I went. The feedback was "okay" and then moved on to the next student.

Microinequities. Microinequities refer to situations in which certain privileges in terms of opportunities, resources, and/or support were provided for one person and/or group that were not provided for another person and/or group. It includes the subthemes *disproportionate opportunities*, *being excluded from groups*, and *unfair grading*. Seven of the eight participants described experiences with microaggressions that were coded as *microinequities*. Participant 1 described *microinequities* in academia,

Well, for instance, like I stated, everybody is able to go to different outings or get the same emails about different opportunities from professors, where one student is clearly more favored when that email gets sent around and they may have a

preference for a certain student. Even though everybody got the same email, they might end up having a preferential thing, “yeah I know but this person has already been working on this previously” or I feel like you know whatever which way they say it, like you’re kind of allowed at the table but you’re not allowed to eat at the table, that’s the only way I can put it in a more general term.

Participant 4 also explained, “If someone they give preference to is around at the same time that you’re trying to get your stuff done, they’ll skip over you and help that person.”

Disproportionate opportunities. Disproportionate opportunities refer to microinequities in which the person experiencing the microaggressions perceives that opportunities were given to a person/group that were not provided to another. Three participants described experiences with disproportionate opportunities in their programs.

Participant 4 described disproportionate opportunities in her environment:

They may be introduced to people who are looking for jobs by faculty members. Or it will be a friend of a faculty member and they’ll be like “oh come to dinner with us” or something like that so that student can have the opportunity to meet these people. I’m not given those same opportunities to meet people.

Being excluded from groups. Being excluded from groups is a type of microaggression in which a person of color is left out/excluded from groups that others are able to participate in. Two participants described situations in which they perceived to be excluded from groups. Participant 8 stated, “There have been times where we’ll have to split up into groups in our classroom and at the end, you’ll notice that all the minority students are in the same group because the majority students didn’t pick us.”

Microinvalidations. *Microinvalidations* are “verbal comments or behaviors that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person of color.” (Sue, 2010b, p. 8) Six of the eight participants discussed experiences that were coded as *microinvalidations*. Participants described six types of *microinvalidations* including: *being disregarded/blamed when you bring up issues regarding race, comments indicating that your racial group is not valued, treated as if invisible, minimizing race, comments indicating others do not want to learn about different cultures, comments made to identify with a racial group and/or deny individual racism.*

Comments indicating others do not want to learn about different cultures. Four of the eight participants discussed comments indicated that others do not want to learn about different cultures. Participant 6 explained,

I think it's that, their assumptions and also a sense of we don't want to talk about it. For example, I've had students say “why do we always have to talk about that”. Talking about multi-cultural issues just puts people in categories and boxes and we're all the same, we're all Americans. I get that as microaggression because obviously for them it isn't an issue but I think things that are probably minimized and dismissed...

One of the main issues for me in microaggression is the resistance that you get from students who have to take the one multi-cultural class. So you're constantly having to explain why that class is necessary.

Minimizing race. Minimizing race refers to behaviors and/or actions that communicate that race is of little to no importance. This subtheme included *colorblind*

statements, watering down race, and being expected to blend in. Three participants described experiences in which they perceived that their race was minimized. Participant 4 stated, “Some of my peers, especially when I hear them saying “oh, I don’t see color”...I’m like you don’t see, I’m here, look at me; and thinking that’s okay.”

Being disregarded/blamed when you bring up issues regarding race. One participant discussed a situation in which she was blamed when she brought up issues about race. Participant 6 said, “I can give an example of what it is. I think maybe more of the micro invalidation kind of where, oh, you’re just saying that’ or ‘you’re being negative’ type of thing or “oh, I never saw it that way.” This subtheme also appeared to be a *consequence for speaking out* when microaggressions occur.

Comments indicating that your racial group is not valued. Participant 2 discussed comments indicating that African Americans were not valued during a class interaction outside of her department.

I’ve gone to professors about other things but they haven’t been in my department. I remember I took a case study class and it was like education or administration, most of the people are training to be principals and superintendants. So the professor was talking about IRB’s and he brought up the Tuskegee syphilis case. He sort of said that’s why we have to do IRB’s to protect participants, so on, so on. This older White man said “yeah, but if you look at it, the Tuskegee syphilis case...actually he didn’t even pronounce “Tuskegee”, he said “Tus-tee-gee” syphilis case was good medical research”. I said excuse me, I said so killing innocent people, Black people, that’s good research, that’s good medical research?

Treated as if invisible. Participant 7 described her experiences with being treated as if she were invisible in her program environment:

When she sees me, she kind of throws her hand up and keeps on going unless someone is around. If someone else is around, she's like "oh, how are you doing, blah, blah, blah, good to see you" but when no one else is around, she barely acknowledges I'm in the room.

Comments made to identify with a racial group and/or deny individual racism.

Participant 5 described experiences with comments made to identify with a racial group and/or deny individual racism. She shared an experience that occurred while speaking with a peer after class, "We were just talking in passing, after class, just like hey, how are you doing and I really felt like the rug was pulled from under me and that's when she started talking to me about how she liked dating Black men and she's not a racist or anything."

Environmental microaggressions. Environmental microaggressions are defined as, "racial assaults, insults, and invalidations that are manifested on systemic and environmental levels" (Sue, 2010b, p. 8). One type of environmental microaggression that participants discussed was the absence of people of color in academia. The absence of people of color refers to a lack of diversity as it relates to people of color within academia. Participant 8 suggested,

right; we don't really see a lot of us as far as faculty go, minority faculty members. So when there's an issue that comes up that deals with equity or equality, comments are made about how where we're getting that from, that our perspective is kind of skewed.

The lack of diversity within the program environment was discussed as participants described their program experiences. Six participants discussed the lack of diversity in their program environment.

Microassaults. The least common types of microaggressions discussed were microassaults. Microassaults refer to derogatory names used to identify/define a person of a specific racial/ethnic background. Participant 5 discussed a derogatory term used by a peer in class, “One of my classmates went there, like the cockroaches, using a very derogatory term, and started saying and then all of a sudden it got to welfare.”

Wellness

During the initial interview, participants were asked to describe their experiences with wellness. Participants were interviewed about their meaning of wellness and any changes in their wellness since they entered their doctoral program.

Definition of wellness.

Self care. Self care refers to actions/behaviors that an individual does to actively engage in their wellness. Five participants described self care as part of their definition of wellness. Participant 4 stated that wellness includes, “just taking care of your physical, emotional and spiritual self.”

Importance of balance/being centered. *Importance of balance/being centered* refers to the necessity to balance all aspects of one’s wellness. Four participants discuss the importance of being balanced/centered. Participant 2 stated, “wellness to me I think is a balance. Being able to balance most components of your life, it’s not just one aspect.”

Domino effect. *Domino effect* refers to the interrelatedness of wellness and an understanding that changes/problems in one area are connected to changes/problems in

another area of wellness. Four participants describe a domino effect between different components of wellness. Participant 2 stated,

I think that the impact of microaggressions on wellness, I can say that it has threatened, I think, threatened me being able to keep a balanced and well rounded life. Because what it does, it threatens certain components, like academic and you feel like things aren't going well in your academic life and it's sort of a domino effect. Or if you like experience those in different classes at the same time; it just like weighs on you.

Holistic. Holistic wellness refers to wellness being interrelated and including multiple components (physical, mental, spiritual, emotional, social, and/academic/career). Participant 8 described wellness as being holistic. She stated,

When I think of wellness, I don't just think about physical wellness. I think in terms of holistic type wellness, which includes mentally, psychologically, physically, spiritually, emotionally. And...wellness...in just being...I guess...I want to say whole but definitely out of place where there's normal functioning in all areas of life.

Components of wellness. Participants described seven components of wellness including: *physical, emotional, spiritual, personal, interpersonal/social, psychological/mental, and academic/career*. All of the participants discussed one or more of these components of wellness.

Physical component of wellness. The *physical* component refers to a participant describing a component specifically related to ones physical body and/or activities necessary to sustain ones physical body. All of the eight participants described a physical

component of wellness. Participant 2 described the physical component of wellness, “Physical is just being healthy; you don’t have a lot of sickness. You want to eat right, you want to exercise, it’s like how well do you do those things.”

Spiritual component of wellness. The *spiritual* component of wellness refers to a participant describing an aspect of wellness in which a participant described a relationship to a being higher than the self and/or activities that sustain the spiritual being. Seven of the eight participants discussed a spiritual component of wellness. Participant 2 defined the spiritual component as, “Spiritual - spiritual is how you define your relationship with the other or the...it’s not really like a religious institution.”

Psychological/Mental component of wellness. The *psychological/mental* component refers to a participant describing a psychological/mental aspect of wellness. Seven of the eight participants discussed a psychological/mental component of wellness. Participant 7 shared, “I look at it from a mental aspect, if your thought process and everything is okay as well as you’re healthy and physically able to do daily activities.”

Emotional component of wellness. The *emotional* component of wellness refers to a participant describing an emotional aspect of wellness. Five participants discussed an emotional component of wellness. Participant 3 stated, “Wellness means being emotionally stable.”

Interpersonal/Social component of wellness. *Interpersonal/social* refers to a participant describing a component of wellness that relates to their relationship with others inside and outside of the program environment. Two participants discuss an interpersonal/social component of wellness. Participant 2 described the interpersonal/social component as, “having a support network.”

Academic/Career component of wellness. The *academic/career* component refers to a participant describing a component of wellness that is connected to their academics and/or their career. Participant 2 described an academic/career component of wellness:

Academic is being successful in your academic career. Being able to navigate through your program with little to...with few problems or few barriers. Or if you do have barriers, there are resources in place to help you deal with it.”

Although other participants may not have identified an academic/career component of wellness, seven of the eight participants discussed an impact of microaggressions on their academics and/or career.

Personal component of wellness. *Personal* component of wellness refers to a participant describing a personal aspect of wellness. Participant 2 described the personal component as, “being okay with self and how you live your life.”

Meaning of wellness. *Meaning of wellness* refers to what wellness means in the lives of participants. *Six* participants discussed the meaning of wellness in their lives as female doctoral students of color. Wellness was described as something that *keeps you grounded, is necessary for success, and decreases vulnerability to microaggressions.*

Necessary for success. *Necessary for success* refers to the belief that wellness strategies are essential in order to be successful as a female doctoral student of color. Five participants described wellness as being necessary for success. Wellness appeared to supersede the importance of completing the doctoral program. Participant 1 stated,

Yes and overall, if this program started to affect my health to the point that I just couldn't do it, I start mentally having breakdowns, I would drop this program as fast as a hot burning coal because my physical and emotional and spiritual health

are very, very important to me. So I do weigh my health more than this program at the end of the day. But being successful is tied into me having those things in order.

Decreased vulnerability to microaggressions. *Decreased vulnerability to microaggressions* refers to the belief that wellness strategies are a protective factor from microaggressions. Four of the eight participants describe the role of wellness in decreasing vulnerability to microaggressions. Participant 2 stated,

Wellness strategies have a huge impact I think on how you respond to, how you perceive and how you respond to racial microaggressions, especially as an African American female PhD student in this particular program. If you don't understand that, then it can take you under. So I think that the potential could be that you just say it's not worth it.

Participant 5 explained,

The wellness strategies, I've got to say are very valuable. It plays a big role because I think if I didn't have any wellness strategies, I would probably be locked up in a padded room right now, I don't mean literally but [laugh]. I have to say it has helped me with making it through.

Keeps you grounded. *Keeps you grounded* refers to wellness as a protective factor that keeps individuals grounded. Two participants discussed wellness as a protective factor that keeps you grounded. Participant 4 explained, "I guess its role is to make sure that I keep myself grounded because there's times when you want to point out these aggressions and let that person know, 'you know what, you're doing this and it's wrong and how dare you' and all that stuff."

Wellness over time.

Better prior to entering program. Four participants described their wellness as being *better prior to entering their doctoral program*. Participant 8 stated, “My wellness before the doctoral program was great. My wellness since the doctoral program has been very difficult to maintain in all of those areas.”

Previous condition prior to program. Three participants described having *previous conditions with their wellness prior to entering the program*. These participants described medical conditions or previous having periods of depression prior to entering the program. Participant 5 stated,

Okay, before I entered the doc program, I would say, I have to admit, I have never been clinically diagnosed with anything. I had a brief period of depression and that was with trying to secure employment and trying to deal with the finances and also with my family’s expectations. But other than that, I would say pretty well adjusted.

Increase in awareness of wellness in doctoral program. Two participants discussed having an increase in their level of awareness about wellness in their doctoral program. These participants discussed more of a focus on wellness in doctoral level courses in comparison to master level courses. Participant 2 said,

Before the program, I would say it wasn’t really there at all.... We really didn’t talk about wellness in my masters program and so it wasn’t something that was important to me maybe, or maybe I just wasn’t aware of it. But I became more aware of it. ... So I would say that starting off in my PhD program, there was like a low level of awareness and that has increased more.

Impact of microaggressions on wellness

All eight of the participants discussed the impact of microaggressions on their wellness. Participants described ways in which day to day experiences with racial microaggressions affected their *emotional, academic/career, physical, overall wellness, interpersonal/social, mental/psychological, spiritual, and/or personal* components of wellness.

Emotional Impact of Microaggressions on Wellness. All of the participants described an emotional impact of microaggressions on their wellness. Participants discussed anxiety, disappointment, depression, frustration, irritability, more sensitive, impatience, and embarrassment when facing experiences with microaggressions.

Participant 8 said,

I'm a lot more emotional and sometimes my emotions can be all over the place... I think it's played a large role in it. I think that's one of the reasons why I've been so emotional in the program. At some points in the program, I even say depressed because of the lack of support. I'm a lot less impatient; I'm probably a little more sensitive than I was before. I stay frustrated and at times very discouraged due to the lack of support and opportunities that I feel I should be privy to that I'm notyes and I'm very irritable, I'm easily irritated and a lot less patient...I'm disgusted. I'm almost ashamed that I signed up to be treated this way. It has impacted me definitely to the point where I would not recommend my program to anybody who looked like me. I don't even tell people that I meet that I'm pursuing a PhD or where I'm pursuing it because I'm not proud of it....anxious, I guess when I have work to do, is it going to be good enough. Sad because I feel

like my program really promotes that it's a multi-cultural program and I don't see that. I don't see that equality and I don't see the equity within the program. It makes me sad that I'm there to get an education just like everyone else is and I feel cheated and I feel robbed out of the experience. It has not been a very good experience for me.

Participant 2 discussed the emotional impact of microaggressions that she experienced within her program environment:

I think for me, you become very drained and tired and very put down. Even if you numb yourself out to not deal with it or you become so angry that you can't just leave it there in the classroom.... I think it really put a damper I think on my life, like a dark cloud. I guess that's how I would describe it, like a dark cloud always following you wherever you go because you know it's going to already be there.

Participant 3 also shared,

There were times where I did want to leave this program because I was so disappointed in how things were going down here....I guess the word that comes to mind the most is just being really, really disappointed. Really, really kind of dumbfounded that this is how things are in the real world, I feel like I was really let down...It took a toll on me emotionally.

Academic/Career impact of microaggressions on wellness. Participant 2 discussed the way that experiences with microinequities impact her academically.

I feel I should have been graduated by now but certain things that they won't let me do that they let other people do and they can count that for their internship requirements but I can't count this. It's all very random and arbitrary and I think

that's the part that makes you feel powerless. Is that it's very arbitrary and you're punished for certain things or you're not granted, you can petition for this but you won't get it. You have to wonder what's the difference between me and this person – my race, my gender, like what is it?

Seven of the eight participants described an impact on their academic/career component as a result of microaggressions. Participants discussed microaggressions impacting their academic/career component of wellness in terms of: *motivation/production; having to do more; having to pave my own way; influences future career choices/interests; sense of responsibility to educate, advocate for, and mentor other; and prepares them to cope with future experiences.*

Motivation/Production. Five of the eight participants discussed an impact on motivation and/or production as an impact of microaggressions on their academic/career component of wellness. Three participants discussed being more motivated because of experiences with microaggressions. Participant 4 shared,

...it goes back into being Latina, but being a person of color, there's always this underlying feeling that you need to prove yourself more than your White peers. So I think that puts me in a position of why I push myself harder than the people who are around me.

Two participants discussed a decrease in motivation due to experiences with microaggressions. Participant 8 stated,

So it definitely decreased my motivation. I pride myself on being an excellent student. I'm a lot less organized as I usually would be. I'm almost adopting the

attitude that I don't care about turning in A work as long as I get my work done and I graduate. I have become a lot more withdrawn in the program.

She further explains how experiences with microaggressions impact her motivation to complete her doctoral program:

Sometimes I feel like I'm graded differently than other students because we'll talk and I'll do the same work that they do but my grade usually is lower. It's even been to the point that sometimes, people don't even get my name right they call me [name]. I think the biggest thing for me right now honestly is that I'm just not motivated to be in the program anymore. I'm not motivated to get my work done.

Having to do more. Four participants discuss having to do more due to experiences with microaggressions. Participant 4 shared,

It makes things more difficult to be completed. Just because sometimes there goes microaggressions, a professor may become resistant to helping; so it will take longer to finish a paper and that makes it difficult because it's not the idea, especially when you're talking about microaggressions.

Participant 8 also explained,

This was not my idea...this doesn't even come close to the dream of what I thought getting my PhD would look like. I thought the hardest thing would be the course work and the hardest thing for me has been staking my claim and feeling like I belong there just like everybody else belongs there. That I deserve to be there, I have a right to be there and to feel like you have to work 10 times smarter and harder than your White counterparts just to fit in or just to feel like there's some level of acceptance, where down on the inside you know that there isn't.

Having to pave my own way. Three participants described microaggressions as impacting their academic/career component in that they felt that they had to pave their own way. Participant 2 stated,

I went and found a Black professor to work under whose special research is like Black women, ...I set up an independent study with her and that sort of helped pull me out of it some, really just putting things in place to sort of help me deal with situations. There have been things that have happened in my program that I feel like definitely because I was a Black woman, they thought they could get away with or they make certain allowances for some people but they don't for others, and it's just like, for real, so ya'll really going to do that, okay.

Influences future career choices/interests. Three participants discussed the way in which microaggressions influence their future career choices and/or interests.

Participant 6 explained,

That makes me feel like I want to do more hands on, on the ground type of work than as a university professor. I want to work more with the people who don't have access. Maybe with high school students and things like that to try to get more African Americans into college. That makes me question like what am I even doing here.

Experiences with microaggressions appeared to be attributed to research interests and future positions that participants searched for.

Sense of responsibility to educate, advocate for, and mentor others. Three participants discussed a sense of responsibility to educate, advocate for, and mentor others as a result

of experiences with microaggressions. Other participants discussed the importance of mentoring and paving the way for other women of color in academia.

As such, these participants' experiences with racial microaggressions resulted in outcomes that could potentially be positive for the participants and others. Participant 7 commented,

I think it's going to tie in a lot because one of the things as a counselor educator that I'll be responsible for making sure I provide the students with the information and the knowledge so that one, they can grow, have the awareness, not be a microaggressor – as well as if they're on the receiving end, they'll know how to deal with it.

Prepares to cope with future experiences. Two participants described microaggressions as impacting them in that microaggressions prepare them to cope with future experiences. Participant 1 explained,

A lot of people who are of color, particularly women of color have to deal with the hostile environment and so once again, learning how to deal with it now, hopefully, I will be more prepared to cope with it later. I wish it didn't exist but that's an ideal world.

These participants viewed microaggressions as something that they believed was inevitable in academia and as such, their current experiences with microaggressions taught ways to deal with future experiences.

The impact of microaggressions on overall wellness. Overall wellness refers to the impact of microaggressions on the overall wellness of an individual. These also included situations in which participants described the impact on wellness in which it

could not be clearly determined that microaggressions impacted a specific component of wellness and/or that it was apparent that the impact was interconnected. Seven of the eight participants described experiences that were categorized as impacting overall wellness. Participant 4 described the interconnection of components of wellness that are impacted by microaggressions, “Then that’s going to affect my healthy in other ways, I may not be able to get to sleep the way I want to and that just trickles into the day and then you’re tired... then you’re always just busy.”

Takes a toll on you. Four participants discussed the toll of daily experiences with microaggressions on their overall wellness. Participant 5 stated, “It starts to take its toll on me, with me being an African American woman and just constantly talking about it. It’s like the elephant in the room.” Participant 6 described the way in which microaggressions impacted her academic/career wellness which in turn impacted her peace of mind, “It affects motivation which then affects productivity, and then when all of that’s affected, that affects my peace of mind which is where my definition.”

Being on guard/heightened sense of awareness. Three participants described experiences with microaggressions which caused them to be on guard and/or having a heightened sense of awareness. Participant 1 stated,

I know for me when microaggression shows its ugly face, I have to now be on guard and be defensive and try to move in a hostile situation where that person may not see it as hostile but you understand how serious this is and that added stress can take off and everybody knows stress can take years off your life.

Participant five also stated,

It's almost like...I wouldn't use the word "heightened paranoia" those words, but it's kind of like that, wondering who can you trust or am I being overly suspicious. Am I being too sensitive, since that was something that was brought up when my supervisee was talking?

Interpersonal/social impact of microaggressions on wellness. Seven of the eight participants described the social impact of microaggressions on wellness.

Participant 5 described how experiences with microaggressions impact her ability to relate to her peers and faculty:

I would say, probably socially. Especially outside of the doc program because with my peer group, it's almost like walking on eggshells. Talking to them about how this has affected me because most of my peers is like my mentor [laugh], she's Caucasian. When I try to talk to her about this, it's more or less from her, she's like "well, you know how it is" and I'm like no, no what do you mean, you know how it is. Sometimes I feel like I'm not being quite heard or understood.

Participant 8 said,

I think my social life and personal life definitely have been impacted. I'm a lot more anxious. I'm sad and so I don't do things. I'm even withdrawn in my personal life.

Inside of program-stepping back from interactions. Four of the eight participants described situations in which microaggressions caused them to withdraw from interactions within the program environment. Participant 5 stated,

...it's kind of limited my social interactions. I find myself being more guarded...well well I'm trying not to just isolate and be totally withdrawn but

after the quality and the conversations from my peers. I've noticed that I have distanced myself, kind of built up a wall. As much as I'm talking now, I'm typically the quiet one that comes and grabs a seat in class, sits in class and just waits for everyone else. That's usually me and now I hurry up and grab my seat, hide and don't even. [laugh]

Participant 6 described the way that experiences with microaggressions impacted her interpersonal relationships with faculty in her program environment. "I'm afraid to go talk to Dr. So and So because he might make me feel stupid, or I'm afraid to go talk to Dr. So and So because they might feel like I should already know this or I want them to do hand holding, that kind of thing." She also described the indirect effect of microaggressions on the interpersonal/social component of wellness.

Yeah, it has an indirect effect on wellness in that feeling invisible or ignored or not really important, that makes me feel sometimes like why bother. ...But what I wanted to say was like not some that you could term aggressions, but me, but I say that I'm isolated but then I also isolate myself but probably when you're the only one, they've got two things going on, maybe if even if you're the person that isolates, if there's somebody else in your group that's like you, maybe you'll tend to isolate less but if you're the only one, it's a lot easier to engage in that.

Participant 8 shared,

I have become a lot more withdrawn in the program...So when they have things, I don't hang out with them and talk to them. I've become very private. I don't share what's going on with me with people in my program or faculty in my program. I don't go to any activities that they have anymore. I go to class and I come home.

Outside of program. Four of the eight participants discussed social relationships outside of the program that have been impacted as a result of experiences with microaggressions. Participants described situations in which they withdrew from interactions and/or became dependent on their social network as a result of experiencing microaggressions.

Stepping back from interactions outside of the program. Two participants discussed *stepping back from interactions outside of their program* environment. Participant 2 stated, “Even my boyfriend, at the time he was my boyfriend, he was worried. I had really withdrawn from society.” Participant 8 also shared,

I have two very dear best friends that I usually talk to everyday. One lives in [city] and one lives in [state] and we usually make plans to see each other a couple of times a year. I haven’t been doing that, I haven’t been talking to them, I haven’t been taking their phone calls. I haven’t been reaching out to them. I was seeing someone and in time just called it off..... I have a couple of family members here, but I don’t see them. My family lives away and one of the things is that I’m very close to my family, my parents, my siblings, but I haven’t shared with them what’s going on here. That’s unusual because we talk about everything. Although family and friends may typically serve as a means of support these participants suggest that there may be a tendency to withdraw and/or isolate oneself when experiencing microaggressions.

Relying on social network. Two participants discussed their tendency to be dependent on their social network as a means of support in dealing with microaggressions. Participant 1 remarked:

So it gets to me in different ways, it may get to me in ways it doesn't get to other black students but now I know I irritate my family sometimes talking about this stuff all the time but they're like "okay, we get it".... The fact that I'm constantly talking about it.... I don't know how you describe it but I just find myself calling my friends randomly, "hey girl, let me tell you what happened", they're like "ah [name] seriously just let it go". It's like it's serious to me but when I'm telling it to my friends I'm like but it wasn't that serious. So when I'm hearing myself saying it, it's like just let it go, just find another way to cope with that. So right now I haven't really told anybody what happened yesterday because you can get your...it's getting played out, it's just like whatever.

Here, this participant is describing how relying on ones social network for support can seem as if it is a burden to others and as such it may become increasingly difficult to discuss experiences with microaggressions.

Physical impact of microaggressions on wellness. Six of the eight participants discussed the impact of microaggressions on physical wellness. Participant 3 said,

Physically, I have some issues in this are going through this program...There was a time where I was in and out of the hospital for a while going to the doctor for a while and it was because of the stressful experience being down here...Physically it took a toll on me. I'd gone to doctors' appointments because of that just trying to get my physical health back intact.

Participant 1 explained,

I feel my body going tense; I do feel myself grinding my teeth. I've actually started to grind my teeth at night now. I'm always ready in the...fight or flight;

I'm always in the fight mode of what's going to happen next. I'm constantly in this...even when I'm driving, I'm holding and I'm tense. Even when I'm asleep, I tell myself to relax because I'm not used to being relaxed anymore.

Other participants described having a *physiological response* and/or changes to *diet and weight* as an impact of microaggressions on their physical component of wellness.

Diet and Weight. Five of the eight participants discussed changes to diet and weight as they discussed the impact of microaggressions on their wellness. Three participants discussed weight gain and two participants discussed weight loss. Participant 2 said, "at one point my parents were very worried about me because I seemed really stressed out. I had lost a lot of weight, I wasn't eating right. Now that I think about, it really started to...it was really messing with me, for real."

Participant 7 shared her experiences with gaining weight:

I can say in the last three years, I've probably gained 75 pounds which is all leading to potential other things and now I'm finally being told you need to get that weight off because I stress eat and I know that and it just hadn't been really anything I can do about that until I got some of that under control.

Physiological response. Participant 2 discussed physiological symptoms that she experience before and after class. Physiological symptoms that were described included headaches, stomachaches, heart palpitations, and increased pulse. Four of the eight participants discussed having a physiological response to microaggressions. Participant 2 explained,

I would say it just made you feel like you had a headache after every class. Or you needed a good glass of wine to deal with it and to be able to move on. So yeah, I

would definitely say you're angry and you feel on edge. I think a result of that is it starts to make you leave class kind of angry and that turns into...you start to get those same symptoms right before the class starts on the way to class because you're ready for it.

When asked to describe symptoms prior to class she stated "maybe a slight headache or maybe, not labored breathing but you can tell like the pulse speeding up or just like this anticipation, this anxiety, you know what I mean... things like that, a feeling of dread... I would say maybe stomachache."

Participant 5 shared,

I would say heart palpitations...Butterflies in my stomach, especially if it's a topic that may be of a sensitive nature....I don't know where this came from and next thing you know, I started feeling, I really started feeling uncomfortable, like physically uncomfortable because this was being said....Well, physically was more or less in addition to the butterflies in my stomach, I would say just experiencing some discomfort....Headache, like oh god, here we go again, here we go again.

Psychological/Mental impact of microaggressions on wellness.

Psychological/mental impact of microaggressions on wellness impact refers to microaggressions impacting an individual's mental/psychological wellbeing. Six of the eight participants discussed the impact of microaggressions on psychological/mental wellness. Participant 5 commented,

In addition to that, I'm thinking more about it as far as my ability to concentrate. Sometimes I'm more or less concentrating on what they said and not necessarily

on what else is going on around me....yeah, for example I'm in class and somebody makes that type of comment in class. I'm like the rest of the class, asking where was she coming from. The professor is lecturing and taking notes but I'm just fixated on that.

Personal impact of microaggressions on wellness. Personal impact of microaggressions on wellness refers to microaggressions having an impact on a person's identity, personal coping strategies, and/or ability to preserve the self. Four participants discussed the personal impact of microaggressions on wellness. Participant 4 stated, "I have to rely on myself more." Participants described the impact of microaggressions on their personal identity and their ability to be authentic and genuine.

Identity. The impact on personal identity refers to microaggressions impacting the identity of the individual. Two participants discussed the impact of microaggressions on identity. Participant 4 shared,

When I feel those microaggressions, that's very personal because it's hitting something that's important to me, as in I identify as a Latina woman and I really do feel those little old things that they don't realize they're even doing.... Well, the microaggressions in a way can make you feel like a victim. Like you're being judged for something that you have no control over and in many cases that you're very proud of. I'm very proud of my heritage and my culture and who I am and stuff like that. So I'm being victimized for that. I don't like using the word victim but that's the word that popped into my head to be honest with you.

Ability to be authentic/genuine. Ability to be authentic/genuine refers to microaggressions impacting an individual's ability to be honest and true to whom they are as a person. Participant 5 stated,

It starts to mess with the whole authenticity, being genuine. Having a dual sense of self, kind of like you have more than one identity, with being a doc student and then also being African American and it's just like all these different labels put on it.

Participant 8 also explained, "I'm not really honest when they ask how things are going and what's going on. I'm not really honest because in the past when I've been honest I felt like it's come back to bite me in the butt..."

Spiritual impact of microaggressions on wellness. Spiritual impact refers to the way in which microaggressions impact an individual's spirituality and/or factors they perceive as being related to spirituality. Four participants discussed a spiritual impact on wellness after experiencing microaggressions. Two participants shared that experiences with microaggressions decreased their spirituality. Participant 3 discussed the way in which microaggressions impacted her spiritual component of wellness:

Spiritually, I think it probably affected me in that area because being so disappointed in how the program was going, it was my mission to get out. So I did everything to get through, get through, get through and so that meant my spiritual side just kind of...well my spiritualness fell to the way side.

Additionally, two participants shared that these experiences made their spiritually stronger. Participant 4 replied, "...spiritually, spiritually it has made me stronger."

Wellness Strategies in Coping with Microaggressions

Interpersonal/Social strategies. Seven participants described interpersonal/social strategies used to cope with microaggressions. Interpersonal/Social refers to people and/or activities that create a sense of connectedness and support in coping with microaggressions. Participant 1 added,

I would recommend to any student, do not isolate yourself and act like you're the only one going through it because that's a quick way for you to just really, just go through some emotional stuff that's just not healthy. So learning not to isolate myself and seeking support...

Interpersonal/social strategies included *family and friends as a source of support, opening up/being receptive to support from peers/faculty within the program environment, advocating and educating, networking/receiving support from people outside of the program, talking to others who validate your experience, receiving advice from others.*

Family and friends as a source of support. Seven of the eight participants discussed family and friends as a source of support in coping with microaggressions. Participant 4 shared,

...I have family that's really instrumental in helping me feel that I can get through the program...I make sure I go home and I take a break and then I come back..

She further explained,

the most effective has been calling my friends and venting.[laugh] My best friend pretty much knows everything that happens here and I'll call her and let her know like you'll not believe what I did today or I'll call other doctoral students of color who I know have gone through some of these similar things and I'll talk to them about it and they're like "yeah, I went through that same thing."

Opening up/receiving support from peers/faculty within the program. Opening up/being receptive to support from peers/faculty within the program refers to an individual coping with microaggressions by being willing to receive support from others within the program environment. Seven of the eight participants discussed opening up and/or receiving support from peers and/or faculty within their program. Participant 2 explained,

One of the ways I cope is by sort of having sessions with friends maybe who are in the class and you do literally have to debrief with each other out in the parking lot. You have to talk like “did that ...Really just say that, have she lost her mind”, you really have to kind of like “was I crazy or did I hear this the wrong way”.

Participant 5 also shared,

I felt soothed, I also felt relief, I felt support that like oh yes, there are some other voices in here and it’s not just coming from the Black girl. It’s coming from somebody who looks like them.

Advocating and educating. Advocating and educating refers to advocating for self and others, as well as educating self and others as a means of coping with microaggressions. Six of the eight participants discussed advocating and educating as an interpersonal/social strategy in coping with microaggressions. Participant 6 added,

I think one strategy that I feel that I take care of myself is to bring up issues. If we’re talking about something in class and African Americans are completely not part of the conversation, I might say well what about this or bring up an issue. For me, that helps me because it keeps us on the map.

Networking/receiving support from people/groups outside of the program.

Networking/receiving support from people/groups outside of the program refers to sources of support outside of the program environment that provide support in coping with microaggressions in academia. Six of the eight participants discussed networking and/or receiving support from people and/or groups outside of their program. Participant 1 explained,

However, when I go to conferences and I see professors like Dr. [Name] or professors from [school] that are African American, they immediately say I want to mentor you and I want to take you under my wing and give you advice of how to navigate this profession and from the perspective of a black person and so at that opportunity, it's been great, I feel like I've been blessed to meet these people and I feel like a lot Black people we have this "down low" network and it's protective and it seems to be working for us

Participant 4 commented,

I do think doctoral students of color...and it's not something that I've seen just at my university but I've talked to other doctoral students of color because we'll find each other at ACA, and ACES and any other conference you go to. You're like there's another person who's Brown, I want to talk to you.

Receiving advice from others. Four of the eight participants discussed receiving advice from others as an interpersonal/social strategy. Participant 1 stated,

Well my family and friends, particularly one of my closest friends, said to me "you have to be realistic, you have to understand can't nobody control your destiny and what God has for you. You've got to understand the way the program

is set up and unfortunately the institution, there are institutions where there are large barriers or barriers automatically in force for African Americans and you have to understand that is the reality of the situation. Your reality is, God is your resource.” So once I hear that, I’m able to reframe everything and make it in a way that I understand how not to look so negatively at the situation, it helps me have more faith in God.

Talking to others who validate your experience. Talking to others who validate your experiences refers to receiving support from others who are open to understanding ones’ experiences with microaggressions. Two of the eight participants described situations in which they were able to talk to others who validated their experiences.

Participant 6 shared,

It could be both, a lot of times it might be students who... because we have a cohort and so you’re usually, the students that were ahead of us are usually still here. So you can talk to them and say guess what So and So said and they kind of validate or invalidate, yeah that’s how he is or no, that’s not what he really meant by that, he’s just that way or something like that. Kind of like validation of your feelings or your perceptions.

Participant 2 also stated,

yes, I mean it makes you feel like you’re not just fighting a losing battle or you just don’t have to deal with it, or you’re the only person who feels this way and everybody else is right and you’re wrong. I think that’s how you end up feeling like am I crazy or am I perceiving this to be this way. When you feel that way and somebody sort of validates that and then takes it a step further and says that they

will make sure to be more cognizant of that and try to block some situations or either try to allow for intelligent discussion or debate.

Personal strategies. Personal strategies are actions and/or behaviors that an individual utilizes to preserve the self which typically is done in their time alone. Seven of the eight participants described personal strategies utilized to cope with microaggressions. Participants discussed the importance of *honoring and respecting who you are, self preservation, relaxation/mindfulness, humor, doing activities you enjoy, and journaling/writing*. Participant 7 said,

I think understanding myself and being okay with the skin I'm in. I think that's been the most beneficial, because therefore when you get those kinds of things you know how to deal with them and you know it's not about you, it's about the other person.

Participant 5 also stated,

Focusing on my strengths and not necessarily my weaknesses, embracing it. I'm college educated. I am a wonderful loving human being. I don't have anything up right now but looking at mementos, such as certain pictures. Looking at various, different awards I've won... That actually helps me to grow and so anytime I start to feel less than, reminding myself this is where I'm at now, don't get stuck in the past, focus on.

Doing activities you enjoy. *Doing activities you enjoy* refers to doing activities and/or hobbies that assist in coping with the impact of microaggressions. Five of the eight participants discussed doing activities they enjoy as a way of coping with

microaggressions. Participant 3 shared, “I might get together with a friends and go to the movies, go to a restaurant just to get away for a little bit.”

Humor. *Humor* refers to the use of jokes as a way of deflecting microaggressions and /or the use of humor to cope. Three participants discussed the use of humor as a strategy to cope with microaggressions. Participant 4 explained, “I’ll make a joke or something like that to deflect it without insulting someone.” Participant 1 also shared, “Like I said, just making it funny, it just minimizes it’s affect on me, not minimizing their actions but minimize of how it affects me.”

Journaling/Writing. Journaling/writing refers to writing used as a means of coping with microaggressions. Three of the eight participants discussed using journaling and/or writing to cope with microaggressions. Participant 3 explained,

“There was a time where I would have kept a journal about all the things that I heard that were repeated to me so I could tell myself well I’m not overreacting, this stuff did actually happen.”

Physical strategies. Physical strategies are strategies utilized to cope with microaggressions that involve physical activity and/or activities to maintain one’s physical wellbeing. Six out of eight participants discussed physical strategies used to cope with microaggressions. Five of these six participants discussed using exercise as a physical strategy. Participant 1 explained,

It’s just exercising like I said it gives me a way to escape. It just puts me in another state physiologically when I’m exercising and when I just came from exercising I just feel better; so I would probably be less prone to react or respond to silly things like that.

Spiritual strategies. Spiritual strategies are strategies that participants describe as being related to spirituality that assist them in coping with microaggressions. Five participants discussed spirituality as means of support in coping with microaggressions. Participants talked about prayer, spiritual guidance, trusting in God, and reading scriptures as spiritual strategies. Participant 5 answered,

Spirituality, I find myself praying more, reading my scriptures more, use that as a source of comfort....I may not feel comfortable talking to others about, I'm able to use my religion and use that as a way to get it out. I find myself needing more prayers and some type of spiritual guidance.

Participant 1 explained,

I've definitely been once again doing more spiritual things, actually in the process of finally becoming a member of my church. I'm really seeking support from spiritual leaders and just really asking God, not even asking just leaning on God more and trying to have a closer relationship because I feel like the closer I get to God, the less I'm emotionally affected by these circumstances or these things that back in the day, I'd look it as God is the Alpha and Omega, everything he wants done is going to be done regardless of what I see before me....I just said okay God, I'm going to give it to you because I can't deal with this. Once I did that it was like, okay, I'm not stressed anymore.

Psychological/Mental strategies. *Psychological/mental strategies* refer to are cognitive strategies and/or thoughts that are used to cope with microaggressions. Three of the eight participants discussed psychological/mental strategies in coping with microaggressions. Participant 1 discussed reframing as a mental/psychological strategy.

So I've been learning because I've perceived being from a victim mentality, I have to really reframe or redirect my neurons I guess into knowing that I'm the victor and I do have power in a situation, but that's something I had to learn, that's not something I was taught.

She further elaborated,

Knowing that makes it easier to look at the microaggression as something kind of like a mosquito flying around you, if it doesn't have power over you like that anymore because it really shouldn't define you – those type of statements or sayings or incidents and so I think I've learned to...this is going to sound real corny but I've just kind of learned to be like Teflon and don't let it stick to me, because it doesn't define who I am, that's their issue that's not my issue.

Participant 7 discussed the importance of identifying microaggressions as a strategy:

Even though I have a lot of privileges, I realize there are a lot of things I was having to do that was going above and beyond and I still wasn't getting the same credit as somebody who didn't look like me. I really had to open my eyes to some of that and when I started looking at it and calling it what it was, then I had to realize how to deal with it.

Academic/Career strategies. *Academic/career strategies* refer to ways of coping with microaggressions that are related to an individual's academics and/or future career.

Three participants described academic/career strategies utilized to cope with microaggressions. Participant 5 explained,

So being able to keep yourself abreast, keep being able to...I would say practicing your skills, staying ahead of the game, those are some things you can use, like

having more than one area of expertise. Being able to market yourself ... getting more involved in a profession. Also being able to educate others about what we do and having our voices heard, not being muted, not being a victim. So that way, when we're able to move ahead, be able to help other people with moving forward.

Emotional strategies. *Emotional strategies* refer to strategies an individual uses to cope with emotions associated with microaggressions and/or strategies utilized to deal with microaggressions that are related to emotions. Two participants discussed emotional strategies. Participant 1 discusses the importance of being honest about what you feel as a strategy in coping with microaggressions, "...just being honest about what I'm feeling, it seemed to work in my favor."

Program Expectations

Six of the eight participants discussed their expectations prior to entering their doctoral programs. Participant expectations included equality/equity, collegiality, and not expecting the level of microaggressions.

Equality/Equity. The program expectation of equality and equity refers to the expectation that students would receive the same resources, opportunity, and support within the program environment. Three participants discussed the expectation of equality and/or equity prior to entering their doctoral program. Participant 3 stated, "I assumed that there would be equalities among everybody entering the program, and coming through the program I didn't feel like it was."

Not expecting level of microaggressions. *Not expecting level of microaggressions* refers to not expecting microaggressions at the doctoral level and/or

not expecting to have the frequency of microaggressions at the doctoral level. Three of the eight participants explained that they did not expect the level of microaggressions that they received in their program environment prior to entering the doctoral program.

Participant 5 shared,

I find myself feeling more on the down side, like disappointment. That's the main thing, because I felt like once I got to this level. I should not have...well it may be a little unrealistic to say it but, I'd have to experience it at this level... yes, I knew it was going to have some of it but not as much of it.

Overall, participants discussed seven major themes that reflected their perception of the relationship between racial microaggressions and wellness. Racial microaggressions impacted participants' emotional, academic/career, overall, interpersonal/social, physical, psychological/mental, personal, and spiritual components of wellness. Wellness strategies decreased some participants (n=4) vulnerability to the impact of racial microaggressions.

Collegiality. The expectation of *collegiality* refers to the expectation that students and/or faculty would work together and support one another. Two participants discussed the expectation of collegiality prior to entering their counseling program.

Participant 3 stated,

I think that greatly has an impact because like I said earlier, it's a big disappointment, especially to be at this level in your career...I want to know that the people I'm working with are you know it's a reciprocal relationship...But coming through this program, I feel like wow, the higher up you go, maybe that's not going to happen.

Discussion

Previous research on racial microaggressions suggests that daily experiences with racial microaggressions can have a detrimental impact on the wellbeing of people of color (Sue, Lin, Torino, Capodilupo, & Rivera, 2009; Troxel et al., 2003). The findings from this study support much of the research on racial microaggressions, as well as previous research conducted on wellness. All of the participants described their experiences with the phenomenon, the interaction of racial microaggressions and wellness. The collective voices of these eight participants provided a better understanding of African American and Latina American female doctoral students' experiences with racial microaggressions and wellness.

As an African American female who is a doctoral student and has experienced the interaction of racial microaggressions and wellness I frequently had to ensure that I was focusing on the experiences of my research participants. The reflexive journal and meetings with the research team, and member checks during the follow up interview were essential to assist to honor the voices of research participants. As I listened to the experiences of participants I often found myself wanting to do more to help. After one of the interviews I wrote, "When she described experiences I wanted to know more and wish I could do more to help." I wondered whether the research that I was doing would make a difference in my field. At times I found myself becoming discouraged as I listened to many participants stories and having to frequently reminded myself that the research was extremely important because it allows the voices of the participants to be heard and can provide insight into how to meet the needs of other African American and Latina American female doctoral students.

Conducting this research was an extremely emotional experience for me. As doctoral students and researchers, at times the research team found the experiences of participants disheartening. One of the research team members stated that she found herself crying after reflecting on the experiences of one of the research participants. One of the most emotional experiences that I had was after completing one of the face to face interviews. Even after a week passed I still was emotional after listening to the tape. In my reflexive journal I wrote,

I have found myself procrastinating about writing about my experience with this participant. There are a number of reasons why. This interview was extremely emotional. Even before I began the interview I found myself wanting to cry....When I met with the participant I could tell that this was also an emotional experience for her. She frequently would pause and I could see that it was extremely difficult for her to talk about her experiences. The interview was last Wednesday and it has taken me a week to be able to write about it. I also have been avoiding going through the transcript. Even a week later in thinking about this I want to cry.

As I further reflected on my emotional response to the interview I discovered that in part this experience was more emotional for me because I interviewed the participant in the environment in which she had experienced racial microaggressions. I wrote,

Going back through this participant's tape I felt as if I were in the interview with her face to face again. This was very different from how I felt in listening to tapes for other participants. Although I never knew this participant prior to the interview I felt really connected to her as I listened to the taped more so than what

I have felt with any of the other participants so far. I think part of it was that the environment and me being able to interview her at her university which gave me a different sense of what she experienced.

The fact that I interviewed her in her environment allowed me to have a greater understanding of her daily experiences with microaggressions. I also found myself becoming emotional as participants discussed the lack of support that they sensed within their programs. After interviewing one participant I wrote:

I found myself having an emotional reaction during one part of the interview as she described her experiences. I felt as if she had dealt with so much. The way it was described by her was as if it was so common. I think what concerned me the most is that she didn't seem to have as much support as some of the other participants.

Writings in the reflexive journal and research team meetings enabled me to process what I was experiencing as I gained a better understanding of each participant's experience.

Despite many of the obstacle that participants faced I found myself hopeful because many of the participants discussed the way in which they were able to continue to prevail in their environments in spite of these obstacles. After reflecting on my experiences after one of the interviews I wrote, "One of the things that is really on my mind right now is the resilience that each of the women in this study have voiced when telling their story." This resilience gave me renewed sense of hope to complete the research study. In one of the entries in my reflexive journal I wrote:

So for me, more than anything I feel the need to get my research completed so that students of color will know that what they are dealing with is real and true,

but also so that they will be able to have a sense of hope and understanding that they too can find ways of coping with this and make it through. For those who choose to reflect on the role that they may have played in these types of experiences I think they will have a better understanding, but ultimately more than anything I have given voice to a group of people who would have been invalidated, oppressed, marginalized, and deserve to be heard.

Participants discussed entering their doctoral programs with the expectations of equality/equity, collegiality, and without the expectation that they would experience the level of microaggressions that they experienced at the doctoral level. Over time, many found that they were in program environments in which they sensed a lack of support, isolation, disconnectedness, and day to day experiences with racial microaggressions. These day to day experiences with racial microaggressions had an emotional, academic/career, overall, social, physical, psychological, personal, and/or spiritual impact on the wellness of the participants. Yet, many participants found that wellness strategies served as a protective factor in coping with daily experiences with racial microaggressions.

One of the conversations that our research team had was that although many of the situations that participants discussed could clearly be identified as racial microaggressions, the participants often made comments that indicated that they questioned their experiences. It appeared that this *questioning of the experience* in the absence of having supportive relationships that validated ones experiences was an additional stressor for participants. Six of the eight participants described questioning of experience as one of the factors that differentiates racial microaggressions from typical

day to day stress. Since microaggressions are often difficult to identify and there is a questioning of experience that often occurs, this may cause microaggressions to be more harmful than typical stress. Additionally, doctoral students who have experienced racial microaggressions may have past experiences in which they have dealt with similar circumstances, causing a prolonged type of stress that can lead them believe that they have little to no control over, resulting in an impact on multiple facets of their daily life. In the absence of support and having people who an individual can “sanity check” with, this can over time become extremely detrimental to the individual’s wellbeing.

Some participants suggested that past experiences play a role in one’s perception of racial microaggressions. Six of the eight participants discussed past experiences as a possible contributing factor to the impact of microaggressions on wellness. They suggested that the region that one grew up in, the extent to which a person has experienced past racial microaggressions, and the era in which a person was raised may play a role in the impact that microaggressions has on an individual’s wellness.

Implications for Counselor Education Programs

This study has significant implications for counselor education programs. The study found evidence to suggest that the primary types of microaggressions experienced by African American and Latina American females may be microinsults and microinequities, and microinvalidations. Although previous literature suggests that microinsults and microinvalidations are common types of microaggressions experienced by people of color (Sue, Capodilupo, & Holder, 2008), there is limited research on microinequities. Consistent with past research and literature (King, 2005, Moradi & Risco, 2006; Sue, 2010a, pp. 96-105; Sue, online lecture, Feb. 16, 2010; Sue,

Capodilupo, & Holder, 2008), experiences with microaggressions impacted participants' emotional, academic/career, overall, interpersonal/social, physical, psychological, and spiritual components of their wellness. Four participants utilized wellness strategies to decrease their vulnerability to microaggressions. Participants suggested that microaggressions are differentiated from typical stress that is experienced by doctoral students because there is a questioning of experience, it wears on their spirit/soul, it is difficult to identify, there is less control over it, it is an added stressor, and because of desensitization-people were more likely to empathize with typical stress. Data collected from the participants suggested that there is a further need for the recruitment and retention of students and faculty of color, professional development and trainings, and support networks for students of color.

Recruitment and retention of students and faculty of color. The American Counseling Association (ACA) Code of Ethics (2005) states that:

The mission of the American Counseling Association is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity (p. 2).

Furthermore, the ACA Code of Ethics (2005) states that, "Counselor educators are committed to recruiting and retaining a diverse faculty" and that, "Counselor educators actively attempt to recruit and retain a diverse student body." Despite the efforts made by The American Counseling Association, it appears that there may be some challenges to meeting these goals. Six of the eight participants discussed the lack of diversity within their counselor education programs, which supports previous research conducted on faculty and students of color in counseling programs (Hanson & Stone, 2002; Salazar, 2009). More specifically, although some participants described efforts that have been

made to create a diverse program environment by the counseling programs, many pointed out that there was little diversity in terms of people of color. This lack of diversity in programs may send a message that there is not an interest in the possible contributions of people of color in these programs and that as a person of color, you do not belong (Sue et al., 2007). Participant 6 stated, “It sends a message in a couple of ways and one has to do that there doesn’t seem to be an emphasis placed on attracting these students...” As such, there is a need to recruit and retain students and faculty of color in counselor training programs (ACA, 2005). Similar to the findings of previous studies (Shah, 2007; Suen, 1983), participants discussed feelings of isolations, a lack of support, feeling disconnected, experiences with microinequities, and that there talk of versus active appreciation of diversity. In order to recruit and students of color it is important to provide an environment in which students of color feel supported, connected, and in which equity and equality are experienced by all students and faculty (Zirkel & Cantor, 2004).

Professional development and trainings. Six of the eight participants expressed that the person who perpetrated microaggressions was a faculty member, and five of the eight participants described the microaggressor as another student. This supports previous research on the experiences of students and faculty members of color in academia (Salazar, 2009; Salazar et al., 2004; Shah, 2007; Sue et al., 2009). Additionally, seven of the eight participants discussed class interactions in which microaggressions occurred. As such, there is a need to train counselor educators about racial microaggressions (Sue et al., 2007; Sue et al., 2009). Faculty members need more of an understanding about what microaggressions are, information about the impact of microaggressions, and need to be

aware of ways to deal with microaggressions when they occur within the classroom environment (Sue et al., 2009). Trainings that would enhance the conscious awareness of faculty members are essential as participants suggested that often people who perpetuate racial microaggressions are unaware and/or nonapologetic for their actions. In addition, consistent with past findings, (Sue et al., 2007; Sue et al., 2009; Sue, 2010a) participants discussed feeling invalidated when they brought up concerns about their experiences. As such, may be important to address ways to assist in empathizing with students who express concerns (Sue et al., 2009).

Support networks for students of color. Seven of the eight participants discussed their perception of a lack of support by faculty members and five of the eight participants discussed a lack of support in general within their program environment. Although there was often limited support within the participants' program environments, many participant discussed networking and receiving support outside of their program as a wellness strategy. This would suggest that support networks may serve as a buffer against racial microaggressions (Grier-Reed, 2010; McCabe, 2009). As such, it may be beneficial to provide networking opportunities for doctoral students of color. Support networks could be offered at the program and/or the university level, as some participants described assistance that they received at the university level also serving as an effective means of receiving support. These support networks could provide a safety net for students of color in academia who have experienced microaggressions as many participants discussed a fear of consequences for speaking out about their experiences.

Implications for Counselor Educators

The findings of this study also have implications for counselor educators. Similar to previous findings (Shah, 2007; Sue et al., 2007; Sue et al., 2009), many of the experiences described by participants were situations in which the person who perpetrated the microaggression was unaware of what they had done. As such, there may be a need for counselor educators to be more aware of interactions that could be interpreted as racial microaggressions and about ways to respond when microaggressions occur.

Awareness. Four of the eight participants described the person who perpetrated the microaggression as being either unaware or nonapologetic when the microaggression occurred. Therefore, there may be a need for counselor educators to reflect on their practices within classroom settings and at the departmental level that could be perceived as microaggressions. Sue (2010) states, “The most detrimental forms of microaggressions are usually delivered by well-intentioned individuals who are unaware that they have engaged in harmful conduct toward a socially devalued group” (p. 3). Additionally, it may be helpful to have open discussions within their classroom settings about racial microaggressions. It is important that counselor educators are able to be transparent about what they are experiencing and about possible ways in which they may have been the perpetrator of microaggressions. In addition, anonymous surveys could serve as a means of providing information about the perception of students in the classroom setting.

Importance of empathizing with/validating experiences. Consistent with the findings of past research studies (Shah, 2007; Sue et al., 2009), four of the eight participants discussed their feelings being invalidated when they brought up concerns. Counselor educators need to be aware of ways to respond students who express concerns

that allows them to feel as if there are heard (Sue et al., 2009). Since many of the situations that participants described occurred in classroom settings, counselor educators must be aware of ways to create an environment in which all students voices are heard, how to identify microaggressions, and how to respond to these situations when they occur.

Limitations and Future Research

It is important to point out that the findings of this study are not generalizable to all students of color. Many participants discussed cultural differences among students of color and as such all students may have unique experiences. One of the challenges that was faced in conducting this research is that because this study focused primarily on African American and Latina American females who were doctoral students in a specific region, this limited the possible number of participants that could be interviewed. In addition, there was not an even number of African American and Latina American participants. Only one participant identified as a Latina female and seven participants identified themselves as African American females. I was concerned that this participant was being asked to be the representative for Latina females and thus this could be a microaggression. Additionally this small pool of potential participants created unique risks. After one of the initial interviews I wrote,

Towards the end of the interview she [the participant] made a statement that this was all she could say given the situation because she was afraid of potential risks. It is extremely important for me to protect each of my participants by taking every effort to make sure they are not identifiable. I think this is even more of a challenge when using a phenomenological approach because you want to reflect

the participants' experiences and the contexts or situations that influence these experiences, but this is difficult to do when you have participants who are minorities in a small field.

By limiting this study to one specific region, the number of potential participants was limited and at times I was unable provide specific examples of statements, as these statements could have potentially made participants identifiable.

Few studies have been conducted on the meaning of wellness for people of color. Future research could explore the meaning of wellness for doctoral students of color. Studies on doctoral students of color could provide further insight into wellness across different cultures and different perspectives about components of wellness.

Further research could also explore the impact of microaggressions on wellness and on wellness strategies used to cope with microaggressions. Research could be conducted about specific strategies that are used to cope with the impact of specific types of racial microaggressions on specific components wellness so that students of color can become aware of ways to deal with these experiences. Studies utilizing mixed methods and/or a quantitative approach could confirm the accuracy of the subthemes and themes found in this study, as well as previous research studies on racial microaggressions and wellness.

Conclusion

Student retention and the promotion of wellness in our profession are two of the primary goals for counseling programs (Myers, 1992; Myers & Sweeney, 2005; Roscoe, 2009). Racial microaggressions can impact the wellness and academic success of Latina American and African American female graduate students (Carlone & Johnson, 2007;

Chung, Baskin, & Case, 1999; Evans & Herr, 1991; King, 2005; Mays et al., 1996; Sue et al., 2009). Overall, the daily experiences of coping with racial microaggressions for female students of color can impact their levels of wellness (King, 2005; Sue, Lin, Torino, Capodilupo, & Rivera, 2009). African American and Latina American females have an increased risk of attrition (Furr & Eling, 2002; NCES, 2009; Suen, 1983), and significant negative outcomes as it relates to their wellness (Lee, 2005, pp. 106-108). As such, there is a need to better understand the experiences of African American and Latina American females, as a means of retention and a means of improving levels of wellness. This research study explored the perceived relationship between wellness and racial microaggressions for Latina American and African American female graduate students to better inform counselors, counselor educators, and counseling programs about how to meet their needs.

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APPENDIXES

APPENDIX A

Georgia State University
Department of Counseling and Psychological Services
Informed Consent

Title: The relationship between wellness and racial microaggressions in African American and Latina American female doctoral students in counselor education programs

Principal Investigator: Gregory L. Brack, Ph.D.

Student Principal Investigator: Dawn Monique Robinson, Ed.S.

I. Purpose:

You are invited to be in a research study. The purpose of the study is to explore the perceived relationship between wellness and microaggressions ("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") in African American and Latina American female doctoral students in counselor education programs. You are invited to participate in this study because you are (1) a African American or Latina American female (2) currently enrolled in a doctoral counselor education program (3) who has experienced the interaction of racial microaggressions and wellness. Participation is voluntary. Approximately 12 participants will be recruited for this study. The study will consist of two recorded interviews either face-to-face or by phone and a member check, for the purpose of verifying the accuracy of data, which will be by phone or email. The total time for both interviews and the member check will take approximately 80 minutes to 2 ½ hours. You will be contacted sometime between June of 2010 and December of 2011.

II. Procedures:

If you decide to participate you will complete the following forms 1) a demographic form 2) a consent form, a copy of this form will be provided for your records. It will take about five to ten minutes to complete both of these. You will complete both forms on the day of your initial interview. Verbal assent will be given for phone interviews. A \$10 gift card will be provided for your participation at the time of your initial interview. In the case of a telephone interview, the gift card will be mailed within 3 days of the initial interview. After the initial data has been reviewed, there will be a 15-45 minute audio-taped follow-up interview. Additionally, you will be contacted for a member check which will last 5-15 minutes to insure accuracy and for you to verify the information collected for this study.

III. Risks:

In this study, you will not have any more risks than you would in a normal day of life. If any part of this interview causes you distress, we can provide you with a mental health professional referral. You will be responsible for any costs associated with potential referrals. You may withdraw or decide not to be involved in the study without penalty at any time.

IV. Benefits:

Being a part of this study may benefit you personally. Benefits may include an opportunity to gain meaning, voice your experiences, and learn of others who have had similar experiences. We hope to learn about the experience of African American and Latina American female doctoral students in counselor education programs who have experienced the interaction of racial microaggressions and wellness so that counselor educators may best meet the needs of other African American and Latina American doctoral students in counselor education programs.

V. Voluntary Participation and Withdrawal:

You are volunteering to participate in this study. You do not have to take part in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip interview questions or stop participating at any time. Whatever you decide, you will not lose any benefits to which you are otherwise entitled.

VI. Confidentiality:

Your records will be kept private to the extent allowed by law. Your information will be identified by a code, not your name or any personal identifier. Only the research team, Dawn Robinson, Ariel Winston, Kizzy Albritton, Leandra Parris, the principle investigator, Dr. Gregory Brack, and a professional transcriber, Mary Allison will have access to your information. The researchers and professional transcriber will keep your information confidential and stored in a locked file cabinet. Information may also be shared with those who make sure the study is done correctly (GSU Institutional Review Board, the Office of Human Research Protection(OHRP)). We are not collecting IP addresses. The information you provide will be stored in a password and firewall protected computer in a locked office. Your name or name of your program and any other facts that may be personal to you will not appear when we present this study or publish its results. If there is a need to identify you as a participant, a code will be assigned as an identifier and kept in a separate location from the data in order to protect your privacy. The code sheet will be destroyed after the data has been analyzed. The findings will be summarized and reported in group form. You will not be identified personally.

VII. Contact Persons:

If you have questions about this study, you may contact the student principal investigator, Dawn Robinson at 404-808-0373 or drobinson33@student.gsu.edu. You may also contact the principal investigator, Dr. Gregory Brack with questions or concerns at 404-413-

8165 or cpsglb@langate.gsu.edu. If you have questions or concerns about your rights as a participant in this research study, you may contact Susan Vogtner in the Office of Research Integrity at 404-413-3513 or svogtner1@gsu.edu.

VIII. Copy of Consent Form to Subject:
You will be provided a copy of this consent for your records.

Signatures:

If you are willing to volunteer to be individually interviewed for this research and be audio-recorded, please sign below.

Participant

Date

Student Principal Investigator, Dawn M. Robinson, Ed.S.
Principal Investigator, Gregory L. Brack, Ph.D.

Date

APPENDIX B

Demographic Questionnaire

The purpose of this study is to explore the perceptions and experiences of wellness and racial microaggressions in African American and Latina American female doctoral students enrolled in counselor education programs. The following questions will assist in gathering data for the study.

Age: _____

Ethnicity: _____

Current Year in Program: _____ How long have you been in the doctoral program?

Anticipated graduation date: _____ Program CACREP-accredited? _____ Yes
_____ No

Relationship Status: _____

Do you have children? _____ Yes _____ No

If you answered yes to the question above, how many children do you have? _____
Age(s): _____

Do you work outside of school? _____ Yes _____ No

If yes, how many hours per week do you work outside of school? _____

Location of University (city, state) _____

How would you describe your health/wellness prior to entering graduate school?

How would you describe your current health/wellness?

What is your perception of how diversity is reflected at your university?

Do you feel the climate in your doctoral program/department/university honors the needs and diversity of students? Explain.

As a female of color, how do you perceive you are accepted and valued within your doctoral program/department/university?

How do you perceive your doctoral program provides professional development and growth opportunities for all students? Is it fair and free from barriers of discrimination? Explain.

APPENDIX C

Interview Protocol

Project: The perceived relationship between wellness and microaggressions in African American and Latina American female doctoral students enrolled in counselor education programs

Time of interview:

Date:

Place/Time of Interview:

Interviewee:

Thank you for participating in this study. The purpose of this study is to learn about the perception of the relationship between wellness and microaggressions in African American and Latina American females. Racial microaggressions are defined 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 et al., 2007, p. 271). Please take a moment to reflect on your experiences as an African American/Latina American female and your perception of the relationship between wellness and microaggressions, as well as what contexts typically influence your experiences.

1. In as much detail as possible, how would you describe your experiences as an African American female/Latina American female in your program?

a.) What have been your experiences with racial microaggressions or subtle ways that people treat you differently because of your race?

2. What does wellness mean to you?

3. Think back to the time before you were in the doctoral program. How was your wellness during that time and have there been any changes now that you’re in the doctoral program?

4. How would you describe the impact of microaggressions on your wellness?

a.) In as much detail as possible, tell me about your experiences with the impact of racial microaggressions on your wellness?

b.) What specific areas of your life have been impacted and in what ways?

c.) Are there any physiological, psychological, or emotional symptoms that you have had that are related to microaggressions?

5. In as much detail as possible can you tell me about your experiences as an African American/Latina American female as it relates to wellness strategies that you use to cope with the impact of microaggressions?

a.) Are there specific wellness strategies /strategies used to take care of yourself, that you use during these times?

b.) How would you describe the role of wellness strategies in your life in dealing with the impact of microaggressions as an African American/Latina American female doctoral student?

6. What other, if any, information would you like to add, that we have not already discussed, would make your story more complete?

Thank you for participating in this interviewing. The information in your interview will be kept confidential. I will contact you for a follow up interview. What is the best way to contact you?

APPENDIX D

Interview Protocol

Project: The perceived relationship between wellness and microaggressions in African American and Latina American female doctoral students enrolled in counselor education programs

Time of interview:

Date:

Place/Time of Interview:

Interviewee:

Thank you for participating in this study. During the first interview, you were able to reflect on your experiences as an African American/Latina American female and your perception of the relationship between wellness and microaggressions, as well as contexts that typically influenced your experiences. I am going to take a few minutes to go over some of the themes that were found from your first interview. Please let me know your thoughts about whether or not these themes accurately reflect your experience.

(Description of themes from participant's first interview)

1. Is there anything you thought about telling me but that you did not get to tell me at the first interview? Have there been any changes since your first interview as it relates to your experiences with the impact of racial microaggressions on your wellness? Have there been any changes since your first interview with wellness strategies that you use to deal with the impact of microaggressions on your wellness?
2. When you think about microaggressions and wellness, how does this relate to your future career? How much support have you received in relation to your future job/career?
3. What do you think differentiates microaggressions from typical stress that is experienced by doctoral students?
4. Do you think there are differences among doctoral students of color in their experiences with microaggressions and the interaction between microaggressions and wellness? If so, what do you think differentiates these experiences? Are there any risk factors that you think may cause someone to be more vulnerable to the impact of microaggressions on their wellness?
5. What wellness strategies have you found to be most effective in coping with microaggressions?
6. What other, if any, information would you like to add, that we have not already discussed, would make your story more complete?

Thank you for participating in this interview.