

STIGMA CONSCIOUSNESS AS A MODERATOR OF  
THE RELATIONSHIP BETWEEN RACIAL  
MICROAGGRESSIONS AND HOPELESSNESS

By

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MICROAGGRESSIONS AND HOPELESSNESS

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Abstract: Given the continual change in the United States demography and an increase in racial and ethnic minority populations, issues relevant to these groups are necessary to address (e.g., discrimination). Whereas overt discrimination was common in the mid-20<sup>th</sup> century, contemporary discrimination currently appears to be prevalent and problematic. Contemporary discrimination can be distinguished from its overt counterpart in that it is subtle, at times even unnoticeable by the perpetrator(s) or victim(s). One specific form of contemporary discrimination is termed "racial microaggressions". Microaggressions are described as daily encounters in which racial minority group members are subject to prejudicial messages aimed at them by individuals or the environment. Past research has linked racial microaggression experiences with depression and anxiety symptoms, perceived stress, and substance use, among other negative health outcomes. However, research has not investigated the relationship between racial microaggressions and hopelessness, which is often a precursor to depression and other mental health correlates. In addition, research has not differentiated individual experiences of awareness of being victim to racial microaggressions. One measure of individual differences in awareness and anticipation that others will stereotype one is through stigma consciousness. Similar to racial microaggressions, high levels of stigma consciousness have been related to lower levels of belonging and poorer academic performance. Therefore, the current study aimed to examine the relationships between the constructs of racial microaggressions, hopelessness, and stigma consciousness in a group of 183 African American/Black, Hispanic/Latino(a), Native American, and Asian/Asian American students. Results yielded a strong association between racial microaggressions and stigma consciousness, as well as hopelessness with racial microaggressions, and stigma consciousness. However, the hypothesized relationship of stigma consciousness as a moderator of the relationship between racial microaggressions and hopelessness was not supported. Post hoc analyses indicated significant differences in experiences of racial microaggressions, stigma consciousness, and hopelessness. Future research should continue to investigate these constructs, particularly separately by racial or ethnic group. This study is an important contribution to the growing quantitative literature on sociocultural experiences (i.e., racial microaggressions and stigma consciousness) impacting health outcomes in people of color. Societal and clinical implications are discussed.

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## CHAPTER I

### INTRODUCTION

The racial and ethnic demographic make-up of the United States is continually changing. Today, racial and ethnic minority groups comprise 37% of the United States population (Census, 2012). This number is expected to rise and projections show that in 2043, racial and ethnic minorities will outnumber the majority for the first time. Given these current and projected statistics, it is important to address particular issues that may affect racial and ethnic minority members. One such issue is discrimination, and more specifically racial microaggressions. Throughout history, discrimination has impacted the lives of people of color. However, the nature and manifestation of discrimination has changed in recent decades. The term “contemporary racism” has been utilized to describe discrimination that may be more relevant in today’s society and is subtle compared to previous overt discrimination (Pearson, Dovidio, & Gaertner, 2009).

There has been a discussion of different theories and forms of racism within the category of contemporary racism, including racial microaggressions. In the 1970’s, this term was used to describe daily discrimination experienced by African Americans (Pierce, Carew, Pierce-Gonzalez, and Wills, 1978). Since the initial introduction of the concept of microaggressions, this definition has been extended to encompass subtle discrimination toward all minority groups,



including non-racial minority groups (e.g., women and lesbian, gay, bisexual individuals; Sue, 2010). In the current study, the discussion of microaggressions will be limited to only the experiences of racial and ethnic minority groups. According to Sue (2010), people of color have historically and continue currently to face racial microaggressions in their personal lives, as well as through larger systemic institutions in the United States (e.g., government, education). The experiences of racial microaggressions accumulate over the lifetime of a person of color and can interfere with cognitive processes, physical health, mental health, and other important areas (Sue, 2010). A number of studies have demonstrated that experiencing racial microaggressions is related to a number of negative mental health indicators including symptoms of depression, somatic symptoms, negative mood, perceived stress, lowered self-esteem, anxiety symptoms, substance use, and internalizing/externalizing emotional styles in samples of adolescents or adults of color (Blume, Lovato, Thyken, & Denny, 2012; Fryberg, Markus, Oyserman, & Stone, 2008; Huynh, 2012; Ong, Burrow, Fuller-Rowell, Ja, & Sue, 2013; Torres, Driscoll, & Burrow, 2010). However, there has been no investigation of the relationship between racial microaggressions and hopelessness.

Hopelessness is a construct that has its foundations in the learned helplessness literature; it is related to an individual's belief that their efforts towards outcome(s) are of no value or use and they have no control over resulting outcomes (Maier & Seligman, 1976; Seligman, 1975). The learned helplessness model was revised and called the hopelessness theory and model of depression (Abramson, Metalsky, & Alloy, 1989). In this reformulated theory and model, hopelessness was defined as holding expectations of being helpless in achieving an important outcome. A number of studies have demonstrated that hopelessness is related to symptoms of depression (Alloy & Clements, 1998; Beck, Kovacs, & Weissman, 1975; Beck, Weissman, & Kovacs, 1976; Joiner, Wingate, & Otamendi, 2005; Metalsky & Joiner, 1992; Rudd, Joiner, & Rajab, 1996) and suicide-related outcomes (Abramson et al., 1998; Beck et al., 1975; Beck et al., 1976; Beck, Steer, Beck, & Newman, 1993; Rudd et al., 1996; Wetzel, 1976). One recent study showed that perceived discrimination was

associated with depression symptoms through hopelessness in a longitudinal study of a diverse sample of participants (Polanco-Roman & Miranda, 2013). To the author's knowledge, this is the only study that has demonstrated a connection between perceived discrimination and hopelessness. When examining prejudice and discrimination, it is valuable to account for individual differences that people of color may experience. Recently, research has begun to investigate such individual differences. One concept that can provide rich data about individual differences in stereotyping is stigma consciousness. According to Pinel (1999), stigma consciousness is defined as the degree to which an individual anticipates that an outgroup member will stereotype them. If an individual has high levels of stigma consciousness, they are more likely to believe that they will be stereotyped than an individual low in stigma consciousness. Levels of stigma consciousness do not change an individual's beliefs about their ingroup or their interaction with others, it is simply an expectation. The Stigma Consciousness Questionnaire (Pinel, 1999) was developed to measure this construct and can be used with any group who may encounter stereotypes (e.g., people of color, women, lesbian, gay, bisexual individuals). Research has revealed that stigma consciousness is significantly related to perceived discrimination, feeling self-conscious, and anxiety for certain minority groups (Pinel, 1999). The potential consequences that individuals may experience as a result of high stigma consciousness are important. One study revealed that women high in stigma consciousness avoided engaging in tasks in which they may be vulnerable to prejudice (Pinel, 1999). Additional research has linked high stigma consciousness to lower grade point averages for ethnic minority students (Brown & Lee, 2005), as well as poorer performance on a math exam for women (Brown & Pinel, 2003). In another study of biracial individuals, high stigma consciousness was related to lower levels of belongingness (Wilton, Sanchez, & Garcia, 2013).

To date, research has not investigated whether experiencing racial microaggressions is related to feelings of hopelessness. This investigation makes intuitive sense, as racial microaggressions have been related to various negative mental health outcomes. Additionally, research has not examined

individual differences in experiencing racial microaggressions, specifically through stigma consciousness. Stigma consciousness may provide a better understanding of racial microaggressions and resultant outcomes experienced by people of color. It seems logical to investigate stigma consciousness as a moderator variable given that it is a measure that provides insight into individual differences in prejudice. To illustrate, a hypothetical example can look at two racial or ethnic minority individuals who both experience racial microaggressions, but who may differ in levels of stigma consciousness. It is likely that the person of color who continually expects to be the target of prejudice (i.e., high levels of stigma consciousness) would perceive that he/she is experiencing racial microaggressions more frequently compared to the individual who has low expectations (i.e., low levels of stigma consciousness) and may not realize when a microaggression has been committed against him/her.

Therefore, the current study sought to investigate the relationship between racial microaggressions and hopelessness, as well as examine how stigma consciousness influences this potential relationship. It was hypothesized that racial microaggressions would significantly positively predict hopelessness. Additionally, it is expected that stigma consciousness would moderate the relationship between racial microaggressions and hopelessness, such that higher stigma consciousness would strengthen the positive relationship between racial microaggressions and feelings of hopelessness.

## CHAPTER II

### REVIEW OF LITERATURE

#### **Racial and Ethnic Microaggressions**

People of color must live through the indignities and oppression that have been omnipresent throughout the history of our country and continue to the present day. It has been reflected in our governmental leadership, educational systems, places of employment, and the media. People of color do not just occasionally experience racial microaggressions. Rather it is a constant, continuing, and cumulative experience. (Sue, 2010, p. 52).

The expression of prejudice and racism has changed over time. According to Pearson and colleagues (2009), contemporary racism is less blatant in nature. One recent conceptualization of contemporary racism includes racial microaggressions. The first definition of racial microaggressions was provided by Pierce and colleagues (1978) and referred to inconspicuous racial disparagement towards African Americans. Subsequently, racial microaggressions have been extended to describe similar subtle discriminatory experiences that all people of color may endure. To be inclusive of all ethnic minorities, a more recent definition of racial microaggressions has been developed – “brief, everyday exchanges that send denigrating

messages to people of color because they belong to a racial minority group” (Sue et al., 2007, p. 273). There are a number of microaggressions that lesbian, gay, bisexual, transgender individuals, and women experience. For example, students in school may call a male peer gay because that peer is a social outcast; the student is not being called gay in relation to his sexual orientation (Sue, 2010). An example of a microaggression against females includes males catcalling or whistling at a woman, which sends the message that she is a sexualized object. The current study will focus solely on racial microaggressions experienced by people of color. For many individuals of color, microaggressions are a daily reality (Sue, 2010). If experiences of microaggressions are ongoing, these experiences may accumulate and contribute to negative psychological health outcomes (Sue et al., 2007). Sue (2010) asserted that living with continual insolence and daily insulting communications is highly damaging until interrupted. The harmful outcomes of microaggressions have been likened to the colloquial phrase “slow death by a thousand cuts” (Sue, 2010). Although microaggressions may be subtle, they may result in potentially damaging consequences to one’s psychological well-being. Moreover, microaggressions may even impact people of color at a larger systemic level. Sue (2010) asserted that microaggressions can impact access to education, employment opportunities, and medical care.

Sue and colleagues (2007) developed categories that differentiate three types of microaggressions – microinsults, microinvalidations, and microassaults. Microinsults are often unconscious communications that convey prejudice through interpersonal interaction between individuals or through the environment and include degradation of an individual based upon their minority status. For example, someone may say to an African American “why are you loud and full of emotion?” Microinvalidations are described as interactions or indications in the environment that communicate rejection or quash the daily experiences and life of a minority individual. An example of a microinvalidation is someone asking an Asian American “what country are you from?” (Sue, 2010). This question sends the message to the Asian American

individual that they are not American or a foreigner (Sue, 2010). Finally, microassaults intentionally attack a minority individual's identity by way of expressing prejudicial attitudes or engaging in discriminatory behaviors on the part of the perpetrator. Microassaults are often conscious and are meant to hurt an individual based on their racial or ethnic identity. An example would be hanging a confederate flag outside of one's home (Sue, 2010). Within the two categories of microinsults and microinvalidations, there are a number of themes that characterize how these microaggressions may manifest. Within the domain of microinsults, there are four themes – ascription of intelligence (i.e., people of color are less intelligent than Caucasians), second-class citizen (i.e., people of color do not hold high positions within society), pathologizing culture (i.e., people of color should assimilate to mainstream United States culture), and assumption of criminality (i.e., people of color are more likely to be criminals than Caucasians; Sue, 2010). Within the domain of microinvalidations, there are also four themes – alien in one's own land (i.e., people of color do not belong in America), color-blindness (i.e., denying individual ethnic minority culture), myth of meritocracy (i.e., people of color should not be afforded benefits in life), and denial of racism (i.e., rejecting the idea that one has racist thoughts or values; Sue, 2010).

Despite the different types of racial microaggressions, one commonality of most racial microaggressions includes their subtle nature. Due to the subtle nature of racial microaggressions, there are a number of potential consequences that may arise on behalf of the individual who communicated a microaggression and the victim. Individuals who express a microaggression against a person of color may not be aware that they are expressing insulting communications (Sue, 2010). For example, an individual might tell a friend who is a person of color "I do not see color when I interact with you" (Sue, 2010). This particular microaggression is one that is most often communicated and is complex in meaning. According to Sue (2010), the purpose of this statement is to tell a person of color to leave race outside of any interaction, as well as a hidden

message that people of color should simply assimilate to United States mainstream culture. Additionally, there may be added confusion placed on the victim of a microaggression, as they must determine what course of action to take in the face of a racial microaggression. First, an individual may spend time ruminating about whether they experienced a microaggression or not. Next, an individual may be reluctant to respond to a microaggression due to indecisiveness about how to proceed. In thinking through ways to respond to a microaggression, an individual may have lost the opportunity to respond if the message was quickly communicated within a larger social interaction. An individual may also question whether the microaggression was intended to happen on behalf of the perpetrator. For example, a person of color may think that because they have known a person for an extended period of time, that person is not racist (Sue, 2010). When thinking through the potential process of how to respond, a person of color may also think about how responding to a microaggression will not have any beneficial result. Lastly, an individual may be reluctant to respond to a microaggression due to potential consequences of taking action.

According to Sue and colleagues (2007), there is a need to better understand the impact that microaggressions have on people of color. It has been suggested that experiencing microaggressions can interfere with cognitive processes, behavioral responses (e.g., anger, fatigue), as well as physical and mental health (Sue, 2010). One of the first research studies to examine microaggressions conducted focus groups with African American students regarding interactions they had in classrooms and in public areas of the university campus (Solórzano, Ceja, & Yosso, 2000). In this study, focus group participants reported feeling frustrated, isolated, exhausted, and experiencing difficulties in their academic work as a result of these everyday discriminatory experiences. Additionally, a number of recent studies have demonstrated a relationship between racial microaggressions and negative mental health outcomes, including, but not limited to, depression symptoms, somatic symptoms, perceived stress, negative mood,

decreased self-esteem, substance use, and externalizing/internalizing emotions (Blume et al., 2012; Fryberg et al., 2008; Huynh, 2012; Ong et al., 2013; Torres et al., 2010).

Huynh (2012) conducted a study investigating the relationship between microaggressions, depression symptoms, and somatic symptoms in 360 Latino/a and Asian adolescents. The Latino/a adolescents reported experiencing specific types of microaggressions more frequently than their Asian adolescent counterparts. However, there were no differences in the reactivity of either ethnic group in response to microaggressions. Results showed a significant association between microaggressions and depression symptoms, as well as microaggressions and somatic symptoms. Additionally, after controlling for the adolescents' reactivity to microaggressions, it was found that microaggressions predicted increased depression and somatic symptoms. Further analyses revealed that state anger mediated the relationship between two types of microaggressions (i.e., negative treatment and denial of racial reality) and depression and somatic symptoms. Similarly, perceived stress mediated the relationship between one of the microaggressions subscales (i.e., negative treatment) and depression and somatic symptoms.

Another study investigated the relationship between everyday discriminatory experiences and alcohol use and anxiety (Blume et al., 2012). Further, this study compared the frequency of microaggression experiences between students of color and Caucasian students. Participants included 506 Caucasian, 100 African American, 37 Asian American, 6 American Indian, and 35 Hispanic/Latino/a students attending a historically White institution. Results showed that students of color experienced nearly 300 microaggressions in the previous 90 days. Additionally, students of color experienced more microaggressions than their Caucasian peers in the past 3 months. All participants completed the same measure of microaggressions and estimated the number of times a particular microaggression happened to them during the specified time period. Additionally, results revealed that for the students of color, past month racial microaggression experiences significantly predicted anxiety scores, as well as engaging in recent binge drinking.



In a mixed-methods study, microaggressions and resultant mental health consequences were investigated among a group of African Americans who were current graduate students or previously obtained a doctoral degree (Torres et al., 2010). The qualitative portion of the study included 97 African Americans who were inquired about obstacles they had to overcome in achieving their doctoral degree. The participants were given the opportunity to write their response to this question, which varied from a few words to many sentences. Qualitative results showed a number of themes relating to ethnicity-related obstacles (i.e., microaggressions) that emerged. The first theme related to the African American participants' experiences of being treated as an assumed criminal or second-class citizen ("assumptions of criminality or being treated like a second-class citizen"). The second theme related to negative stereotypes they encountered surrounding their ability to achieve in academia ("underestimation of personal ability"). Lastly, the third theme related to the African American participants feeling isolated due to their racial background ("cultural/racial isolation"). The quantitative aspect of the study was longitudinal in nature, with time points separated by 1 year. Participants included 107 African American doctoral graduates students or those who recently earned their doctoral degree. The participants completed questionnaires, including, but not limited to, microaggressions, perceived stress, and depression symptoms. A mediation analysis revealed that at time 1, underestimation of personal ability (i.e., a subscale of the microaggressions measure) significantly predicted perceived stress one-year later, and perceived stress significantly predicted increased depression symptoms. This study, with its strong longitudinal methodology, provides empirical support for the notion that microaggressions may have a direct impact on mental health outcomes.

In another study, 11 focus groups consisting of 81 students of color at a predominately White institution reported their microaggression experiences when living in dormitories (Harwood, Huntt, Mendenhall, & Lewis, 2012). The participants included mostly undergraduate students who self-identified as African American, Asian American, Latino/a, and Native

American. Every student of color who participated reported the belief that racism exists within the United States. When participating in the focus groups, participants reported both personal microaggression experiences, as well as microaggressions related to their environment (i.e., living in the dormitory at a predominately White institution). Results yielded four themes – racial jokes or comments made by peers, ethnic slurs written in the dormitories, segregation of dormitory halls portrayed as being predominately White, and dormitory staff rejecting or minimizing racism experienced by students of color. In enduring these individualized, as well as environmental microaggressions, the students of color at this predominately White institution experienced negative effects, including feeling thwarted in their belonging to their university community (Harwood et al., 2012).

In one study of 152 Asian American participants, 78% of the sample reported experiencing at least one microaggression within the past two weeks (Ong et al., 2013). In the same study, results showed a significant positive association between microaggressions and somatic symptoms, as well as microaggressions and negative mood. Further, encountering microaggressions was significantly related to next-day somatic symptoms and negative mood. In a separate study investigating the microaggression experiences of Asian Americans, participants were told to imagine that they were in a variety of hypothetical situations (e.g., a person does not sit next to you on a bus when there are two open seats; Wang, Leu, & Shoda, 2011). Participants first responded in an open-ended format as to why they believe the situation would happen to them. Thereafter, they rated the probability that these hypothetical situations occurred due to their ethnicity, gender, age, body size, or social status. Lastly, participants reported how they would feel in that situation by providing ratings to a number of externalizing and internalizing emotions. Results showed that even after controlling for all other situational attributions (i.e., gender, age, body size, social status), when the participants attributed the situation as occurring due to their ethnicity, there was a significant relationship between these ethnicity-related appraisals and

anger, frustration, scorn, anxiety, sadness, shame, confusion, and disappointment (Wang et al., 2011).

As previously mentioned, microaggressions can occur in the absence of interpersonal exchanges and instead may be communicated through environmental cues. For example, sports team mascots that portray an ethnic minority group can be conceptualized as a racial microaggression (Sue, 2010). One group that has continually experienced stereotypes through sports mascots and the media includes American Indians/Alaska Natives. In one study, Fryberg and colleagues (2008) investigated the psychological consequences of American Indian mascots and portrayals in the media on American Indian high school students. The American Indian mascots and portrayals utilized in the study included images of Chief Wahoo, Pocahontas, as well as text describing negative stereotypes about American Indians (e.g., alcoholism, teen pregnancy). Results showed a significant relationship between exposure to these negative stereotypical images/text and decreased state self-esteem at the time of data collection and how the American Indian high school student participants viewed the worth of their community.

In sum, racial microaggressions represent a form of contemporary, everyday experiences of discrimination (Sue, 2010). It is important to investigate how racial microaggressions impact health outcomes for people of color. Past research has linked microaggressions with symptoms of depression or anxiety, somatic symptoms, substance use, internal or external emotions, lower self-esteem, and perceived stress (Blume et al., 2012; Fryberg et al., 2008; Huynh, 2012; Ong et al., 2013; Torres et al., 2010). This line of research is continuing to accumulate by way of empirical research studies with quantitative methodologies. However, further work is needed to better understand the relationship between racial microaggressions and negative mental health indicators, including hopelessness.

## Hopelessness

The learned helplessness hypothesis (Maier & Seligman, 1976; Seligman, 1975) posited that when individuals (and animals) repeatedly encounter uncontrollable situations, it leads them to learn that outcomes are outside of their control, and this may lead to feelings of being helpless and may result in depression. Abramson, Seligman, and Teasdale (1978) provided specificities that distinguish helplessness based on time and place. “Global” is the term used to conceptualize when an individual feels helpless in a number of varied situations and contexts. When an individual feels helpless only in a small number of certain situations, it is called “specific”. Additionally, helplessness can be chronic (i.e., occurring over a long period of time) or transient (i.e., experienced over shorter period of time or does not continually occur). Helplessness can also be attributed to stable or unstable causes. When an individual approaches a situation and attributes helplessness due to internal, stable, or global causes, the future will look hopeless (Abramson et al., 1978). According to Abramson et al. (1978), individuals most vulnerable to depression are those who frequently blame failure on internal, stable, and global facets. The importance of hopelessness as a contributing factor to depression was also outlined in Beck’s cognitive model of depression (1967). According to this model, depression is characterized by three components – a negative view of self, a negative view of one’s surrounding world, and negative expectations of the future (i.e., hopelessness). According to Beck, Riskind, Brown, and Steer (1988), hopelessness is a particularly important construct that influences cognitions of individuals with depression.

Eleven years after a reformulation of the learned helplessness theory and its implications for the helplessness model of depression, Abramson and colleagues (1989) provided additional revisions. This new theoretical framework and model of depression was subsequently called the hopelessness theory (and model) of depression. Abramson et al. (1989) noted that this subtype of depression was similar in scope to cognitive theories of depression (e.g., Beck’s Cognitive

Theory of Depression; see Beck, 1987). Hopelessness was defined as having negative expectations of an important outcome and expecting to be helpless when attempting to change the course of a desired outcome (Abramson et al., 1989). There are also two types of hopelessness depression, generalized or circumscribed pessimism. Individuals in the generalized hopelessness group meet the criteria provided in the previous definition across many different situations and contexts. Alternatively, the circumscribed pessimism type of hopelessness depression means that the definitional criteria of hopelessness depression are experienced in a restricted domain.

According to the hopelessness theory, there are a number of proximal and distal factors that contribute to the development of hopelessness depression. All of these factors contribute to the vulnerability of hopelessness depression; however, they do not necessarily need to be present in order for hopelessness depression to develop. One proximal cause of hopelessness depression is the real or imagined occurrence of negative life experiences. However, negative life experiences can be attributed in varying ways and it is this attributional style that differentiates those who develop hopelessness and hopelessness depression symptoms versus those who do not. Individuals who attribute negative life events as being important, as well as stable and global in their lives are vulnerable to develop generalized hopelessness and resultant symptoms of hopelessness depression. In contrast, those who view negative life events as insignificant, unstable, and specific do not share this same vulnerability to hopelessness and hopelessness depression. An additional proximal causal factor of developing hopelessness and hopelessness depression includes undesirable consequences, which moderates the relationship between negative life events and hopelessness depression symptoms (Abramson et al., 1989). Similarly, when undesirable consequences are seen as important, stable, and global, individuals are at an increased risk of developing hopelessness. Another proximal cause of hopelessness and hopelessness depression includes when an individual has a negative view of himself/herself that is stable and will prevent him/her from obtaining desirable outcomes. Abramson and colleagues

(1989) also discussed cognitive style as a distal causal risk factor for hopelessness depression. Much of the discussion on cognitive style as a vulnerability to hopelessness and hopelessness depression involves attribution of negative life experiences as stable, global, and important. In accordance with a diathesis-stress model, this style of attribution (i.e., predisposition/diathesis) can combine with a negative life experience or minor chronic stressors (i.e., stress) to produce hopelessness or hopelessness depression. However, if negative life experiences are absent, then hopelessness or hopelessness depression will not manifest.

Abramson et al.'s (1989) conceptualization of hopelessness depression also included symptoms that characterize this disorder. Among these symptoms were sadness/negative affect, suicidal ideation and/or suicide attempts, low energy, psychomotor retardation, difficulty concentration, difficulties with sleep, and an attitude characterized by indifference. As previously stated, there are two subtypes of hopelessness depression and they also differ in symptomatic presentation. Individuals who have general hopelessness depression will experience more symptoms or higher severity of symptoms, while those who have circumscribed pessimism hopelessness depression will have fewer symptoms or less severe symptoms. Empirical research has provided support that there is a subtype of hopelessness depression that is distinct from related symptoms of depression (Joiner et al., 2001).

Early on, a criticism of assessing hopelessness was that this construct is vague and not well-defined. Despite this criticism, Beck, Weissman, Lester, and Trexler (1974) developed the Hopelessness Scale to objectively measure symptoms of hopelessness. The Hopelessness Scale (Beck et al., 1974) measures one's negative expectations. Factor analyses of this scale yielded three different scales: affect, motivation, and cognition (Beck et al., 1974). Internal consistency, concurrent validity, and construct validity were all demonstrated to be good with this measure.

An understanding of hopelessness has implications for mental health, as hopelessness has been shown to be related to symptoms of depression and suicide-related outcomes. A number of empirical studies have demonstrated a relationship between hopelessness scores and depression (Alloy & Clements, 1998; Beck et al., 1975; Beck et al., 1976; Joiner et al., 2005; Metalsky & Joiner, 1992; Rudd et al., 1996). Additionally, research has shown a relationship between hopelessness and suicide-related outcomes (Abramson et al., 1998; Beck et al., 1975; Beck et al., 1976; Beck et al., 1993; Rudd et al., 1996; Wetzel, 1976).

### **Hopelessness, Race/Ethnicity, and/or Prejudice and Discrimination**

To the author's knowledge, relatively few studies have examined hopelessness comparatively across ethnic minority groups. In one study, results showed no significant differences in levels of hopelessness experienced by Caucasians, Asian Americans, Hispanic Americans, and African Americans (Hirsch, Visser, Chang, & Jeglic, 2012). In the same study, hopelessness significantly moderated the relationship between depression symptoms and suicidal ideation for the African American participants and separately for the Caucasian participants; however, this moderation did not hold for Hispanic Americans and Asian Americans. This result suggests that hopelessness in relation to negative mental health outcomes may function differently for different racial or ethnic groups. In a similar study, hopelessness was investigated as a potential risk factor for suicide attempts for African Americans and Caucasians (Durant et al., 2006). Results showed there was not a significant difference in feelings of hopelessness when comparing the African Americans and Caucasians who had a near lethal suicide attempt in a specified time period. However, there was a significant difference in hopelessness for control participants (i.e., no suicide attempts), with Caucasians having higher levels of hopelessness than African American control participants. There was a marginally significant difference when Durant and colleagues (2006) investigated an interaction between race and hopelessness in predicting suicide attempts – African American participants who were high in hopelessness were

at higher risk for a suicide attempt than Caucasian participants with high hopelessness. Overall these two studies (Durant et al., 2006; Hirsch et al., 2012) provide mixed support that hopelessness differs by race or ethnicity; however, the results point to the importance of continuing to investigate these differences, as hopelessness is related to negative mental health outcomes.

Even fewer studies have investigated relationships related to cultural stress or perceived discrimination and hopelessness for people of color. One study examined the relationship between perceived discrimination and psychological distress among a national sample of 3,032 participants (Kessler, Mickelson, & Williams, 1999). The sample included 2,485 Caucasians, 339 African Americans/Blacks, and 141 participants categorized as Other. Nine questions were asked of all participants relating to daily discrimination experienced in the past month (e.g., “people act as if you are inferior”). Analyses revealed that nearly half of the Caucasian participants reported never experiencing daily discrimination in the past month and this was significantly different from African American/Black participants and participants categorized as Other. Similarly, only 3.4% of Caucasian participants reported experiencing daily discrimination often in the past month and this percentage of participants was significantly less than African American/Black participants (24.8%) and Other ethnicity participants (17.4%). To measure psychological distress, the researchers asked participants the frequency of feeling nervous, restless, fidgety, hopeless, worthless, anhedonia, and thinking everything required effort in the past month. Results showed a significant relationship between experiencing daily discrimination in the past month and psychological distress for all participants. However, when examining differences between the different groups, results revealed that there was a significant relationship between daily discrimination and psychological distress for Caucasians, but this was not true for African Americans/Blacks and participants categorized as Other. In their discussion of the results, Kessler



and colleagues (1999) state that their measure of general discrimination did not inquire about discrimination related to race and ethnicity, and this may be one reason for the surprising results.

In a recent longitudinal study of 143 culturally diverse adults (34% Asian; 29% White, 17% Latino, 11% Black, 8% Other), acculturative stress and perceived discrimination were examined to better understand potential relationships with hopelessness, symptoms of depression, and suicidal ideation (Polanco-Roman & Miranda, 2013). There was a significant positive correlation between baseline acculturative stress and levels of hopelessness at follow-up, meaning more acculturative stress at time 1 was associated with higher levels of hopelessness at 2-3 year follow-up. Also, results showed a significant correlation between baseline perceived discrimination and hopelessness at follow-up, as well as baseline perceived discrimination and depression symptoms at follow-up. Therefore, experiencing perceived discrimination is associated with experiencing higher levels of hopelessness and more depression symptoms at 2-3 year follow-up. Additionally, hopelessness significantly mediated the relationship between baseline acculturative stress and suicidal ideation at follow-up. Results further showed that hopelessness significantly provided an indirect relationship between perceived discrimination and depression symptoms (Polanco-Roman & Miranda, 2013). Thus, perceived discrimination was related to depression symptoms through hopelessness. Overall, this study demonstrates how culturally-related variables, such as perceived discrimination, may be important to consider when investigating hopelessness and resultant depression symptoms. Polanco-Roman and Miranda (2013) found that perceived discrimination, a closely-related concept to racial microaggressions, was significantly related to hopelessness among a diverse group of adults.

### **Stigma Consciousness**

Elizabeth Pinel (2002) posited that difficulties are inherent when individuals have distrustful expectancies when interacting with others from an outgroup. These difficulties in

interpersonal interactions may cause tension that prevents ingroup and outgroup members from living among each other peacefully. As a result of difficult interactions, an individual may act defensively in a world filled with prejudice and discrimination (Pinel, 2002). One construct that may help in differentiating expectations about a prejudiced world is stigma consciousness. Stigma consciousness is defined as the degree to which an individual anticipates they will be stereotyped (Pinel, 1999). As the name implies, this construct revolves around how conscious an individual is that they will be stereotyped, and this differs from person to person. Essentially, stigma consciousness is a way to measure individual differences in expectations of being a victim to stereotyping (Pinel, 2004). These individual differences may be attributed to internal dispositional differences or to the situation at hand (Pinel, 2004).

If an individual has high levels of stigma consciousness, they have a higher expectation that others will stereotype him/her. This notion may seem conceptually similar to stereotype threat (Steele, 1997; Steele & Aronson, 1995). However, there is a difference between stigma consciousness and stereotype threat regarding behavior. According to stereotype threat theory, an individual is fearful of the stereotype in question becoming true and likely effects his/her behavior (Steele, 1997; Steele & Aronson, 1995). Unlike stereotype threat, stigma consciousness does not influence behavior in relation to potential stereotyping, it is simply an expectation (Pinel, 1999). Pinel (1999) acknowledged that stereotype threat and stigma consciousness may be related; however, the differentiating feature between the two theories is the component regarding resultant behavior. Additionally, stigma consciousness does not solely occur when an individual feels closely connected to their ingroup. According to Pinel (1999), this differentiates stigma consciousness from other theories, including group identity (Gurin, Miller, & Gurin, 1980; Gurin & Townsend, 1986). Group identity is concerned with how individuals perceive themselves as similar to their ingroup (Gurin et al., 1980; Gurin & Townsend, 1986). However, stigma consciousness is concerned with the individual's expectations of being stereotyped based on

ingroup status, regardless of how similar or connected he/she is to the ingroup (Pinel, 1999). Similarly, the definition of stigma consciousness does not require that an individual is discontented with his/her ingroup's status in society. Finally, an individual who experiences high stigma consciousness may not ascribe his/her group's stereotypes to himself/herself. An example of stigma consciousness provided by Pinel (1999) assisted in visualizing how this construct plays out in the context of gender minorities with an example of a female presenting at a colloquium presentation and expecting to be stereotyped based on her gender. This same vignette is modified here to represent an example of stigma consciousness based on ethnic minority membership. If an African American academic is giving a colloquium presentation and expects that she will be viewed only on the basis of her race (i.e., she is highly stigma conscious), she will experience distracting thoughts that the non-African American audience members are focusing on her race instead of her presentation. On the other hand, an African American female in the same situation who does not have these expectations of her race influencing the audience's attention will not have race-related bothersome thoughts and will be able to present without such distraction.

Empirical research investigating stigma consciousness is accumulating. Pinel (1999) validated the 10-item Stigma Consciousness Questionnaire (SCQ) for women. In this validation study with 86 female participants, results revealed that higher levels of stigma consciousness were positively correlated to feeling self-conscious in public. Additionally, the SCQ was positively associated with measures of perceived discrimination at both the personal and group level. The SCQ was also validated for use with lesbians and gay men (Pinel, 1999). Lastly, the same 10-item scale was adapted for use with African American, Asian American, and Hispanic participants with the specific item wording changed to align with the participants' ethnic group. In this study, results showed significant positive correlations between stigma consciousness and perceived discrimination at the personal and group level for African American, Asian American, and Hispanic participants (Pinel, 1999).

In a similar study, it was hypothesized that groups who would presumably experience more prejudice and discrimination (i.e., African Americans, females, and gay men) would have higher levels of stigma consciousness than groups who have less exposure to prejudice and discrimination (e.g., Caucasians, males, and lesbians; Pinel, 1999). Results of this study showed that gay men exhibited higher levels of stigma consciousness than lesbians, African Americans scored higher on stigma consciousness than Caucasians; however, males scored higher in stigma consciousness than females. Within the same study, Pinel (1999) investigated whether those who are highly stigma conscious would avoid tasks that may subject them to prejudice or discrimination. A group of 81 females participated in the study in which they were first assigned to be low or high in stigma consciousness via scores on the SCQ. Next, the participants played a jeopardy game and were randomly assigned to play against a male or female confederate and were given a number of questionnaires inquiring about their interest in each of the jeopardy topics, their level of concern about being judged by their competitor, and their perception of how well they would perform on the different topic areas. Half of the topic areas were deemed as those that men would outperform women at (e.g., car names) and half were neutral topics (e.g., non-fiction). Results showed that when female participants knew they were competing against a male confederate, they showed a significant preference for the neutral jeopardy topics when compared to playing against a female confederate. Additionally, highly stigma conscious female participants reported that they would perform better when given neutral topics when they were competing against a male compared to when they were competing against a female. A mediation analysis revealed that female participants high in stigma consciousness predicted that they would perform poorly on stereotypically male jeopardy topics when they were playing against a male compared to when they were playing against a female competitor. Overall, these initial studies on stigma consciousness provide support that minority groups may experience this construct differently, that the SCQ is a valid measure, and that individuals high in stigma consciousness may avoid situations that have the potential to subject them to prejudice or discrimination.

As previously stated, experiencing stigma consciousness may be due to disposition or situation. These various attributions have been demonstrated in one study of 64 females low in trait stigma consciousness and 70 females high in trait stigma consciousness (Pinel, 2004). All participants were randomly assigned to either a high state stigma consciousness condition or control condition. In the first portion of the experiment, the participants in the high state stigma consciousness condition read a number of examples of stereotyped or discriminatory acts against women and were asked if they had ever seen that example in the real world. Following this, participants completed the SCQ for women (Pinel, 1999). In the control condition, the same procedure was undertaken; however, the examples pertained to being a college student and participants completed a version of the SCQ that asked about expectancies of stereotypes regarding being a college student. A second control condition was created in which participants did not complete the activity of hearing about examples of stereotyping or discrimination and went on to the second part of the experiment. Since there were no differences between the two control groups on the dependent variables, they were collapsed into one control group. In the second part of the experiment, all participants were told they were going to be an interviewee and a male confederate was the interviewer. They were given a variety of hypothetical situations and told that the interviewer would be evaluating their responses based on their ability to make decisions, cope in difficult scenarios, and general competence. All participants read the interviewer's feedback, which was rated as negative by females high and low in stigma consciousness in a prior experiment. Lastly, all female participants were asked questions inquiring about whether they felt their evaluation by the interviewer was due to their interview responses and the interviewer having knowledge that they were female, as well as items measuring social and performance self-esteem and general beliefs that males have biased views of females. Results showed that females low in trait stigma consciousness (i.e., the control group) were significantly less likely to attribute the interviewer's feedback to discrimination than the other groups. Second, attributing the feedback to discrimination was significantly associated with

general beliefs that males are biased towards females. Third, results showed that general beliefs about males being biased against females partially mediated attributions to discrimination. Additionally, there was a significant interaction between trait stigma consciousness and state stigma consciousness (i.e., the experimental manipulation of inducing high stigma consciousness). This interaction suggested that the control condition participants showed higher levels of self-esteem related to the task performance, but only if they were low in trait stigma consciousness. In the stigma consciousness-induced state condition, high and low stigma conscious participants' self-esteem related to performance was low, with no difference between these two groups. Overall, the results of this study provided important contributions to the stigma consciousness literature, as they reveal further information related to stigma consciousness experienced in specific situations (i.e., state) and dispositional stigma consciousness (i.e., trait; Pinel, 2004).

In another study, Pinel (2002) investigated negative interpersonal consequences that stigma consciousness may lead to by investigating male-female interactions when participants were given information about their partner holding sexist beliefs. Participants included 26 male-female dyads with females who scored low in stigma consciousness, as well as 30 male-female dyads that included females who scored high in stigma consciousness. All female participants were randomly assigned to receive information that the male they would work with was sexist, non-sexist, or a control condition in which attitudes about women were not provided. Contrary to the female participants' knowledge, all male participants who held moderate views about females were included in the study; males who held extreme views of women were excluded from the study. The female participants received packets about their male partner, including scores indicating that they were sexist or non-sexist. Participants were then informed that they would be reviewing applications for two different candidates, one female and one male. Following the application review, participants were told to write in favor of one of the candidates, provide a

rating for their partner's writing (i.e., quality and agreement with partner), provide a rating for the candidate, and then choose the winning candidate. Female participants were always given the female candidate to write about and rate, while male participants were always given the male candidate to write about. Finally, female participants read the ratings the male participant gave them and then rated how compatible they believed they were when working with the male partner in these tasks. Results showed that females who scored high in stigma consciousness and received information that their male partner was sexist rated this male partner negatively compared to females in the non-sexist or control conditions. Further, females high in stigma consciousness in the sexist partner condition believed they were less compatible with their male partner. Overall, this study suggests that women who expect to be stereotyped or discriminated against (i.e., high in stigma consciousness) may experience negative interpersonal interactions as a result of their outgroup expectancies.

A few studies have also demonstrated the potential negative impact of being highly stigma conscious on performance of academic-related tasks. Brown and Lee (2005) conducted a study comparing the grade point average of stigmatized students versus non-stigmatized undergraduate students. The stigmatized group included African American and Hispanic students, while the non-stigmatized group included Caucasian and Asian American students. Results showed that when the stigmatized group scored high on stigma consciousness, they had significantly lower grade point averages compared to the non-stigmatized group. This statistically significant group difference in grade point average was not present when stigma consciousness was low (Brown & Lee, 2005). In a laboratory experiment, the influence of stigma consciousness was examined in relation to gender stereotypes and math performance for women (Brown & Pinel, 2003). Participants included 49 women currently enrolled in college who scored high or low in stigma consciousness, as well as qualified to be in the study based on a cut-off score of a questionnaire that measured importance of math. The highly stigma conscious group of women

were told that the purpose of the study was to investigate why males and females perform differently on standardized math exams (gender stereotype condition); the low stigma conscious group was told that the study was investigating variables that predict math performance (control condition). Results showed that highly stigma conscious women who were in the gender stereotype condition performed significantly worse on the math exam than women with lower levels of stigma consciousness.

Another study demonstrated the negative consequences associated with being highly stigma conscious among Asian Americans when interacting with Caucasian versus ethnic minority roommates (Son & Shelton, 2011). In general, Asian Americans are typically given “positive” stereotypes that they are intelligent; however, this does not preclude the potential for negative consequences of being stereotyped in this manner. Forty-seven Asian American undergraduate students living in dormitories completed a daily diary study about their experiences with a Caucasian roommate or ethnic minority roommate. Each day, the participants completed a series of questionnaires inquiring about stigma consciousness, whether they were concerned about being stereotyped as intelligent, symptoms of anxiety, whether they desired a different roommate, and whether they felt they needed to change themselves to live with their roommate. Results showed that for the Asian American students who had a Caucasian roommate, stigma consciousness was significantly related to concerns about being stereotyped as intelligent, feelings of anxiety, a desire to live with a different roommate, and feeling as if they needed to change themselves to live with their current roommate. In contrast, these significant relationships were not found for Asian American students living with a roommate who was an ethnic minority (Son & Shelton, 2011). Interestingly, this study suggested that expectancies regarding being stereotyped in a way that is seen as “positive” in nature can also have negative consequences for Asian Americans. In a similar study, stigma consciousness was examined in a sample of 78 biracial participants through a daily diary study (Wilton et al., 2013). For biracial individuals,



results revealed a significant relationship between high stigma consciousness and low levels of belongingness when in the presence of Caucasians. Additionally, regardless of expectancies of being stereotyped, when biracial people were in the presence of people of color, they felt that their ethnic minority identity was less threatened (Wilton et al., 2013).

### **Current Study**

Research on the contemporary form of racism termed racial microaggressions is beginning to accumulate; however, further work is warranted to better understand this phenomenon. The majority of past research has utilized qualitative methodologies. Although this is beneficial in gaining rich information regarding an understanding of racial microaggressions and health outcomes with smaller groups of participants, quantitative research with larger sample sizes is also needed to better understand this relationship (Nadal, 2011). Past research has empirically examined the relationship between racial microaggressions and various outcomes including depression symptoms, somatic symptoms, perceived stress, negative affect, lowered self-esteem, substance use, and externalizing/internalizing emotions for adolescents or adults of color (Blume et al., 2012; Fryberg et al., 2008; Huynh, 2012; Ong et al., 2013; Torres et al., 2010).

It is clear that experiencing racial microaggressions is related to negative outcomes, including mental health correlates (Sue, 2010). Sue (2010) theorized that experiencing racial microaggressions may be related to hopelessness; however, there has been no empirical evidence demonstrating this hypothesized link. Additionally, racial microaggressions have been related to experiencing negative affect, sadness, or symptoms of depression (Huynh, 2012; Ong et al., 2013; Torres et al., 2010; Wang et al., 2011). Given that microaggressions have been related to negative outcomes and Sue (2010) theorized that microaggressions are related to hopelessness, it is logical to investigate whether empirical research demonstrates such a relationship.

When investigating the relationship between racial microaggressions and hopelessness, it is important to account for individual differences that may be involved. One avenue to investigate individual differences in stereotyping is through examining stigma consciousness. It has been demonstrated that stigma consciousness is significantly positively correlated with perceived discrimination at the personal and group level for African Americans, Asian Americans, and Hispanic participants (Pinel, 1999). Individuals who have high levels of stigma consciousness tend to believe that outgroup members are evaluating them based on stereotypes about their social group (Brown & Pinel, 2003). If a person of color approaches each day in a vigilant manner and expects to be stereotyped (i.e., high levels of stigma consciousness), it is likely that they will recognize more racial microaggressions occurring in his/her daily life. In turn, these individuals may experience more feelings of hopelessness. Someone low in stigma consciousness tends to not give attention to stereotypes (Brown & Pinel, 2003). Thus, a person of color who does not have any expectations of being stereotyped (i.e., low levels of stigma consciousness) will likely not recognize racial microaggressions and may feel less hopeless.

It is important to understand the potential relationship between racial microaggression and hopelessness, as hopelessness can lead to negative mental health outcomes. Additionally, it is important to examine individual differences that may influence the relationship between racial microaggressions and hopelessness. Based on past research demonstrating a link between experiencing racial microaggressions and negative outcomes, it is likely that microaggressions are similarly related to hopelessness. The present dissertation has two aims: (1) to investigate the relationship between racial microaggression and hopelessness for students of color; and (2) investigate stigma consciousness as a moderator of the relationship between racial microaggressions and hopelessness for students of color. It is hypothesized that there will be a significant positive relationship between racial microaggression and hopelessness. Additionally, it is hypothesized that stigma consciousness will moderate the relationship between racial

microaggressions and hopelessness, such that higher stigma consciousness would strengthen the positive relationship between racial microaggressions and feelings of hopelessness.

## CHAPTER III

### METHODOLOGY

#### **Participants**

Participants included 183 students of color ages 18 to 57 ( $M = 19.92$ ;  $SD = 3.39$ ) from a large Midwestern, predominately Caucasian university. There were 52 African American/Black participants, 39 Hispanic/Latino(a), 48 Native American, 20 Asian/Asian American, 18 Biracial, and 6 participants who self-identified as Other. All Native American participants self-reported their tribal affiliation and there were 13 different tribes represented. To protect participant and tribal anonymity, the specific tribes represented will not be reported (Norton & Manson, 1996). Participants included 119 women (64.70%) and 65 men (35.30%).

#### **Measures**

**The Racial Microaggressions Scale.** The Racial Microaggressions Scale (RMAS; Torres-Harding, Andrade, & Romero Diaz, 2012) is a 32-item self-report measure that assesses the frequency and negative impact of experiencing racial microaggressions. There are two components to each item on the RMAS. The first component asked participants how frequently a particular racial microaggression has happened to them on a 4-point Likert type scale ranging from 0 (*never*) to 3 (*often/frequently*). The second component asked participants how upsetting

or stressful that particular microaggression was on a 4-point Likert type scale ranging from 0 (*not at all*) to 3 (*high level*). There are six subscales – Environmental Invalidations (i.e., absence of individuals with same ethnic background in certain contexts), Foreigner/Not Belonging (i.e., being treated as a foreigner in the United States), Sexualization (i.e., being treated in an exoticized/sexualized way due to ethnicity), Low-Achieving/Undesirable Culture (i.e., the myth of meritocracy, expecting ethnic minority members to assimilate to mainstream culture, and negative views towards ethnic minority culture), Criminality (i.e., assuming an ethnic minority individual engages in deviant or criminal behaviors), and Invisibility (i.e., ethnic minority members being ignored, treated as if invisible and dismissed). In the current study, only the first component assessing frequency of racial microaggressions was utilized, which is consistent with the validation study conducted by Torres-Harding and colleagues (2012). The six subscales were combined to yield a score assessing overall frequency of different types of microaggressions relating to race or ethnicity. In a previous sample of 377 African American/Black, Latino, Asian American/South Asian/Middle Eastern, and Multiracial participants, internal consistency was acceptable or good for all subscales: Environmental Invalidations ( $\alpha = .81$ ), Foreigner/Not Belonging ( $\alpha = .78$ ), Sexualization ( $\alpha = .83$ ), Low-Achieving/Undesirable Culture ( $\alpha = .87$ ), Criminality ( $\alpha = .85$ ), and Invisibility ( $\alpha = .89$ ; Torres-Harding et al., 2012). In the same study, the RMAS was shown to have good construct and convergent validity. Internal consistency in the present study was adequate to good for Environmental Invalidations ( $\alpha = .79$ ), Foreigner/Not Belonging ( $\alpha = .83$ ), Sexualization ( $\alpha = .86$ ), Low-Achieving/Undesirable Culture ( $\alpha = .85$ ), Criminality ( $\alpha = .89$ ), and Invisibility ( $\alpha = .88$ ). The internal consistency of the total microaggressions score in the present study was good ( $\alpha = .94$ ).

**Stigma Consciousness Questionnaire.** The Stigma Consciousness Questionnaire (SCQ; Pinel 1999) is a 10-item measure that inquires about one's level of anticipation of being stereotyped by an outgroup. The SCQ has been utilized with various groups, including women

and lesbian, gay, bisexual, and transgender individuals and has been shown to be a valid instrument as evidenced by five studies (Pinel, 1999). The measure is used with these different groups by changing the wording of the items to describe the ingroup and outgroup in question. An example item includes, “When interacting with Whites, I feel like they interpret all my behaviors in terms of the fact that I am a racial minority.” Responses on the SCQ are based on a 7-point Likert type scale ranging from 0 (*strongly disagree*) to 6 (*strongly agree*), with higher scores indicating higher levels of stigma consciousness. Seven SCQ items are reverse coded. In one study of Asian Americans, African Americans/Blacks, Hispanics, and Caucasians, internal consistency for the SCQ was adequate ( $\alpha = .79$ ; Brown & Lee, 2005). Internal consistency in the present study was good ( $\alpha = .85$ ).

**Beck Hopelessness Scale.** The Beck Hopelessness Scale (BHS; Beck et al., 1974) is a 20-item self-report measure that assesses negative expectations of the future. Each item is scored as true or false and higher scores indicate higher levels of hopelessness; nine items are reverse scored. Beck and colleagues (1974) demonstrated high validity in a clinical sample. In a recent study with Asian American, Caucasian, Latino, African American/Black participants, internal consistency for the BHS was excellent ( $\alpha = .91$ ; Polanco-Roman & Miranda, 2013). Internal consistency in the present study was adequate ( $\alpha = .74$ ).

**Demographics Questionnaire.** Demographic information was collected from participants, including age, sex, ethnicity, and tribal affiliation for participants who self-identified as Native American.

## **Procedure**

Participants who self-identified as African American/Black, Hispanic/Latino/a, Asian/Asian American, Native American, Biracial, or Other on the online SONA prescreener were eligible to participate. Those who met the eligibility criteria took an online survey via

Qualtrics, which included an informed consent, battery of measures, debriefing information, and a list of referral sites for local and national psychological services or helplines. The first three questionnaires that composed the battery of measures (i.e., RMAS, SCQ, BHS) were presented randomly for each participant. The Demographics Questionnaire was presented last to all participants in order to prevent questions regarding race/ethnicity influencing their responses on the other questionnaires.

## CHAPTER IV

### FINDINGS

Means, standard deviations, and correlation coefficients of racial microaggressions, stigma consciousness, and hopelessness are provided in Table 1. Zero-order correlations demonstrated that racial microaggressions were significantly positively correlated with stigma consciousness ( $r = .48, p < .01$ ) and hopelessness ( $r = .23, p < .01$ ). In addition, stigma consciousness was significantly positively correlated with hopelessness ( $r = .15, p < .05$ ).

To test the hypothesis that stigma consciousness would moderate the relationship between racial microaggressions and hopelessness, a regression analysis was conducted. The predictor variables were centered prior to entering each into the analysis to address the potential issue of multicollinearity, as recommended by Aiken and West (1991). In the regression analysis, scores from the BHS served as the outcome variable. The centered stigma consciousness (SCQ scores) and racial microaggressions (RMAS scores) were entered in step 1 of the equation; the interaction between these two variables was entered into step 2 of the regression equation. Step 1 indicated that racial microaggressions significantly predicted hopelessness scores after controlling for stigma consciousness ( $\beta = .205, t(182) = 2.475, p = .014$ ; see Table 2). Step 2 demonstrated



that stigma consciousness did not significantly moderate the relationship between racial microaggressions and hopelessness ( $\beta = -.057$ ,  $t(182) = -.717$ ,  $p = .475$ ; see Table 2).

Given that the proposed moderation analysis was not significant, alternative mediation models with the study variables were tested. A non-parametric bootstrapping approach to statistical mediation as recommended by Preacher and Hayes (2008) was used to test alternative mediation models. Bootstrapping involves repeated sampling with replacement 1,000 times to construct new confidence intervals and examine indirect effects. For the first mediation analysis, racial microaggressions served as the independent variable ( $X$ ), hopelessness served as the dependent variable ( $Y$ ), and stigma consciousness served as the mediator variable ( $M$ ). All total, direct and indirect effects were estimated using the non-parametric bootstrapping procedure (Preacher & Hayes, 2008) using 1,000 bootstrapping samples. The total (path  $c$ ) and direct effects ( $c'$  path) of racial microaggressions on hopelessness were  $.0277$ ,  $p = .0019$  and  $.0249$ ,  $p = .0142$ , respectively. A point estimate of the population value of the indirect effect was generated, as well as a 95% Bias Corrected (BC) confidence interval. According to Hayes (2013), the BC 95% confidence interval is the most widely recommended method for indirect method inference. The point estimate of  $-.0072$  to  $.0150$  contains zero, which suggests that the indirect effect was not statistically different from zero (see Table 3).

A second alternative mediation model was tested using the procedures described above, in which stigma consciousness served as the independent variable ( $X$ ), hopelessness served as the dependent variable ( $Y$ ), and racial microaggressions served as the mediator variable ( $M$ ). The total (path  $c$ ) and direct effects ( $c'$  path) of stigma consciousness on hopelessness were  $.0274$ ,  $p = .0464$  and  $.0091$ ,  $p = .5529$ , respectively. The point estimate of  $-.0044$  to  $.0373$  contains zero, which suggests that the indirect effect was not statistically different from zero (see Table 4).

## Post Hoc Analyses

Given the lack of findings when examining the primary statistical analyses and alternative models, post hoc analyses were conducted to investigate whether there were significant differences between the ethnic minority groups in the study variables. A one-way Analysis of Variance (ANOVA) revealed that there was a significant difference between the groups in frequency of experiencing racial microaggressions,  $F(5, 177) = 8.07, p < .001$ . Post hoc comparisons using the Bonferroni test indicated that Native American participants reported experiencing racial microaggressions less frequently than African American/Black, Hispanic/Latino(a), and Asian/Asian American participants (see Table 5 for means and standard deviations).

A one-way ANOVA also revealed a significant difference between the groups in levels of stigma consciousness,  $F(5, 177) = 15.47, p < .001$ . Post hoc comparisons using the Bonferroni test indicated that Native American participants reported lower levels of stigma consciousness than African American/Black, Hispanic/Latino(a), Asian/Asian American, Biracial, and Other participants. In addition, African American participants reported higher levels of stigma consciousness than Hispanic/Latino(a) participants and Native American participants (see Table 5 for means and standard deviations).

A one-way ANOVA revealed a significant difference between the groups in hopelessness  $F(5, 177) = 2.43, p < .05$ . Post hoc comparisons using the Bonferroni test indicated a significant difference in levels of reported hopelessness between Asian/Asian American participants and African American/Black participants. Specifically, results revealed that Asian/Asian American participants indicated experiencing significantly higher mean levels of hopelessness than African American/Black participants (see Table 5 for means and standard deviations).

## CHAPTER V

### CONCLUSION

The current study aimed to investigate stigma consciousness as a moderator of the relationship between racial microaggressions and hopelessness. It was hypothesized that higher levels of stigma consciousness would strengthen the relationship between increased perceptions of racial microaggressions and feelings of hopelessness. Correlations revealed a strong, positive association between racial microaggressions and stigma consciousness. In addition, hopelessness was significantly positively associated with racial microaggressions and stigma consciousness. The proposed hypothesis that stigma consciousness would moderate the relationship between racial microaggressions and hopelessness was not supported. Alternative mediation models using non-parametric bootstrapping were used to further examine the study variables. The first alternative mediation model tested stigma consciousness as a mediator of the relationship between racial microaggressions and hopelessness, which was not significant. The second alternative mediation model tested racial microaggressions as a mediator of the relationship between stigma consciousness and hopelessness, which was also not significant.

Given the lack of findings, additional post hoc analyses were conducted to examine group differences across the study variables. Post hoc results indicated that certain ethnic groups

represented in the sample experienced racial microaggressions and stigma consciousness at varying levels. Specifically, African American/Black, Hispanic/Latino(a), and Asian/Asian American participants reported experiencing significantly more racial microaggressions than Native American participants. In addition, African American/Black participants reported higher levels of stigma consciousness compared to Native American and Hispanic/Latino(a) participants; Hispanic/Latino(a), Asian/Asian American, and Biracial participants reported more stigma consciousness than Native American participants. Asian/Asian Americans reported significantly higher levels of hopelessness than African American/Black participants.

The post hoc analyses reveal a potential limitation of the current study in examining the sample as a collective group of ethnic minority participants. When examining the study variables across all groups, it is apparent that there is a large amount of variability. As a group, study participants' scores on racial microaggressions ranged from 0 to 84, with the possible maximum score on this scale being 96. Thus, some of the participants reported experiencing racial microaggressions very often, while other participants reported not experiencing racial microaggressions at all. Similarly, participants' scores on stigma consciousness ranged from 0 to 56. This means that some participants reported no expectation of Caucasians stereotyping them as a member of an ethnic minority group, while others reported high levels of anticipation of being stereotyped by Caucasians. With regard to hopelessness, some participants reported no feelings of hopelessness, while others indicated moderate levels of hopelessness. Given the lack of extreme hopelessness scores in this sample, there may have been less variability in hopelessness as a dependent variable to explain the independent variables, stigma consciousness and racial microaggressions. The large variability in scores that reflect heterogeneity across the groups in the study variables may preclude finding differences that may truly exist.

When examining each ethnic group separately on the study variables, there were also interesting findings that may provide an explanation as to why the proposed study analyses were

not significant. In addition to the wide variability found in the sample as a collective group, there was great variability when examining the study variables by each ethnic group separately. For example, Asian/Asian Americans reported a mean score of 41.55 for racial microaggression experiences, with a standard deviation of 17.45. Therefore, some Asian/Asian American participants reported encountering racial microaggressions much more frequently than other Asian/Asian American participants in the sample.

Given the wide variability in scores observed in racial microaggressions and stigma consciousness, it is possible that the measures used to assess these constructs may not be appropriate for all ethnic/racial groups in this sample. For example, the original RMAS (Torres-Harding et al., 2012) has not been validated with Native Americans to date and the current study is the first to utilize this scale with a Native American sample. Of note, Native Americans had significantly lower experiences of racial microaggressions than many of the other ethnic groups represented in this study. Perhaps the RMAS does not accurately portray microaggression experiences that Native Americans experience. As an example, Native Americans encounter microaggressions in the form of sports team mascots depicting stereotypical images of indigenous peoples (Sue, 2010). The RMAS (Torres-Harding et al., 2012) does not include any items related to encountering this type of racial microaggression that may be experienced by Native Americans. To reduce the observed variability, it may be beneficial for future research to use racial microaggression scales that have been developed for specific ethnic minority groups to accurately capture the daily discriminatory experiences encountered by a group. As an example, Walters (2005) developed the 10-item Microaggressions Distress Scale, which is a self-report questionnaire that measures microaggressions specific to Native Americans. Similarly, Mercer and colleagues (2011) developed a 14-item scale to assess racial microaggressions experienced by African American/Black individuals.

Another potential reason for the wide variability observed in racial microaggressions and stigma consciousness scores may be mediators or moderators that were not examined in the current study. To provide one example, ethnic or cultural identification may be an important variable related to perceiving racial microaggressions or stigma consciousness. One particular model of ethnic and cultural identification, the Minority Identity Development Model (Atkinson, Morten, & Sue, 1979, 1989, 1998) posits that there are five stages that ethnic minority individuals may experience when coming to understand themselves and the dominant culture. The first stage, the Conformity Stage, describes ethnic minority group members aligning their values and beliefs with the dominant culture and denigrating their own ethnic minority group. When ethnic minority individuals suffer race-related oppression, they may begin to enter subsequent stages characterized by having conflicting minority-majority values, and later begin to value their ethnic minority status (Atkinson, Morten, & Sue, 1979, 1989, 1998). It is likely that these stages of ethnic identity formation, particularly future stages where one's ethnic minority group and culture is valued, influence the salience of perceiving racial microaggressions and stigma consciousness. Related to this notion, a recent study by Jones and Galliher (2014) found that strong ethnic identification among Native Americans was associated with increased experiences of racial microaggressions. In the current sample of students of color, racial microaggressions and stigma consciousness score ranges included 0. Therefore, some study participants did not endorse experiencing racial microaggressions or stigma consciousness. This may be related to ethnic experiences, such as ethnic identification or participation in cultural activities. Given past theoretical literature related to ethnic identification (Sue & Sue, 2008), it is possible that those who have not experienced a racially oppressive event that conflicts with their dominant cultural values may find that ethnic injustices do not pertain to them and thus do not attend to them in the environment (i.e., racial microaggressions) or may not even be aware of them (i.e., stigma consciousness).

An additional potential reason why the proposed moderation model was not significant may be in the moderate correlation between racial microaggressions and stigma consciousness. According to Baron and Kenny (1986), it is ideal for the independent variable and moderator variable to not be correlated to obtain a well-defined and comprehensible interaction. A clear interaction in the proposed moderation may be prevented due to the moderate correlation between racial microaggressions and stigma consciousness in the current study. As such, it is not clear whether racial microaggressions and stigma consciousness are truly two distinct constructs. It would be beneficial for future research to examine racial microaggressions and stigma consciousness in a factor analysis, which may provide additional information about the overlap or distinctiveness of these two constructs.

Although the primary proposed moderation model was not significant, the current study contributes to the literature, as it is the first to demonstrate a positive association between racial microaggressions and hopelessness. In addition, it is the first study to show a link between stigma consciousness and hopelessness. Past research has shown that hopelessness and its impact on mental health may function depending on racial/ethnic background (Durant et al., 2006; Hirsch, Visser, Chang, & Jeglic, 2012) and gives value to looking at the construct of hopelessness in relation to racial/ethnic-specific experiences (e.g., racial microaggressions). In addition, research has shown that perceived discrimination, a concept closely related to racial microaggressions, has a direct relationship to hopelessness among a group of culturally diverse adults (Polanco-Roman & Miranda, 2013). Sue (2010) theorized that hopelessness may result from microaggression experiences due to feeling as if one does not have control over these discriminatory experiences or their life, and thus give up. The finding that hopelessness is associated with racial microaggressions is a strength of this study and adds to the growing quantitative racial microaggression literature. Scholars have emphasized the importance of increasing quantitative

racial microaggressions research, as well as studying how racial microaggressions negatively influence mental health (Nadal, 2011; Sue et al., 2007).

Future research should continue to investigate the relationship between racial microaggressions and hopelessness in tandem with other mental health outcomes. Given the current results that racial microaggression experiences are related to hopelessness, it would be beneficial to investigate potential models that lead to negative mental health outcomes. Several studies have demonstrated a relationship between hopelessness and depression (Alloy & Clements, 1998; Beck et al., 1975; Beck et al., 1976; Joiner et al., 2005; Metalsky & Joiner, 1992; Rudd et al., 1996). Further, hopelessness is a robust predictor of suicide-related outcomes (Abramson et al., 1998; Beck et al., 1975; Beck et al., 1976; Beck et al., 1993; Rudd et al., 1996; Wetzel, 1976). A recent study demonstrated that depression symptoms significantly mediated the relationship between racial microaggressions and suicidal ideation among 405 young adults of color (O’Keefe, Wingate, Cole, Hollingsworth, & Tucker, 2014). Several other studies have demonstrated that racial microaggressions are related to various negative mental health outcomes including, but not limited to, depression symptoms (Donovan, Galban, Grace, Bennett, & Felicié, 2012; Hunyh, 2012; Nadal, Wong, Griffin, Davidoff, & Sriken, 2014; Torres et al., 2010), somatic symptoms (Huynh, 2012), substance use and anxiety (Blume et al., 2012), stress (Torres et al., 2010), and lower self-esteem (Nadal et al., 2014). Therefore, future studies can investigate whether there may be potential models showing pathways from racial microaggressions to hopelessness to other negative mental health outcomes, such as depression or suicide-related outcomes.

The current proposed study yields important societal and clinical implications. From a social justice perspective, college campuses may be involved in disseminating psychoeducation about microaggressions. According to Harwood and colleagues (2012), racial and ethnic diversity is increasing on college campuses and provides the unfortunate opportunity for microaggressions



to be committed. Some of the students of color in the current study endorsed encountering racial microaggressions very often. Thus, psychoeducation about racial microaggressions disseminated on college campuses may be fruitful to prevent these harmful communications from occurring. In addition, mental health service providers should receive education and clinical training related to recognizing racial microaggressions, how these subtle messages influence ethnic minority clients, as well as be accountable for and be active when holding their own personal biases related to clients of color (Sue et al., 2007). Related to the current study, the results suggest that racial microaggressions are related to feelings of hopelessness. It may be beneficial for clinicians to inquire about and target racial microaggressions and hopelessness in clients of color. Hopelessness and negative thoughts related to racial microaggressions and/or hopelessness may be alleviated through Cognitive Behavioral techniques. Clinical techniques may help people of color cope with the experiences of racial microaggressions; however, it is hoped through awareness and education that these communications significantly decrease in society.

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## APPENDICES

Appendix A

**Tables**

Table 1.

*Summary of Intercorrelations, Means, and Standard Deviations of Study Variables*

Variable	1	2	3
1. RMAS	–		
2. SC	.48**	–	
3. HOPLN	.23**	.15*	–
<i>Range<sup>a</sup></i>	0-96	0-60	0-20
<i>Range<sup>b</sup></i>	0-84	0-56	0-12
<i>M</i>	30.87	28.19	1.86
<i>SD</i>	18.47	12.08	2.25

*Note:* RMAS = racial microaggressions; SC = stigma consciousness; HOPLN = hopelessness; Range<sup>a</sup> = Possible score range for measure; Range<sup>b</sup> = Participants' score range in current study;

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

Table 2.

*Hierarchical Regression Analysis of Stigma Consciousness X Racial Microaggressions as Predictors of Hopelessness*

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Predictors	<i>F</i>	$\Delta R^2$	<i>df</i>	<i>t</i>	$\beta$	<i>p</i>
1	3.583	.057	3, 182			.015
RMAS				2.561	.228	.011
SC				.322	.028	.748
2	3.583	.003	3, 182			.015
RMAS X SC				-.717	-.057	.475

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*Note:* RMAS = racial microaggressions; SC = stigma consciousness; HOPLN = hopelessness

Table 3.

*Indirect Effect of Racial Microaggressions on Hopelessness through Stigma Consciousness*

<u>Bootstrapping</u>									
Variable	Point Estimates	Product of Coefficients		Percentile CI		BC 95% CI		BCa 95% CI	
		SE	Bias	Lower	Upper	Lower	Upper	Lower	Upper
Racial Microaggressions	.0029	.0056	.0006	-.0077	.0146	-.0072	.0150	-.0065	.0174

Table 4.

*Indirect Effect of Stigma Consciousness on Hopelessness through Racial Microaggressions*

		<u>Bootstrapping</u>							
		Product of Coefficients		Percentile CI		BC 95% CI		BCa 95% CI	
Variable	Point Estimates	SE	Bias	Lower	Upper	Lower	Upper	Lower	Upper
Stigma Consciousness	.0183	.0104	-.0001	-.0024	.0387	-.0044	.0373	-.0076	.0354

Table 5.

*One-way ANOVA Comparing Ethnic Groups on Study Variables*

Ethnic Group	<i>n</i>	<u>RMAS</u>		<u>SCQ</u>		<u>BHS</u>	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
1. Afr. Am./Bl.	52	37.02	17.61	35.62	8.71	1.37	1.48
2. Native Am.	48	18.77	14.89	18.13	9.88	1.73	2.42
3. Hisp./Lat.	39	32.21	15.83	27.64	12.82	1.87	1.92
4. Asian/As. Am.	20	41.55	17.45	31.05	9.99	3.35	3.27
5. Biracial	18	29.11	20.20	30.28	7.84	2.06	2.65
6. Other	6	35.50	20.56	32.17	6.85	1.67	1.37

*Note:* Afri. Am/Bl. = African American/Blank; Native Am. = Native American; Hisp./Lat. = Hispanic/Latino(a); Asian/As. Am. = Asian/Asian American; RMAS = racial microaggressions scores; SC = stigma consciousness scores; BHS = hopelessness scores.



Appendix B

**Oklahoma State University Institutional Review Board Application Approval**

## Oklahoma State University Institutional Review Board

Date: Monday, November 18, 2013  
IRB Application No AS13115  
Proposal Title: Daily Experiences of Ethnic Minority Students

Reviewed and Processed as: Exempt

**Status Recommended by Reviewer(s): Approved Protocol Expires: 11/17/2016**

Principal Investigator(s):

Victoria O'Keefe 002 N. Murray Stillwater, OK 74078	LaRicka R. Wingate 116 N. Murray Stillwater, OK 74078
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The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

- The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval. Protocol modifications requiring approval may include changes to the title, PI, advisor, funding status or sponsor, subject population composition or size, recruitment, inclusion/exclusion criteria, research site, research procedures and consent/assent process or forms.
2. Submit a request for continuation if the study extends beyond the approval period of one calendar year. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of this research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact Dawnett Watkins 219 Cordell North (phone: 405-744-5700, dawnett.watkins@okstate.edu).

Sincerely,



Shelia Kennison, Chair  
Institutional Review Board

## VITA

Victoria Michelle O'Keefe

Candidate for the Degree of

Doctor of Philosophy

Thesis: STIGMA CONSCIOUSNESS AS A MODERATOR OF THE  
RELATIONSHIP BETWEEN RACIAL MICROAGGRESSIONS AND  
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Select Publications:

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O'Keefe, V. M., Wingate, L. R., Tucker, R. P., Rhoades-Kerswill, S., Sligh, M. L., & Davidson, C. L. (2014). Interpersonal suicide risk for American Indians: Investigating thwarted belongingness and perceived burdensomeness. *Cultural Diversity & Ethnic Minority Psychology*, 20(1), 61-67.

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